

Alliance Home Care (Learning Disabilities) Limited

Ashgrange House

Inspection report

9 De Roos Road
Eastbourne
East Sussex
BN21 2QA
Tel: 01323 732544
Website: www.alliedcare.co.uk

Date of inspection visit: 16 and 17 December 2014
Date of publication: 16/03/2015

Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Good



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

Ashgrange House is a care home that provides accommodation for up to eight people who have a learning disability and required a range of physical and psychological support. There were seven individual bedrooms and a single flat on the second floor. On the day of the inspection six people lived in the home.

There was a registered manager at the home however this person was no longer working there. A new manager had been appointed three weeks prior to our inspection but had not yet submitted an application to register with the Care Quality Commission (CQC). Throughout this

report we will refer to this person as 'the manager'. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

This was an unannounced inspection which took place on 16 and 17 December 2014.

Although staff were able to tell us about people's support needs, choices, personal histories and interests when

Summary of findings

people's needs changed not all the information had been recorded in their support plans or was easily accessible. This is to ensure that staff had the guidance they needed to provide consistent care and support.

Audits had not been completed to monitor the quality of care and support people received. These meant areas for improvement were not promptly identified and addressed.

Staff treated people with kindness and patience. People were supported to keep in contact with their family and friends and were given opportunities to take part in activities and hobbies that were meaningful to them. There was a positive and open culture at the home. We observed a caring and relaxed atmosphere.

Care was provided to people by a sufficient number of staff who were trained and supported to keep people safe. Recruitment records contained evidence of appropriate checks on staff to help ensure they were suitable to work at the home.

Staff had received training in how to recognise and report abuse. They told us what procedures they would follow if they had any concerns. Staff told us and records evidenced they received regular training. Staff said they felt supported by the manager.

The manager and staff had a good understanding of their responsibilities in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

Medicines were stored, administered and disposed of safely by staff who had been trained to do so. People had access to healthcare professionals when they needed it. This included GP's, dentists, opticians and psychiatrists.

People had risk assessments in their support plans, these gave information on the identified risk and also gave staff guidance on how any risk could be minimised to protect the person from harm. There was guidance for staff on what action to take and each person had their own personal evacuation and emergency plan.

People were supported to have enough to eat and drink. Nutritional plans contained guidance for staff to help support people eat healthy and nutritious meals.

There was a complaints procedure in place, this was accessible to people and displayed in a pictorial format that was easy for people to understand.

During the inspection we found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report in relation to the breaches in regulation.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Medicines were stored, administered and disposed of safely by staff who had received appropriate training.

Staff had a clear understanding of the procedures in place to safeguard people from abuse.

There were appropriate staffing levels to meet the needs of people.

Recruitment records evidenced there were systems in place that helped ensure staff were suitable to work at the home.

Good



Is the service effective?

The service was effective.

Staff were suitably trained and supported to deliver care effectively.

Staff ensured people had access to external healthcare professionals when they needed it.

The manager and staff understood their responsibilities in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People were supported to maintain a healthy diet and were involved with the planning of menus.

Good



Is the service caring?

The service was caring.

Staff knew people well and treated them with kindness and respect.

People were involved in making decisions about what they did during the day.

Staff understood people's needs and preferences.

Good



Is the service responsive?

Some aspects of the service were not responsive.

Staff had a good knowledge of people. However, some people's support plans had not been updated to show their current needs.

People were supported to maintain contact with their family and friends and take part in work and social opportunities. They were involved in developing their own support plans.

People were able to express their views and were given information how to raise their concerns or make a complaint.

Requires Improvement



Summary of findings

Is the service well-led?

The service was not consistently well-led.

There was a quality assurance programme in place. However, audits had not been completed to monitor the quality of care and support people received.

There was a positive and open culture at the home. Staff told us the provider and manager were approachable. They were readily available to people, staff and visitors and responded to what people told them.

