Alliance Home Care (Learning Disabilities) Limited

Ashdale House

Inspection report

14 Silverdale Road
Eastbourne
East Sussex
BN20 7AU

Tel: 01323728000
Website: www.alliedcare.co.uk

Date of inspection visit:
13 February 2020
14 February 2020

Date of publication:
04 March 2020

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Ashdale House is a residential care home providing personal care to eight people with a learning disability. The service can support up to 11 people.

The care service had been designed, developed and registered before 'Registering the Right Support' and other best practice guidance was published. However, the registered manager was working to ensure that developments were designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found
The provider, registered manager and staff team had worked hard to address the areas for improvement following the last inspection. Staff training had continued to be developed and become embedded. New opportunities for learning had been identified and staff learning continued. Mental capacity assessments were individual and decision specific. People's care plans were person centred and records related to decisions made, were well completed. Changes had been made to the quality assurance system and this now identified areas that needed development. There was a positive culture at the home.

People were supported by staff who treated them with kindness and care. Staff were patient, they understood people's needs, choices and knew what was important to each person. People were enabled to make their own decisions and choices about the care and support they received. Care and support was person centred.

People were enabled to maintain their own interests and friendships. Staff supported them to take part in activities of their choice to meet their individual needs and wishes and were meaningful to them. People had an activity planner so they knew what they were doing each day. These had been developed with staff.

Risk assessments provided guidance about individual and environmental risks. Staff understood the risks associated with the people they supported. They were able to tell us how they supported people to keep them safe and help to retain their independence. People were supported to receive their medicines when they needed them.

People were protected from the risks of harm, abuse or discrimination because staff knew what actions they should take if they identified concerns. There were enough staff, who had been safely recruited, working to provide the support people needed.

People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Staff received training and support that enabled them to deliver the specific support that people needed. People's health and well-being needs were met. They were supported to see their GP and access healthcare services when they were unwell and to maintain their ongoing health needs. Peoples nutritional needs were met. They were supported to eat and drink a variety of food that they enjoyed and had chosen.

Quality assurance systems had been developed and identified all areas for improvement. People's records were person centred and provided guidance for staff. There was a positive culture at the home.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was requires improvement (published 18 February 2019) and there was a breach of regulation. This was the third time the service had been rated requires improvement, with breaches of regulations, since an inspection report published 23 November 2015. Following the last inspection, we met with the provider to discuss the ongoing concerns. They told us what actions they were going to take and when they would be improved.

At this inspection we found significant improvements had been made and the provider was no longer in breach of regulations.

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

Ashdale House

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was carried out by one inspector.

Service and service type
Ashdale House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
Before the inspection we reviewed the information, we held about the service and the service provider. We sought feedback from the local authority. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection
We met with all the people who used the service. Not everybody was able to verbally communicate their experiences of living at the home therefore we spent time observing people in areas throughout the home and could see the interaction between people and staff. We watched how people were being supported by staff in communal areas.

We spoke with one visitor about their experience of the care provided. We spoke with seven members of staff including the registered manager and the area manager.

We reviewed a range of records. This included three people's care records, medicine records, two staff files in relation to recruitment and training records. A variety of records relating to the management of the service, including fire safety and maintenance of the home.

After the inspection
We contacted the relatives of three people and four health and social care professionals to gather feedback about the service. We continued to seek clarification from the provider to validate evidence found in relation to notifications received.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were not able to tell us that they felt safe. However, our observations of people and their interactions with staff during the inspection demonstrated that they were. For example, some people were unsure who we were. They looked to staff for reassurance and this was provided.
- Staff received safeguarding and regular updates. They told us what they would do to protect people if they believed they were at risk of abuse, harm or discrimination. One staff member said, "I would always report to the registered manager or to [senior manager in the organisation]. One relative told us, "If there's any concerns or if [name] has any bruises they always let me know."
- Safeguarding concerns had been raised appropriately with the local authority, and notified to CQC, as needed. The registered manager and staff worked with the local authority to resolve and address issues that had been identified. Staff understood whistleblowing and there was a policy in place to support them.

