

## Ashley House Residential Home - Care Home Care Home Service

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Aberdeen  
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Telephone: 01224 636 382

**Type of inspection:**  
Unannounced

**Completed on:**  
15 May 2025

**Service provided by:**  
Retcare Limited

**Service provider number:**  
SP2015012424

**Service no:**  
CS2015334815

## About the service

Ashley House is a small care home which provides care and support for up to 12 older people. The service is in the west end of Aberdeen City. The home is close to local amenities and a bus route. The home is an older, traditional building which has been adapted over the years for the purpose of providing a care service.

## About the inspection

This was an unannounced inspection which took place on 13 May 2025 from 09:40 until 18:00 and continued virtually on 14 May 2025 from 09:00 until 17:00. The inspection was carried out by one inspector from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- reviewed online surveys sent out prior to the inspection. We received feedback from five people using the service, 14 staff members and eight stakeholders;
- spoke with nine people using the service and one of their family;
- spoke with nine staff and management;
- observed practice and daily life; and
- reviewed documents.

## Key messages

Staff working in the service knew people well.

There was increased oversight of staff training.

People were happy with their care and support.

The manager should continue to assess people's support needs in relation to staffing levels.

There should be clear direction for staff for people who receive 'as required' medication.

## From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	5 - Very Good
How good is our staff team?	5 - Very Good
How good is our setting?	5 - Very Good
How well is our care and support planned?	5 - Very Good

Further details on the particular areas inspected are provided at the end of this report.

## How well do we support people's wellbeing?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

We observed that staff knew people well. People told us staff were kind and respectful and that they did not have to wait lengthy periods for support. People and their families told us they preferred that it was a smaller home. There were good relationships between people and the values of the service reflected the Health and Social Care Standards. The relationships and connections between people improved people's outcomes, emotional well-being and enriched their lives.

People had access to a buzzer and there was a good ratio of staff during the day to support more than people's basic care needs. Staff had the opportunity to also spend time with people. One person told us "The staff are just lovely."

The service did not employ specific staff to focus on activities; this was the role of all staff. People told us they had enough to do and enjoyed it and the pace. Some families stated in feedback questionnaires that they would like more activities for people. We fed this back to the leadership team and were confident they would consider options for this. We observed that schools came into the service and there were opportunities for exercise classes, entertainment, a local well-being café, music groups and a therapy dog visiting. This helped people remain connected with the community. People's rooms were freshly decorated and personalised. One person told us "I am just delighted with the location, the home and the view."

People told us the food was good. We observed that the mealtime experience for people was homely, relaxed and calm. It was a sociable experience. People had been consulted on the menu options available, and the service had acted on the feedback with more menu options. This meant people were involved in the development of the service and were listened to which supported good outcomes. People felt included and were observed to be very relaxed.

The service had a good overview of people's health needs, and we received positive feedback from visiting health professionals. Staff would advocate for people to ensure they got the right care at the right time.

Medication was well managed, but we observed that the service did not have protocols in place for 'as required' medication. We discussed this with the leadership team, and this was put in place before the inspection concluded. This was to ensure that staff had all information for when someone may need 'as required' medication and how to document the effectiveness of the medication.

Special occasions were celebrated, and the service also had a Facebook page where events and photographs were shown. Consents were in place for this.

People's care plans were detailed and there was also a care plan in people's rooms. This ensured staff had the right information to support people. People's preferences were known and recorded. We also observed that people's daily notes and handover information was clear and considered all aspects of people's needs and well-being.

Accidents and incidents were documented and people's plans updated if there were any changes. There was learning from incidents to reduce the risk of recurrence. We signposted the leadership team to our updated notification guidance and the service should ensure that adult support and protections are notified to the Care Inspectorate timeously.

People's finances were managed appropriately.

The home was clean, staff had access to Personal Protective Equipment (PPE); this helped ensure people were protected as much as possible from the risk of infection.

### How good is our staff team?

**5 - Very Good**

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

Staffing arrangements were based on people's assessed needs and staff rotas were planned in advance. The staffing ratio during the day was at a level where staff had time to spend with people. This supported good outcomes for people's emotional well-being. We observed that there were contingency arrangements in place for supporting people during the night. If there was an increase in people's needs at night, then staffing would be increased.

Observations of staff practice were carried out in relation to medication and hand hygiene. Feedback on practice was also discussed at staff supervision and review meetings. This helped ensure that staff had the necessary skills, knowledge and competence to support people.

Staff were compassionate and caring in their role and it was evident that the values of the service were shared throughout the staff team. The staff team was settled which meant people received care and support from a consistent staff team who knew them well. People and their families appreciated this and enjoyed the relationships with staff.