Requires Improvement



Ashgrange House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was an unannounced inspection by two inspectors and took place on 16 and 17 December 2014.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the home. It asks what the service does well and what improvements it intends to make. We reviewed the PIR and previous inspection reports before the inspection. We looked at notifications sent to us by the provider, a notification is information about important events which the provider is required to tell us about by law. We spoke with social care professionals to obtain their views on the service and they quality of care people received.

Some of the people we spoke with were unable to verbally share their experiences. We observed how staff interacted with people and how people were supported in the communal areas of the home. We spoke with everybody who lived at the home and six members of staff which included the manager and quality assurance manager. We looked at a range of people's personal care records these included four people's support plans, risk assessments, incident records and medicines records. We looked at records relating to staffing which included training and recruitment records for three members of staff, staffing rotas, staff handover records. We also looked at minutes of meetings with people and staff, records of activities undertaken, menu's and records relating to the management of the service such as audits and policies.

Following the inspection we spoke with two visiting health and social care professionals and one relative.

We last carried out an inspection at Ashgrange House in July 2013 when we had no concerns.

Is the service safe?

Our findings

One person told us, "It's good living here." Other people said they were happy and staff were supportive. People appeared relaxed and comfortable in the company of staff and others who lived at the home.

People were protected from the risks of abuse and harm. Staff received safeguarding training and annual updates. They understood different types of abuse and described what action they would take if they suspected abuse was taking place. One said, "It has been a difficult time here recently, with manager changes, but I have always had confidence in the safeguarding and whistle blowing policy. I know I can raise concerns either in the absence of the manager or about the manager to the quality assurance team, or to another area manager." One staff member told us they had referred a concern to the local authority with support from the manager.

Risk assessments had taken place to identify risks to people and to others. We were told with the correct measures in place people were able to take risks that had been appropriately assessed. One member of staff said, "If we didn't let people take risks they would never do anything new." Where risks had been identified there was information for staff on the type and degree of risk together with information for staff on how the risk could be reduced. For example a risk assessment for one person identified they could exhibit behaviours that were challenging and possibly hurt or injure themselves or someone else. The risk assessment identified potential triggers for this behaviour and described signs staff should be aware of. Identifying these warning signs helped staff to distract the person before the situation escalated. We saw a risk assessment that had been reviewed with the person. This person had been involved in developing the risk assessment and agreed with the measures that had been included to help keep them safe.

There were systems in place to deal with various emergencies which meant people would be protected.

There was guidance for staff on what action to take and each person had their own personal evacuation and emergency plan. The home was staffed 24 hours a day and there were local arrangements in the event the home had to be evacuated.

There was a safe system to store and administer people's medicines. Each person had their own medicine cabinet within their room which remained locked when not in use. Some prescription medicines are controlled under the Misuse of Drugs Act 1971 these medicines are called controlled drugs or medicines (CD). Controlled drugs were in used at the home these were monitored and stored safely in accordance with relevant legislation. These have specific procedures which are required to be followed with regards to their storage, recording and administration. Medicines Administration Records (MAR) were up to date and medicines had been administered as prescribed. MAR charts had been completed fully and signed by staff to show when medicines had been administered and by whom.

There were adequate staffing levels in place to provide support to people and we observed there were enough staff who were available to people when they needed them. The manager told us staffing levels were planned around people's needs and activities to ensure they could be as active and independent as possible. For example, some people required one to one support and spent time away from the home. The rota demonstrated there would be extra staff working to ensure there was the appropriate amount of support for everybody at the home. Staff told us there were enough staff to enable them to meet people's needs.

There were effective recruitment and selection processes in place. Staff files contained appropriate information for safe recruitment. This included an application form, references, the completion of a disclosure and barring service (DBS) check to help ensure staff were safe to work with adults.

Is the service effective?