Assessing risk, safety monitoring and management

- Systems were in place to ensure people remained safe. Individual risk assessments identified people's risks. These included risks associated with behaviours that may challenge, personal care and going out.
- Guidance to support people with behaviours that may challenge was clear. These identified potential triggers, how the person may present and how staff should support them during and after these events. This included reassurance and maintaining a consistent approach. For example, one person displayed behaviours that may be considered as challenging. However, these were part of the person's daily routine and the care plans reminded staff to allow this person to maintain their routine as changing their routine would cause the person distress.
- Staff understood the risks associated with supporting people and told us how a consistent approach to support people had reduced the number of behaviours that may challenge.
- Environmental risks were identified and managed. Regular fire checks and fire drills were completed. Personal emergency evacuation plans (PEEPs) were in place to ensure staff and emergency services were aware of people's individual needs in the event of an emergency evacuation. Servicing contracts were in place, these included electrical equipment, gas and moving and handling equipment.
- Maintenance staff were employed at the home and responsible for the day to day upkeep of the home. They completed work as required to help keep the home safe.

Staffing and recruitment

- There were enough staff working each shift to ensure people's needs were met. Some people had been assessed as needing one to one support for a number of hours each day. There were enough staff working to

ensure this was met.
● Staff had been recruited safely. Checks were in place to ensure staff were suitable to work at the home. This included, references, Disclosure and Barring Service (criminal record) checks and employment histories.

Using medicines safely
● Systems were in place to ensure people received their medicines safely as prescribed. Before staff were able to give medicines, they received medicine training and were assessed as being competent to do so.
● Medicine records were well completed and confirmed people received their medicines as prescribed. There were protocols for 'as required' (PRN) medicines such as pain relief medicines. Staff understood why people may need PRN medicines and when to offer them. Records demonstrated people received their PRN medicines when they needed them throughout the day.
● When medicines had been given a second staff member checked the medicine records (MAR) to make sure all medicines had been given as prescribed. There was a medicines champion and this staff member was responsible for oversight of the medicines. This included regular audits and checks of stock balances.
● Staff had identified that only two of them knew how to order medicines. Therefore, training was being provided to ensure all senior care staff were able to order. One staff member said, "If one of us is on holiday and the other is off sick it would cause a problem."

Preventing and controlling infection
● The home was clean and tidy throughout. Staff completed infection control and food hygiene training. They used Protective Personal Equipment (PPE) such as aprons and gloves when needed for example when preparing meals.
● Staff supported people to keep their own bedrooms clean and tidy. Staff were allocated cleaning tasks each shift and were responsible for ensuring these were completed. This included the communal areas of the home.
● There were suitable hand-washing facilities available throughout the home and staff were seen using these. Appropriate laundry systems and equipment were in place to wash soiled linen and clothing.
● A legionella risk assessment had been completed and regular checks such as water temperatures took place to help ensure people remained protected from the risk of legionella infection.

Learning lessons when things go wrong
● Accidents and incidents were well documented. and responded to appropriately to ensure people's safety and well-being were maintained. The registered manager and staff were now working with a falls practitioner to raise staff awareness of falls, improve documentation around falls, and identify new ways of preventing falls. As part of this a new audit tool had been introduced. This was analysed and monitored to identify any trends or patterns which may show further actions were needed to prevent any reoccurrences.
● Risk assessments and procedures were reviewed and updated following any accident or incident. Staff were updated verbally about any changes throughout the day and at handover. Information to ensure they had all the information they needed to keep people safe.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

At the last inspection we asked the provider to make improvements to ensure mental capacity assessments were individual and decision specific. At this inspection we found these improvements had been made.