We observed that staff had been safely selected and recruited, and appropriate paperwork was in place for this. Staff completed an induction which included shadowing and training. This helped support their development and ensure they had the right skills and knowledge to support people.

Staff had access to essential training, and this had improved since the last inspection. The leadership team had a strategy in place to encourage staff to complete training. The manager should ensure all staff continue to complete training. We assessed due to the progress the area for improvement made at our last inspection had been met (see what the service has done to meet any areas for improvement that we made at or since the last inspection).

Staff told us they felt supported in their role and the leadership team were approachable and responsive. Communication within the team and people's needs was good. One staff member told us "I wouldn't work anywhere else". During the inspection we observed positive relationships between staff and management. Staff morale was positive, and the environment was cheerful.

## How good is our setting?

**5 - Very Good**

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

The service is based within a house which was converted to provide residential care. It is an older building which requires a lot of upkeep and maintenance. The building has three floors; people who cannot manage stairs are supported by staff using a chair lift. The home was very clean and tidy and there was no intrusive noises or smells. It was a very relaxed and homely environment.

The communal areas were nicely decorated and maintained. Furniture was in good condition. There was a large lounge which let in a lot of natural light which people enjoyed and a large dining room. This provided the opportunity for people to socialise in pleasant areas of the home.

The garden was well maintained and people enjoyed sitting out in the gardens. People and their families described the home as homely and shared this is what they liked about the service.

Maintenance of the home was managed and any repairs or recommendations from other services, such as the Fire Brigade were actioned timeously. The manager had regular walk rounds of the service to identify any issues or repairs, and staff also would report any maintenance issues. To evidence the continuous improvement of the environment and maintenance, the leadership should record it and incorporate it into the service development plan.

Since the last inspection there had been a lot of investment and refurbishment to people's rooms and furniture within the home. People's rooms were personalised, and people enjoyed the view that they had from their room. Some of the rooms were small but people told us they liked this, and they felt they had enough room.

## How well is our care and support planned?

**5 - Very Good**

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

People's personal plans were person centred and provided clear information about people's needs. The plans included risk management plans and paperwork to manage any risk of falls. People and their families had been involved in their care planning and people received care and support tailored to their individual needs.

Information about specific health information was clearly documented in people's plans which included information about specific health conditions. Some plans included guidance and information from district nurses also. This meant staff had the right information to support people and meet their needs. Some people's plans included their wishes and plans for end-of-life care. This meant the service was fully aware of people's views and wishes at this time.

Review meetings were held within the required regulatory timescales and people and their families participated in the meetings. This provided the opportunity to discuss any changes to people's needs.

People's daily communication notes described the care and support carried out. We observed that the notes were evaluative and detailed to accurately reflect all areas of the person's wellbeing. This helped ensure that all staff knew how people were.

## What the service has done to meet any areas for improvement we made at or since the last inspection

### Areas for improvement

#### Previous area for improvement 1

To support the development and improvement of the service the provider should create a Service Improvement Plan.

This should include but is not limited to identified and planned improvements to all areas of the service.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that:

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS:4.19).

**This area for improvement was made on 29 November 2023.**

#### Action taken since then

The manager and deputy manager have undertaken a self-evaluation using resources signposted from the last inspection. In doing this there has been consideration of areas going well and areas the service would like to develop.

The service has made several developments and improvements and has started the development of an improvement / development plan for the service. There is now a folder which is used to capture plans and learning. During the inspection we observed:

- development of social media policy;
- consultation with people regarding meals and menu – this is recorded and evidence of consultation with people and changes made as a result to the menu; and
- reflective learning when things don't go well.

The plan is ongoing, and we discussed ways to continue developing this during the inspection and recording the outcomes for people, involving people, families and staff in improvement. For example, training.

The improvement plan will need to continue to be developed to support ongoing continuous improvement and development of the service. However, good progress has been made in this area. The area for improvement has been met.



## Previous area for improvement 2

To support people's wellbeing the provider should ensure that staff complete training appropriate to their role.

This should include but is not limited to completing mandatory training within timescales.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that:

'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes.' (HSCS:3.14).

**This area for improvement was made on 29 November 2023.**

### Action taken since then

Since the last inspection there has been investment in training and an e-learning package which helps the leadership of the service have oversight of staff training.

The service has implemented a plan for staff to complete one training item per month to keep the momentum going and to encourage the staff team to complete training.

Staff have fed back that this is going well and is helpful.

Leadership can access matrix and track staff training and discuss.

Staff training will be considered at our next inspection, but sufficient progress has been made for the area for improvement to be met.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Detailed evaluations

How well do we support people's wellbeing?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
How good is our staff team?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very Good
How good is our setting?	5 - Very Good
4.1 People experience high quality facilities	5 - Very Good
How well is our care and support planned?	5 - Very Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	5 - Very Good

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