Our findings

People told us staff were good and they enjoyed their company. One person told us about improvements they had made since they moved into the home. They told us their appetite and confidence had improved and they were going out more. Two people told us about what they done during the day and how staff supported them to do this. This included outside activities, shopping, planning and cooking meals. They told us they knew what they were doing each day and showed us their daily plans. Staff explained these people required a daily plan so they knew what they were doing each day and to ensure they had enough to do. A visiting healthcare professional told us that staff treated people with kindness and had a good understanding of their needs.

Staff told us they received regular training and updates. They said the provider promoted training; it was of a good standard and provided them with the appropriate skills to work effectively and meet people's needs. One member of staff said, "They're really hot on training here." Staff said their training needs were identified during supervision with the manager.

Staff received ongoing training to meet people's needs effectively. The manager showed us the training portal which identified which training and updates staff required. Training and updates were classroom based and staff told us this was beneficial as they could talk to the trainer and explore issues they were unsure about. Training included safeguarding, fire safety, food hygiene and medicine management. In addition staff received training to help them meet people's specific needs, this included autism training, Makaton, managing behaviour that could be challenging to support and mental health awareness. The manager explained that if staff required an update they would use an online training package which would then be consolidated at their next training day. This meant staff were able to update their training to support them to meet people's needs.

The manager and staff understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). They knew that if a person lacked capacity, relevant professionals needed to be involved and meetings held to help ensure decisions were made in the persons best interests. We saw evidence that best interest meetings had been held for people where

required. At the time of our inspection there were no DoLS authorisations in place. We read previous authorisations had related to actions staff were required to take to protect people from injuring themselves. The authorisations were no longer in place because staff were using minimally restrictive practices to support people. As a result of a recent Supreme Court Judgement which broadened and clarified the definition of a deprivation of liberty the manager had identified DoLS for people which needed reviewing to ensure their liberty was not being unlawfully restricted.

People were supported to have enough to eat and drink. We observed people eating their breakfast at times that suited them. Lunch was served to people as they arrived in the dining room. If people were out it was served on their return. Staff told us that lunch was served casually when people and staff wished to eat however most people ate their main meal together in the evening. We were told people were able to get involved with cooking their meals if they chose to. We saw one person preparing their own breakfast with staff support and another person made hot drinks for themselves and others throughout the day.

. There was a menu on the wall in the kitchen but if people did not like what was offered and we saw alternatives were provided. One person who was not able to communicate their choices verbally was shown two different meals and different accompaniments such as sauces. They were then able to make their own choices. Nutritional plans contained guidance for staff to help support people to eat healthy and nutritious meals, for example encouraging people to eat vegetables and offer fruit and yogurt as snacks rather than crisps and cakes.

One person lived in a flat at the home. They prepared and cooked all their own meals, with support, in their own kitchen. This person showed us their weekly menu planner and told us they were shopping that day to buy the ingredients they needed. A nutritional plan provided guidance for staff to support this person appropriately

Specialist support had been obtained if there were concerns about people's diets. For example, one person needed high calorie food, little and often, to maintain a good weight and another required a diabetic diet. We saw this was provided. There was a hot drink management plan in place for one person. This had been implemented following a possible medical concern. We read an external healthcare professional had advised, 'no more than three

Is the service effective?

hot drinks per hour'. There was no restriction on soft drinks and staff encouraged soft drinks or water throughout the day and especially at meal times. We saw this person had a soft drink with their lunchtime meal.

People had access to external healthcare professionals who were involved in supporting them to maintain their health. This included GP's, dentists, chiropodists, psychiatrists, psychologists and social workers. Everybody

had a 'hospital passport'. Hospital passports are a communication booklet which provide important information about the person should there be a need to go to hospital. They include information such as: "Things you must know about me," "Things that are important to me" and "My likes and dislikes." These were clearly written provided hospital staff with a straightforward understanding about supporting each person.

Is the service caring?

Our findings

People said they were happy with the support they received from staff. They told us they were able to choose what they did during the day. Visitors told us people were supported by staff who were kind and had a good understanding of them and their needs. One person told us staff had supported them moving into the home. They said, "They're really kind." Another person said, "Staff are good, they help me."