- Mental capacity assessments were specific to individual decisions. When people were deemed not to have capacity, best interest decisions were made. These decisions were made with the person, their relatives where possible, staff and professionals. For example, one person had a mental capacity assessment regarding personal care. This showed how the person could make some of their own decisions about personal care and how these were communicated. It explained if the person declined, when staff should ask again and how to approach the person. It also identified when decisions should be made in the person's best interest, for example if they continued to decline personal care.
- Staff received mental capacity and DoLS training which was regularly updated. They were aware of the importance of people making decisions and we saw them offering choices throughout the inspection and supporting people by describing their options. They offered choices in different ways depending on the person they were speaking with.

● The registered manager had applied for DoLS for people, but these assessments had not yet been authorised by the local authority.

Staff support: induction, training, skills and experience
At the last inspection more time was still needed to make the new training program had been fully embedded into practice. At this inspection we saw the training had become embedded and new opportunities for learning had continued to be developed.

● There was a training program which ensured staff completed training and had regular updates. This included infection control, safeguarding and mental capacity. It also included training that was specific to the needs of people who lived at Ashdale House. For example, autism and learning disability awareness and positive behaviour support.
● There was a mixture of online and classroom based training. When staff completed online training they also completed a reflective study. This helped to demonstrate that staff had understood the training provided and gained the knowledge and skills they needed.
● Some training was classroom based, for example, positive behaviour support (PBS). For this training staff worked in small groups to develop a PBS care plan for a person. This gave them the opportunity to use both their knowledge of the person and skills gained from the training to develop a detailed bespoke plan. One staff member told us, "This really helps us to focus on the positive response rather than the negative behaviour."
●To ensure staff maintained their knowledge throughout the year they were given questionnaires. These asked staff, for example, to "explain the do's and don'ts if you witness abuse at work" and "What do you mean by active support." These were discussed in staff meetings and helped the registered manager identify any areas for staff development.

At the last inspection for some staff English was not their first language and they had not previously worked in care. They did not always have an understanding of the training they had received in relation to people's complex needs. The registered manager had identified a course for staff to improve their spoken and written English. At this inspection no concerns were identified, the registered manager told us all staff had a good command of English. They told us this was monitored through discussion and reflective writing.

● The registered manager had provided an English study guide which staff could undertake and complete a self-assessment tool to identify if they needed further support. The registered manager told us staff had completed this for their own self-development. All staff were able to communicate well with people, their colleagues and the inspector.
●There was a supervision program and staff were well supported. The registered manager told us there was an open door policy and staff could discuss concerns at any time. Staff told us they felt supported by the registered manager.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● People had lived at the home for a long time. Their needs and wishes were regularly reviewed to ensure they received the care and support they needed. This included all aspects of their care needs such as how they communicated, their preferences, and how they liked to spend their time. Nationally recognised assessment tools were used to assess risks, for example, those associated with positive behaviour support and nutrition.
● There had been no new admissions since the last inspection. The registered manager told us that all potential admissions were carefully assessed to ensure they would fit in with people and be happy at the home. Also, that their needs and preferences could be met.

Supporting people to eat and drink enough to maintain a balanced diet

● People were supported to have enough to eat and drink throughout the day. They were supported to enjoy a variety of food and drinks that were nutritious and met their individual needs.

● People ate breakfast and lunch at times that suited them. They chose what to eat and were supported by staff. People ate their main meal together in the evening. There was a menu which was also in pictorial format displayed on the wall. This had been developed with people and reflected their choices. Alternative choices were available each day and these were also displayed in pictorial format.

● Some people needed support with what they ate and drank each day. Staff were aware of the support people needed and this was provided. One person had been identified at risk of choking. They had been referred to the GP for advice and assessment. Whist waiting for this advice staff provided the person with a soft diet and supported them closely to keep them safe. Following assessment new guidelines were developed to ensure the person's nutritional needs continued to be met.

