

Aylestone Grange Ltd

Aylestone Grange

Inspection report

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27 September 2019

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Aylestone Grange is a residential care home providing personal care to 10 people at the time of the inspection. The service operates within an adapted building, can support up to 10 people, and specialises in supporting people to recover from enduring mental health conditions.

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

People's prescribed medicines were not always managed safely. Medication records were not always accurate, and there had been occasions when people had run out of their prescribed medication. We found no evidence that people had been harmed, but systems were not robust enough to demonstrate that medicines were properly and safely managed.

People were supported by staff who had been recruited by the provider. However, the provider could not demonstrate that they had carried out all the necessary pre-employment checks; which meant there was a potential risk of unsuitable staff being employed.

People lived in a care home environment which was generally clean and safe. However, regular health and safety checks were not always carried out; and some people's individual bedrooms and shower rooms were not clean. Support workers encouraged people to take part in keeping their own rooms clean, but it was recognised that people's willingness to do that varied. Where potential environmental hazards had been identified, the provider had not always taken timely action to rectify things.

People were supported by enough support workers to meet their needs. Support workers had received the necessary training, and understood what action needed to be taken to safeguard people. People's individual risk assessments had been regularly reviewed by the registered manager. That all helped ensure people were protected from avoidable risks.

People told us they felt safe living at Aylestone Grange. They had suitable person-centred care plans in place, which support workers had access to. That meant support workers were provided with the necessary information to effectively support people.

People were supported to eat and drink enough to maintain a balanced diet, and support workers advised people on healthy eating options where necessary. The care home was equipped to meet people's basic needs and had an open plan lounge, dining and TV area. People could also freely access the patio and garden area. The decoration and furnishings could be made homelier, and the registered manager told us that was something they were working on.

People were supported to maintain contact with specialist mental health care teams and establish links with local community health care services. They were supported by staff who were attentive, and their cultural, equality and diversity needs were identified and supported.

People were involved in deciding their care plans, where they had the capacity to do so. Where they lacked the capacity, suitable best interest processes were in place. Care plans were comprehensive and covered areas such as their background, health care, personal care, nutritional needs and interests. People's independence was encouraged and their privacy, and dignity, was maintained by the support workers. People were encouraged to attend resident meetings and to give their feedback to the registered manager on the service they received.

People chose to take part in activities that interested them, within the care home, or to access activities in the local community; with staff support if required. People were supported to maintain links with relatives, where that was appropriate.

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.

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 good (published 24 January 2017).

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?

Requires Improvement ●

The service was not always 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?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

Aylestone Grange

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

Aylestone Grange 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

The inspection visit took place on 26 September 2019 and was unannounced. We returned, announced, on 27 September 2019 to complete the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service about their experience of the care provided. We spoke with five members of staff including the registered manager, senior support worker, and support workers. We observed support worker interactions with people throughout the inspection.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including training data and quality assurance records, were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at the provider's policies and procedures.

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 deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- The provider did not always follow safe procedures for the receipt, storage and administration of medicines. Care homes should keep accurate records of the prescribed medicine they give to people. Medicine records were not always correct, and the provider's medicine management audits had not been consistently carried out. This increased the potential for medicine errors and risks to people's health.
- People did not always receive their medicines as prescribed. On one occasion the provider had not re-ordered a person's prescribed medicine, because they had not noticed the supplies of the medicine had run out. That was medicine prescribed for use 'as and when required'. This was brought to the registered manager's attention who immediately contacted the pharmacy to arrange for the prescribed medicine to be provided.
- Medicine records were not safely managed. The provider used a mixture of medication administration record (MAR) sheets pre-printed by the dispensing pharmacy, and MAR sheets hand written by support workers. We found one example where duplicate MAR sheets had been used for the same item of medicine prescribed for a person. This increased the potential for errors. We brought this to the registered manager's attention who then removed the duplicate MAR sheet.
- The time when medicines were administered was not always accurately recorded. We found support workers administered prescribed diabetes medication to a person, when their blood glucose test indicated they required it. However, support workers were not accurately recording the time the medicine had been given. That meant it was not possible to see whether a person's blood glucose level, being tested and found to be too high, had resulted in the appropriate diabetes medication being administered in a timely manner.
- We found no evidence that people had been harmed, however, systems were either not in place or robust enough to demonstrate medicines were properly and safely managed. This placed people at risk of harm.

The provider failed to ensure the proper and safe management of medicines. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- There was a risk people may be supported by unsuitable support workers. The provider had a recruitment procedure in place, but staff recruitment processes were not effective. Ensuring pre-employment checks are carried out helps the provider determine whether people are suitable for the job role. Required checks such as employment references, and work history records, were not complete. This meant there was a risk of unsuitable support workers being employed to provide care to people. We brought this to the registered manager's attention, who told us they would review their processes and ensure all staff employment records

were fully completed.

The provider failed to ensure that persons employed for the purposes of carrying on a regulated activity were of good character and had the qualifications, competence, skills and experience which are necessary for the work to be performed by them. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were enough support workers available to meet the care needs of the 10 people who lived at the care home at the time of the inspection.
- When agency care staff were occasionally used, the provider ensured appropriate pre-employment checks had been carried out by the agency. This helped to ensure agency care staff were safe to work with vulnerable people.