Staff knew people well and were able to tell us about people's choices, personal histories and interests. We observed staff talking and interacting with people in a caring and professional way. One person, who had communication difficulties, used a form of Makaton to communicate with staff. Makaton is a language programme using signs and symbols to help people to communicate. Another person had a communication system in place. This included a pack of small pictures that enabled the person to make choices. Staff told us picture aids were not routinely used by staff but were available if needed. Other people had timetables in place to remind them what they were doing throughout the day.

People's privacy and dignity was respected. Staff knocked on people's doors and waited for a response before they entered the room. People made decisions about what they were doing during the day and staff respected their choices. Staff listened to people when they were talking to them and it was clear staff knew people well. They knew their likes and dislikes and how they liked to spend their time. One person helped staff to bring in the shopping and staff encouraged this. One person chose to remain in their room and watch films. Another person sat in the dining room colouring and talking to staff. Staff involved people in their own day to day activities and conversations. One

person, who had more recently moved to the home, asked staff if they could use the kitchen. Staff explained to the person it was their home and they were able to make themselves drinks or a snack whenever they chose. We observed the person using the kitchen to make themselves drinks throughout the day. Staff treated people with compassion when they became distressed, talking to them privately and with kindness.

Staff took time to explain to people what they were doing, for example one person was waiting to go out, staff reminded the person where they were going and they were waiting for the transport. This was done with respect, kindness and patience. Staff supported people to dress in their personal style and people took pride in their appearance. Through conversations with staff they demonstrated a caring attitude towards people and a commitment to providing a good standard of care.

People were respected as individuals. People's bedrooms were individually decorated and furnished with people's own memorabilia, ornaments, photographs and collections. One person had their own pet rabbits in their room and were supported to look after them.

People had an allocated key worker. A key worker is a person who has and co-ordinates all aspects of a person's care and has responsibilities for working with them to develop a relationship to help and support them in their day to day lives. Key workers had monthly one to one meetings with people to discuss any individual issues. This gave people the opportunity to express their views and staff supported them to do this. One person wished to build a relationship with family members, staff supported this person through the process, working with them to decide what steps to take and discuss any potential barriers that may arise.

Is the service responsive?

Our findings

One person told us they reviewed their support plan with staff, they also said staff supported them to do what they chose throughout the day. Another person was going out to work, they showed us their planner and said they were going to a café and look around the shops after work. Where appropriate relatives were involved in people's support. One relative said they were invited to reviews and said staff kept them updated on how their relative was. They told us staff informed them of any concerns or changes to their relative's needs or health.

A visiting social care professional told us about the positive support staff had given to one person when they moved to the home. They said staff had supported and encouraged this person to take part in social activities of their choice which they had not done for some years. We observed this person engaging with staff and other people. Staff told us, and we saw evidence, how they were working with this person to develop their hobbies and interests.

Although support plans were in place these had not all been updated to reflect the current needs of people. Where people required support to gain new skills, engage in activities or undertake new tasks (for example, supporting people to prepare meals) the support plans did not include guidance that would assist staff to provide support that was consistent, or any method to determine if the person had achieved their goal.

There was no guidance for staff to ensure consistency or demonstrate evidence that people's needs were met. One person's communication support plan guided staff to use the person's 'communication passport.' This contained information about how this person communicated for example the words used, what these meant and what action staff needed to take and picture aids to use. However, the picture aids were not available. We asked staff about this, one said, "You get to know what they want, the pictures are needed more for newer staff. If (the person) was not taking on board what I was saying, I would use them."

There was no guidance to inform staff what information was required for each person. Daily notes included sections to be completed by staff for example a food diary, the person's mood and any goals for the day. We found not all sections had been completed for everyone. Staff told us

not everybody required this. For example, not everyone required a record of what they had eaten or drunk. One person liked to drink large amounts of hot drinks throughout the day. The hot drinks had been restricted to two per hour but there was no restriction on cold or soft drinks. There was no fluid chart in place to measure how much the person drank throughout the day and no information about other factors which may influence this person's need to drink. For example, medicines which caused a dry mouth. Staff did not have an accurate record of this person's fluid intake so could not be sure this person was drinking an adequate amount.