Adapting service, design, decoration to meet people's needs

● People's bedrooms had been decorated to meet their individual needs and wishes. Some people's bedrooms did not contain much furniture or decorative items such as photos. Staff explained this was to meet people's needs and they may become overwhelmed if their rooms were too 'busy'. Where people required support due to their physical health, adaptations to their bedrooms had made them more. Bedrooms were places that people could go to for private or quiet time if they wished.

● The sensory room had been developed and moved from the basement to the first floor. A sensory room is a specially designed room which combines a range of stimuli to help individuals develop and engage their senses. This included lights, colours and sounds and a sensory soft play area (ball pit). Staff told us each person was able to use the room and told us people enjoyed this and described how one person relaxed and fallen asleep in the ball pit.

● The communal areas were decorated in a way to reflect people's choices and personalities and maintain their safety. Photographs of people enjoying themselves were displayed around the home. There was outside space with garden equipment and seating areas. People were able to go wherever they wished throughout the home. However, due to their complex needs most people needed the support of staff to do this.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

● People were supported to maintain and improve their physical and mental health. They had access to healthcare professionals when they needed them. This included the doctor, dentist, chiropodist and speech and language therapist.

● People attended healthcare appointments when they were unwell or to maintain their ongoing health. Where people needed specific support to enable them to receive healthcare, for example with blood tests, this was provided. When one person was admitted to hospital they were supported by staff from the home at all times. This helped to ensure the person received all aspects of their care and support appropriately.

● One person had been identified as having border line diabetes and high cholesterol. Staff supported the person to eat a healthier diet and as a result their results had returned to normal levels.

● People had plans in place to keep them well. There was information in these about their health needs and this included the healthcare professionals that were supporting them. Health action plans informed staff how to help people maintain good day to day health. People had hospital passports available, to help communicate their needs to health professionals in the event of hospital admission. They also had pain profiles which described how the person may present if they were in pain. These were specific to each person and were in an easy read format to support people's understanding. For example, one person's plan stated they may become quiet or uncooperative.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with kindness and care. Staff knew people well. They understood their daily needs and choices, their interests and how to communicate with them. We saw people were comfortable in staff presence and enjoyed their company.
- People's relative spoke highly of the staff. One relative said, "The staff are lovely, I can't fault them." Another told us, "They are all wonderful." A further relative said, "We are very, very impressed with them, they're all so friendly, it's a pleasure to visit."
- For some people routines were important and this included receiving accurate responses from staff to questions. One person asked the registered manager if they were going to college that day, the registered manager checked and told the person not that day. The person laughed and the registered manager explained the person knew they weren't going to college but needed to be sure staff were aware. Staff respected how important this was to the person and this helped the person to feel happy and well supported.
- One person wished to maintain their religious preferences, and staff supported them to do this. Staff attended church with them and told us how much the person enjoyed this. One staff member said, "You can see how much they enjoy it, especially the singing."
- During the inspection it was one person's birthday. People and staff got together to celebrate, this included organising party decorations, party hats and a birthday cake. Photographs of the occasion showed people smiling, having fun and hugging each other in celebration.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in decisions about the support they received. Staff supported them to make their own choices and decisions throughout the day. We heard staff asking one person what they would like to do. The person replied, "Not yet", staff explained this meant the person had not yet decided what they wanted to do.
- People were able to express their own choices and preferences and were able to change their minds throughout the day. Some preferences were included in their care plans, for example, how often they wanted to be checked at night.
- People's care plans contained information about their choices and preferences. These were reviewed with them and their key worker every month. They looked at people's goals, what they had achieved and what they would like to achieve in the future. Where changes were identified these were implemented.

Respecting and promoting people's privacy, dignity and independence

● People's privacy, dignity and independence were respected and promoted. People's bedroom doors were closed before care or private conversations took place. Staff knocked on people's door and waited for a reply before they entered. Some people required one to one support and care plans reminded staff to allow people privacy whilst still ensuring they were safe.

