

Albany Care (Portchester) Ltd

Ellerslie House

Inspection report

72 Down End Road
Fareham
PO16 8TS

Tel: 01329233448
Website: www.albanyfarmcare.co.uk

Date of inspection visit:
04 April 2023

Date of publication:
18 May 2023

Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Inspected but not rated

Is the service well-led?

Inspected but not rated

Summary of findings

Overall summary

About the service

Ellerslie House is a residential care home providing personal care for up to 6 people. The service provides support to autistic people and people who may have a learning disability, sensory impairment or a mental health condition. At the time of our inspection there were 6 people using the service.

People's experience of using this service and what we found

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, Right Care, Right Culture is the statutory guidance which supports the Care Quality Commission (CQC) to make assessments and judgements about services providing support to people with a learning disability and autistic people.

This was a targeted inspection that considered aspects of the key areas safe and well-led. We issued Warning Notices in August 2022 requiring the provider to make improvements in these aspects of the service. Based on our inspection of these aspects of safe and well-led, the service was able to demonstrate how they were meeting the underpinning principles of Right Support, Right Care, Right Culture.

Right support:

Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. People were supported by staff to pursue their interests.

Right care:

People's care, treatment and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life. People received care that supported their needs and aspirations, which focused on their quality of life. People could take part in activities and pursue interests that were tailored to them.

Right culture:

People's quality of life was enhanced by the service's culture of improvement and inclusivity. Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the CQC website at www.cqc.org.uk.

Rating at last inspection and update

The last rating for this service was requires improvement (published 31 August 2022).

At our last inspection we found breaches of the regulations in relation to failures to ensure equipment was regularly checked, to assess and manage risks, to maintain accurate records of people's care, and to act on

feedback from people and their families. The provider completed an action plan after the last inspection to tell us what they would do to improve and by when.

At this inspection we found improvements had been made and the provider was now meeting the requirements of our Warning Notices.

Why we inspected

We undertook this targeted inspection to check whether the Warning Notices we previously served in relation to Regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. The overall rating for the service has not changed following this targeted inspection and remains requires improvement.

We use targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ellerslie House on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

At our last inspection we rated this key question requires improvement. We have not reviewed the rating as we have not looked at all of the key question at this inspection.

Inspected but not rated

Is the service well-led?

At our last inspection we rated this key question requires improvement. We have not reviewed the rating as we have not looked at all of the key question at this inspection.

Inspected but not rated

Ellerslie House

Detailed findings

Background to this inspection

The inspection

This was a targeted inspection to check whether the provider had met the requirements of Warning Notices in relation to Regulations 12 and 17 (Safe care and treatment, and Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Ellerslie House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and we looked at both during this inspection.

Registered manager

This service is required to have a registered manager. A registered manager is a person who has registered with CQC to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection the registered manager was on leave.

Notice of inspection

This inspection was unannounced.

Inspection activity, including our visit to the location, took place on 4 April 2023.

What we did before the inspection

We reviewed the information we had about the service, including the Warning Notices and last inspection report. We used the information the provider sent us in the provider information return. This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We reviewed care records for 5 people using the service, and other records relating to the management of the service. We spoke with the service manager, head of care and managing director.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. We have not changed the rating as we have not looked at all of the safe key question at this inspection. The purpose of this inspection was to check if the provider had met the requirements of the Warning Notice we previously served. We will assess the whole key question at the next comprehensive inspection of the service.

Assessing risk, safety monitoring and management

At our last inspection we found 8 instances where the provider had failed to support people safely. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the provider had met the requirements of the Warning Notice.

- The provider had made improvements to safety checks and audits of the premises, equipment and appliances used to support people. Records showed regular checks were in place and completed in a timely manner. The provider followed up actions identified in these checks. At the time of the inspection there were no outstanding actions arising from health and safety checks.
- The provider had made improvements to people's personal emergency evacuation plans (PEEPs). PEEPs contained the information needed to support each individual safely in the event of fire or similar emergency. The provider kept a copy of people's PEEPs where they would be readily accessible in the event of a fire.
- The provider had made improvements to individual risk assessments which we had found to be lacking in detail at the last inspection. The provider had reviewed and updated all risk assessments, which now contained sufficient information for staff to identify warning signs and take action to avoid risks, and for staff to respond appropriately to keep people safe. Where people had risk assessments for swimming or other physical activities there were separate assessments depending on the location of the activity, such as a public or private pool.
- The provider had moved people's care plans to an online system. At our last inspection there was a risk of confusion as both paper and online care plans were in use. At this inspection we found most care records were online. Where records remained on paper, it was clear these were the primary source of information for staff.
- The provider had updated care plans to better reflect guidance in people's risk assessments. Instructions and guidance for staff around people's individual risks and medical conditions were consistent between their care plans and risk assessments. Where people had separate care plans for physical health, nutrition and medication, guidance on how to support them to manage their diabetes was consistent. Where people were at risk of poor skin health, there was detailed and consistent guidance on how to support them with prescribed creams. Where people were at risk of choking, there were detailed instructions how to prepare and serve their food, foods to avoid and how they liked to take drinks, such as using a sports bottle with a straw.
- Where people were at risk of increased anxiety the provider had improved staff guidance and practice to understand, manage and reduce their anxieties. People's care plans included detailed and personalised