Staff did not have easily accessible recorded information about people's needs and risks. There were a large number of risk assessments in place for each person and many of these replicated the support plans. Although the risk assessments provided appropriate guidance for staff to support people, there were so many it was not easy for staff to retrieve the information they needed to identify the risks and therefore the actions needed to balance them.

Staff knew people well and people received the care and support they required. However, their current needs were not always reflected accurately in their support plans. Guidelines were in place for people who displayed behaviour that may mean they could harm themselves or others. These contained information about what may trigger behaviour. However, for one person there was very little information whilst for another a strong support plan was in place. There was no guidance for staff to ensure consistency or demonstrate evidence that people's care needs were met.

People were not always protected from the risk of unsafe or inappropriate care due to the lack of accurate records being maintained. This was a breach of Regulation 20 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We asked staff how they kept up to date with changes in people's needs. They told us they had a handover at each shift which updated them about any changes. Handover sheets were completed which provided a summary of what people had done during the day and included information about a person's mood and health.

The manager and staff told us as people adapted to living at the home changes were made in the way they were supported. One person, who was unable to communicate

Is the service responsive?

verbally, spent a lot of their day waiting by the kitchen for a hot drink. This person did not appear to engage in many activities. Their drink was made in the main kitchen and taken to an area which staff informed us had been developed as a sensory area for this person. This area contained sensory items such as coloured lights plus a small kitchen area where staff were able to support the person to make their own hot drink. Staff told us this area had been introduced when the person moved into the home. However, this person's needs had changed and the area was no longer used as it was originally intended. Staff told us this person was able to use the main kitchen, with support, to make their own hot drinks or staff made them for them. However, this person chose to take the drink to the sensory area to drink it rather than sit in the lounge or dining room.

People were supported to continue with their interests and hobbies, to keep contact with their family and friends and take part in work and social opportunities. One person attended work daily and was supported by staff to do this. Another person who particularly liked animals was supported to help out at a farm once a week. Someone else was going to bingo on the day of our inspection, they told us this was something they enjoyed. Staff told us how they supported people to take part in new activities by understanding their likes and dislikes. One member of staff told us, and records showed how they were supporting one person who was new to the home, getting to know them in order to find meaningful ways for this person to spend their time. Staff explained this person had expressed interests in previous hobbies that they would like to try again. They told us about another person who had lived at the home for a number of years and was less interested in taking part

in some activities. They explained this person's choices had changed. Staff said they were working with the person to try and find new things to do but accepted they may like to spend more time at home rather than going out.

People's records showed they had been involved in developing their support plans and were involved in their own monthly reviews. People were involved in residents meetings. Prior to a meeting people were given a tick chart which they could complete if there were any issues they wanted discussed. Minutes of these meetings showed people had been involved in planning meals, activities and redecoration of the home. For example, one person wanted their bedroom redecorated and this had been done. These meetings gave people the opportunity to express their views and for staff to support them to do this.

Before moving into the home people visited a number of times. This included overnight stays and day visits. This was to ensure staff were able to meet the person's needs and the person would be happy living with the other people. The transition period was based on each person's needs and how long it took them to settle in. Staff told us there was no set time as everyone was an individual.

There was a complaints procedure in place, this was accessible to people and displayed in a pictorial format that was easy for people to understand. There had been two complaints in the last 12 months and records showed these had been investigated and people were satisfied with the outcome. People told us if they had any worries they would talk to the staff. A relative told us although they had no complaints they were happy to discuss and concerns with the manager or staff. They said, "If something's not right I tell them (staff) and it will be sorted." This relative told us they were encouraged by staff to contact them if they had any concerns or complaint.