● People's independence was supported and promoted. We observed staff encouraging people to do as much as they could for themselves. One person proudly told the registered manager each morning that they had made themselves a hot drink and their own breakfast.

● People were supported by staff to take pride in, and maintain, their appearance in a way that supported their own preferences. We heard staff complimenting people on what they were wearing and their appearance.

● Care plans guided staff about how to maintain people's independence. For example, personal care plans informed staff what the person could do for themselves and when they may need support. It reminded staff to prompt and encourage people and if necessary to provide hand on hand support to guide the person.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

● People received person centred care that met their individual needs and preferences. Staff knew people well and understood the support they needed. Care plans were personalised and contained guidance for staff. These were regularly reviewed and updated as people's needs changed. One person's relative told us that staff knew what their loved one wanted and provided this support well.

●Staff were aware of changes in people's health and behaviour. Staff identified one person appeared tired. They found that the side effects of one of the person's medicines may cause drowsiness. They consulted with the person's GP and the medicine was changed to the evening. This meant the person had more energy during the day.

● As people were ageing their needs changed. We were told about one person who due to their needs, spent most of the time supported by staff, away from other people. Staff recognised this person was changing and were, on occasions, able to spend some time with others. Therefore, a number of plans were in place to encourage and support this. The registered manager told us this would be a dramatic change for the person and would take a long time. This demonstrated staff were aware of people's changing needs and helped to ensure these continued to be met.

● People had individual goals and these were reviewed with the person each month. For example, one person had a goal to eat a 'proper' meal in a restaurant once a week. This was to encourage the person away from 'snack' and 'fast-food' when they were out. Staff were still working with this person to help them achieve their goal.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

● People's communication needs had been assessed and were met. Care plans included information about how to support each person to communicate, for example using simple sentences or using gestures such as 'thumbs up.'

● Some people who were unable, or less able, to communicate verbally were supported to communicate using Makaton, or an adapted form of Makaton. This is a language programme which uses signs and symbols to help people to communicate. Staff understood how to communicate with each person, using the person's preferred method and by understanding the person. Staff received Makaton training but told us

communication was really learnt from watching their colleagues and by supporting people.
● One person was supported by a relative and staff member to practice their Makaton each day. This increased their vocabulary and their ability to communicate. The relative had also started to teach the person to communicate verbally and this was also supported by staff. We heard this person telling staff that they had eaten a burger. The relative told us how important this was for them that their loved one should be able to communicate as fully as possible to promote and retain their independence.
● Each person had a communication passport, this included details of how each person communicated. Communication passports describe the specific ways in which a person communicates. It is used to assist any staff member or professional to communicate effectively with them. They are a person-centred way of supporting people who cannot easily speak for themselves.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them
● Each person had an activity program of what they wanted to do each day. This had been developed by the person with support from their key worker. Some people made different choices each day, others followed a more structured program. For some people there was flexibility within the program. For example, it was raining at the time of the inspection so staff supported one person to change their plans of going for a walk to having a haircut. Another person did not go for a walk during the morning, but staff knew it was important that the person went out each day. Therefore, they went for a walk during the afternoon.
● Some people attended college courses and this was something they enjoyed. These included cookery, keep fit and gardening courses. Where appropriate staff had worked with college staff to adapt the course to each person. For example, one person who was on a cookery course wanted to eat everything they had made. Therefore, through discussion with college staff this person now made single portions of food.
● People enjoyed going out for drinks and snacks in the local area. Staff explained how local cafe staff had got to know people and welcomed them by name. We were given an example of one person who tended to drink their hot drink when it was too hot. Café staff had become aware of this and added extra cold milk or water. This meant the person was able to order their own drink safely.
● People were regularly asked what they would like to do and activities were arranged to help them achieve their wishes. One person enjoyed tunnels and had been taken for a drive through the Dartford tunnel. Other people enjoyed train rides and had taken a trip to London. They were discussing with staff that this was something they would like to do again.
● People were supported to maintain relationships with those that were important to them. Families were welcome at the home and arrangements were in place to ensure this contact could be maintained. For example, people were supported to make phone calls and other people were supported to visit their families at home. Relatives told us they were kept informed about their loved one. One relative said, "If there's anything wrong they will let us know."