guidance on distraction techniques, such as introducing a new stimulus by telling a joke. Staff used agreed routines and timetables, for instance for meals and snacks between meals, to help people reduce their anxieties.

- Where people were at risk of social exclusion because their care plans had not been kept up to date, the provider had updated care plans to ensure they reflected people's current needs and preferences in this area. Care records showed people were supported with a wide range of inside and outside activities that reflected their interests. There were risk assessments to support people to have safe contact with people who were important to them. People attended regular activities outside the home, such as day services, football and dancing. The provider engaged with a not for profit organisation that helped support people with safer choices and relationships. On the day of our inspection everybody living at Ellerslie House went out with support from staff.

- Where people were at risk of inappropriate restraint because their care plans did not contain sufficient detail, the provider had updated care plans in line with current good practice. Where staff were trained in physical restraint techniques, this was assessed individually for each person, and care plans made clear it was a last resort. Care plans contained proactive approaches to avoid physical restraint which had been found effective for individual people. These included giving more space, changing support worker, and redirection, such as suggesting "let's go into the garden".

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. We have not changed the rating as we have not looked at all of the well-led key question at this inspection. The purpose of this inspection was to check if the provider had met the requirements of the Warning Notice we previously served. We will assess the whole key question at the next comprehensive inspection of the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection we found 5 instances where the provider had failed to demonstrate good leadership and management with respect to quality performance, risk and regulatory requirements. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the provider was now meeting the requirements of the Warning Notice.

- The provider had made improvements to their processes for monitoring and improving the quality of the service provided. Records showed regular checks and audits including checks on people's bedrooms, infection control, water safety, kitchen safety, fridge and freezer temperature checks, and medicines. The manager told us processes were now clearer, and there was sufficient time to carry out quality assurance procedures.
- The provider had made improvements to processes for following up actions identified in audits. Records showed no outstanding actions arising from regular checks and audits. The manager told us any findings were picked up and dealt with promptly.
- The provider's processes for improving people's care and support through care planning and risk assessment were more robust. People's care plans and risk assessments were reviewed regularly and updated when necessary. Staff signed that they had read and understood updated care plans. Where people's risk assessments required regular medical checks, for example for people living with diabetes, records showed these took place.
- Processes and procedures for managing and auditing people's medicines had improved. There were no gaps or errors in the medicines administration records (MARs) we reviewed. Appropriate protocols were in place for medicines prescribed to be taken as required, including "rescue" medicines for people at risk of seizures. There were robust processes in place for witnessing, checking and auditing medicines, including when people took medicines with them when they went out for the day.
- The provider had made improvements to processes around the manager's monthly service report to prevent actions carrying forward from month to month without being addressed. The manager reviewed the monthly report with the head of care before it went to a senior management meeting. The report was used as a vehicle for requesting improvements which needed to be signed off by senior management. Actions and recommendations which came from the senior management meeting were then incorporated in the manager's individual to-do list. Records we reviewed showed this was operating effectively.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

At our last inspection we found 3 instances where the provider had failed to demonstrate good leadership and management with respect engaging people, families and staff. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the provider was now meeting the requirements of the Warning Notice.

- The provider had put in place improved and expanded processes for engaging people's families and staff. These included regular meetings with people's families, including contact via teleconference if this was more appropriate. The head of care had recently sent a survey to family members to gather feedback on the wider service. The provider had recruited and employed more staff since our last inspection, which meant there was less dependency on agency staff. They had established regular supervisions and team meetings for two-way engagement with employed staff.
- The provider had put in place improved and expanded opportunities for people and their families to engage with their care and service. Care records showed where people or their families had been involved in care plan reviews. The manager said some people's relatives were "very involved" in these reviews. Where people had individual communication needs, the provider had a variety of methods to support them to be actively involved in their care and support. These included the use of signs, pictures, objects, personal computers and tablets.
- At our last inspection we found staff had made assumptions where people lacked capacity to communicate their preferences around sexuality. At this inspection care records had been updated to only record these preferences where people could clearly communicate them. Where people lacked capacity care records showed people were supported with a variety of experiences and activities to help staff understand needs arising from their cultural or religious heritage.