Is the service well-led?

Our findings

People told us the manager was good. Relatives and visiting professionals told us she was approachable and they were encouraged to discuss concerns with her or the staff at any time.

The provider acknowledged in the PIR that management at the home had not been consistent for 18 months. This was confirmed by staff and relatives. One relative told us they had been concerned about the number of changes in management over the past few years and said, “The home now seems more stable.” Staff told us there had been low staff morale due to the number of changes in manager in the past. They said they were pleased the current manager had been appointed. One member of staff said, “I have seen lots of managers come and go over the last five years, but feel hopeful this one will stay.” Another staff member told us, “(The manager) is very supportive, well organised and firm but fair, she’ll be good for the home.” Staff told us the manager listened to them and took on board what was said. They told us how they had been supported to implement their own ideas to improve people’s lives, for example developing an activity programme for one person.

Although there were some systems to assess the quality of the service provided these were not consistent or effective. The provider employed a quality manager who ensured quarterly checks on the quality of the service provided at the home were carried out. These audits were unannounced and looked at different areas of the home each visit. For example, in August 2014 the audit was focussed on induction, training, learning and development and disciplinary procedures. Any improvements needed were recorded and addressed by the manager. These were checked at the next audit to ensure actions had been taken to rectify any shortfall. We were told the area manager completed monthly audits which included support plans, accidents and incidents and staff files. However, only one of these audits had taken place during 2014. There was no audit of the care plans or documentation to identify shortfalls and promote continuous improvement.

The provider did not have an effective system to regularly assess and monitor the quality of service that people receive. This was a breach of Regulation 10 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The new manager had worked at the home for a number of years prior to her appointment as manager and was well known to people and staff. Since her appointment to manager she had identified a number of areas which required improvement or development. Some changes had been introduced for example, monthly reviews of people’s needs by their key worker. This showed the manager was starting to develop a local system and monitor, develop and improve the quality of service provided.

There was a programme in place to regularly review the safety and maintenance of the home. A maintenance plan detailed areas around the home that required work and when this work was achieved. Some general decorating had taken place in the past year. We saw gas, electrical and water safety checks had taken place and regular fire drills had been carried out.

Staff had a clear vision about the service they provided. They told us, “This is people’s home; we want them to have a good quality of life living here.” One said, “We have an open supportive team here with good staff, service user relationships, it’s a relaxed place to work.” Another said, “It’s person centred here, it’s about what people want.” Staff told us the provider and manager had created an open, transparent and honest organisation. They said the provider regularly visited the home and they were able to talk to him or any other senior managers if they had any concerns. One said, “You can always pick up the phone and speak to somebody.” Another said, “There’s a whistle-blowing policy here, we’re told about it during training and if we raise any concerns they are always discussed and we get feedback.”

People, their representatives and staff were asked for their views about their care and treatment and they were acted on. The manager told us surveys were sent out to get feedback from people. People were given the opportunity to share their experiences during resident meetings and at care reviews. We read people had told staff they wanted more meaningful activities. The provider had purchased a second vehicle for the home to enable people with differing needs and choices to take part in a wider range of activities.

All staff told us they felt supported by the manager, the provider and other senior managers within the company. The manager also told us they were supported by the provider and other senior managers within the company. One member of staff said, “There’s always someone you can speak to (in the company) if you have concerns, the

Is the service well-led?

managers always have time for you if you need them.” The supervision policy stated staff required supervision every six to eight weeks or more often if required. The manager had identified this had not been happening and had undertaken supervisions to rectify this. Nine out of 21 staff had received supervision during the last six weeks

The manager said they were aware of the day-to-day culture in the home as they spent time out on the floor with people and staff. She used supervision as an opportunity to identify and address concerns and had an open door policy where people and staff could talk to her at any time.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers

The provider did not have an effective system to regularly assess and monitor the quality of service that people receive.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records

The registered person had not ensured accurate records were in place for all people.