Improving care quality in response to complaints or concerns
● There was a complaints policy which provided guidance for people. This was written in an easy read style which made it accessible to people. People were regularly asked if they had any complaints or concerns. This was done at meetings and when people had reviews with their key worker.
● People had recently been supported by staff to complete a feedback survey about complaints. This was presented in an easy-read format and staff explained the questions to people using their chosen communication methods. Although some people were not able to answer all the questions it was clear people knew how to report any worries. Comments recorded, included, "Tell [name]" (registered manager) and 'person points to a staff member.'
● Relatives told us if they had any concerns then they would speak with the registered manager or other staff. One relative said, "We have no concerns but if we did we would speak to them, we have done in the

past and would do again."

● There were no current complaints at the service. Records showed that previous complaints received had been recorded, investigated and responded to appropriately.

End of life care and support

● Ashdale House did not currently provide end of life care. However, consideration would be given to supporting people in their last days if their physical and emotional needs could be met. With this in mind the registered manager had recently completed end of life training to help identify further training needs in the future.

Good

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection we identified that improvements were needed to record keeping. This included records of decisions taken in relation to the care provided and to ensure care plans were person centred. Improvements were also needed to the quality assurance system to ensure shortfalls were identified and addressed. This included an ongoing training plan for staff and agency staff checks. This was a breach of Regulation 17 Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also asked the provider to make improvements to the staff culture at the home.

After the last inspection we met with the provider to ask them what they were going to do to make and sustain improvements. They wrote to us after the meeting and told us they would not admit anyone to the home for six months. This would allow time for changes to be made and fully embed into every day practice.

At this inspection we found the provider and registered manager had worked hard to improve and develop the service. Also, to ensure that improvements made were fully embedded and sustained. We found the provider was no longer in breach of the regulation. People's care plans were person centred and records related to decisions made, were well completed. There was an ongoing training plan for staff, and although agency staff were not currently used systems were in place to ensure appropriate checks were made. Changes had been made to the quality assurance system and this now identified areas that needed development. There was a positive culture at the home.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

At the last inspection we asked the provider to make improvements to the staff culture at the home.

- There was a positive culture at Ashdale House. Although people were not able to tell us about the registered manager and staff, we saw people were comfortable in their presence and were happy to see staff when they came on duty. Relatives spoke of the current staff team. One relative told us, "They really are a good team they have at the moment [name] loves them." Relatives also told us they had a good rapport with staff.
- Staff told us the culture had improved, one staff member said, "We can discuss anything, if there were ever

concerns about culture again I would go report it straight away. We don't want to go back there."
● The registered manager told us they had previously identified staff were working (by choice) long hours which meant most of their time was spent at the service. Some staff regularly worked their days off at the home therefore, they did not have a good work life balance. Staff were no longer able to work long hours without a break. This had been implemented at the last inspection but was now fully embedded into practice.
● As far as possible the registered manager ensured staff had at least one day off a week. If staff wished to work extra hours they were able to do this at nearby homes owned by the provider. This meant they were still able to work but in a different environment.
● There had been changes in people who lived at the home. Two people, with complex needs, had moved to different homes where their needs could be better met. These people had needed two to one and one to one support. This meant that there were now less people and staff in the house each day. This helped to create a calmer living and working environment.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection we found people's records did not contain all the information staff may need in relation to records of decisions taken with regards to the care provided and to ensure care plans were person centred. We also found improvements were needed to the quality assurance system to ensure shortfalls were identified and addressed.

● At this inspection we found improvements had been made to people's records. Mental capacity assessments and best interest decisions had been recorded for each specific decision. People's records were person centred and provided clear guidance for staff.
● Improvements had been made to the quality assurance system. The quality assurance system included audits and checks by the registered manager, area manager and quality assurance department. The registered manager told us there was now flexibility in the quality assurance system. If for example he wanted feedback on the care plans he was able to request an audit by the quality assurance department to look at this area. This had identified areas that needed to be developed, for example a care plan audit identified two care plans that needed to be updated. An action plan was in place to ensure this was addressed.
● The registered manager was responsible for the day to day running of the service, they were supported by the area manager and other senior managers within the organisation. Senior care staff took responsibility for leading the shift and for particular elements of the service, such as medicines. Staff and relatives spoke well of the registered manager. One staff member told us, "We can tell him anything, he is so approachable and that is important." A relative told us, "[Registered manager], he's one of the best."
● The registered manager told us they had learnt a lot over the past few years. They told us how they were continuing to develop and improve their learning. They updated their skills and knowledge by attending training, meetings and forums. They used these opportunities to meet other registered managers to share ideas and discuss concerns. Learning and ideas from the forums was shared with staff to improve and develop the service.
● At the last inspection staff told us staff turnover had caused problems as staff would leave when they became aware of the reality of looking after people with complex needs. Staff turnover was no longer a problem. Only two new staff had been recruited in the last year and there was currently no use of agency staff. The registered manager told us they had recognised the importance of new staff having an understanding of care regulations in addition to a clearer understanding of what was expected on them and their role. This was now explored in more depth at interview. For staff already employed the CQC role was

discussed during staff meetings.

Working in partnership with others

● The registered manager and staff worked in partnership with other services, this included the community learning disability team, mental health team and people's GPs.

● Learning from accident, incidents and safeguarding concerns were shared with staff to ensure learning and improvements had taken place.

● The registered manager and staff had been working with the local authority to improve and develop the service. They told us they had found the experience useful. They had introduced 'Champions' in a number of areas, for example activities and nutrition. Staff who were designated as champions had undergone specific training to support them in their role. Champions then supported other staff with their learning and development. The registered manager told us staff who had been designated as oral health champions had undertaken their training and would be completing oral health assessments for people.

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

● Regular surveys were sent out to ask for people's, relatives and staff feedback. These were provided in an easy read format for people to enable them to understand and complete them with staff support. Feedback from people was positive and the results were audited by the area manager. A relative's survey was being sent out at the time of the inspection.

●People were also asked for their feedback in resident meetings and at their monthly reviews. People were also asked for their feedback during provider audits. The area manager spent time talking with people to ask about their experiences at the home. Throughout the inspection we saw staff engaging people for their feedback throughout each day.

● Due to the historical concerns at the home in relation to culture staff had completed a survey in May and November 2019. We saw the feedback from November 2019 had improved and was considerably more positive than the previous survey. One staff member had identified that they wanted supervision with the registered manager. The registered manager told us this staff members supervision was undertaken by senior care staff. However, arrangements had been made for the registered manager to undertake some of the supervisions for this person.

● Staff attended regular meetings where they were updated about changes at the service. They were reminded of their responsibilities and given opportunities for feedback. Meetings were also used as an opportunity for learning and development

● People were able to access the local community with the support of staff. Over the years, relationships had been developed with local businesses who had got to know people. People were given opportunities to take part in activities further away from the home and transport was available for people to go out with staff when they wished to.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

● The registered manager was aware of their responsibilities. This included those under duty of candour. Relevant statutory notifications were sent to the CQC when required.

●The registered manager acted openly and honestly when dealing with safeguarding, incidents, accidents and complaints within the service. In addition to their statutory responsibility the registered manager contacted CQC and the local authority to discuss areas of concerns and ensure appropriate measures were in place.

● Relatives told us that they were always informed when there were any concerns or worries about their loved ones.