Assessing risk, safety monitoring and management

- Food was not always stored safely. Fridge and freezer temperatures were checked regularly. However, the kitchen fridge temperature records indicated temperatures exceeded the maximum required for safe food storage. No action had been taken to address the potential food safety issue. This was raised with the registered manager who told us they would review the fridge temperature records and adjust, or replace, the fridges to ensure food was stored safely.
- The provider had a fire risk assessment in place and effective systems to carry out regular fire safety checks. Support workers had received fire safety training and knew how people should be supported to exit the care home in an emergency.
- People's individual risks had been assessed and reviewed regularly by the registered manager. For example, the registered manager had increased the numbers of support staff who escort a person to visit their former home when it was assessed that the risks linked to that activity had increased. Changes in people's risk assessments were discussed at staff handovers. That helped to ensure people were protected from avoidable risks.

Preventing and controlling infection

- Communal areas of the care home were clean, which reduced the risk of infections spreading. However, three bedrooms had a strong urine odour; and three bedrooms had shower rooms which were not clean. This was brought to the registered manager's attention who told us people's willingness, to be supported to keep their own bedrooms and shower rooms clean, varied according to their mental health status. We saw there was a daily schedule for supporting people to clean their rooms, and this was used flexibly based on support worker's assessments of each person's frame of mind on each day.
- Support workers had completed infection control training, which ensured they understood how to prevent and control the spread of infections.
- Personal protective equipment, such as disposable gloves and aprons, was readily available throughout the service and used by support workers. This protected people, and support workers, from acquiring infections.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Support workers had received safeguarding training, were aware of the safeguarding procedure, and knew how to use it. There were safeguarding adults' policies in place, which support workers had access to.
- People told us they felt safe living at Aylestone Grange. A person told us, "I feel safe here. I see [registered manager] when they are here."

- The registered manager understood their responsibilities for keeping people safe, including reporting safeguarding issues to the relevant authorities. These arrangements ensured people were protected from the risk of abuse.

Learning lessons when things go wrong

- Systems were in place to learn from accidents and incidents. The registered manager reviewed incidents, analysed trends, and acted when needed. For example, the registered manager implemented support changes when a person had been involved in several incidents during a period of mental health deterioration. This action reduced the number of incidents and helped to keep people safe.

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.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager had created care plans which were updated as people's needs changed. This meant the care plans guided support workers to effectively meet people's needs.
- A support worker told us, "The care plans are on the [online system] and we have access to them through the laptop and [hand held devices]. We also have handovers between shifts, so we know about any changes." This meant support workers were provided with relevant information on how to effectively support people.
- The registered manager supported staff to provide person centred support and care in line with local and national guidance and best practice guidelines.

Staff support: induction, training, skills and experience

- New support workers completed induction training, which included working alongside experienced support workers. Support workers told us they received the training needed to meet people's individual needs. We observed support workers using their skills to support people effectively and sensitively.
- The provider had a training plan to identify support worker training needs, and arrangements were in place to ensure support workers were kept up to date with essential training.
- Support workers told us they had regular handover sessions, team meetings and supervision meetings. This meant there was effective communication within the support team.

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

- Support workers had a good knowledge of people's food preferences and the provider had appropriate systems in place to monitor people's weight.
- People were supported to eat and drink safely and to try and maintain a balanced diet. For example, several people had diabetes and support workers guided them to make healthy food choices; as advised by health care professionals. However, it was recognised that people had the capacity to make their own decisions about what to eat.
- People were offered a variety of food and drink they enjoyed, and alternatives were readily available if people preferred something else.

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

- People's care plans informed support workers about their health care needs. This meant support workers had up to date information about how to support people.

- The service had links with specialist mental health care teams as well as local primary health care services, and people were supported to improve their health. For example, a person moved into the care home after a period in hospital. Their illness meant they lacked the confidence to talk with people or go out into the community. The person's health had improved, and they now freely spoke and had embarked on new activities in the local community. They had discovered an interest in theatre and cinema which the support workers were encouraging them to follow. That was a significant positive outcome for that person.
- Senior support workers followed guidance, provided by a health care professional, and enabled a person to manage their own blood sugar levels and prescribed insulin medication. That meant the person was supported to manage aspects of their own health care needs.

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

- The care home facilities met people's basic needs. However, the decoration and furnishing of the communal areas did not create a homely feel. Support workers told us they felt some of the furniture was not very good quality, and the registered manager told us they were looking into ways of involving people in making the building homelier.
- People chose where to spend their time. The care home had an open plan lounge, dining and TV area. That meant people could engage in different activities and still receive help from support workers if needed. There was a patio used as a smoking area, and people could access the garden if they wished.

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. We found they were.

- Care staff received training, in relation to MCA and DoLS, and worked within the principles of MCA. Appropriate referrals to the local authority DoLS team had been made.
- People had given their consent to receive care from the provider and, where it had been assessed that an individual did not have the capacity to give consent, there had been an appropriate best interest process carried out.
- People were supported to have choice and control over their lives. Support workers told us they supported people to become more independent by offering choices and obtaining consent. The registered manager told us that was especially important, as the provider had enabled people to develop the skills and confidence to move on from the home and live more independently in the community.

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

- Support workers were attentive to people's needs and supported people with kindness. A person told us, "Staff are okay. They went with me to the cinema last week. I'm joining the gym next week."
- All support workers had received equality and diversity training. The provider's equality and diversity policy set out how the care home operated to support people, and staff, from diverse backgrounds.
- People's cultural support needs were met appropriately by the provider. The registered manager assessed people's equality and diversity support needs as part of the assessment carried out prior to people moving into the care home. This helped ensure people's diverse needs were considered when planning their support.

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

- People were involved in directing their own care plans, where they had the capacity to do so. Best interest processes were in place where people did not have the capacity to make those decisions.
- Support workers enabled people to make everyday choices about their care and support, for example about what clothes they wanted to wear and how they wanted to spend their time. This enabled people to be involved in making decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- People's independence was promoted. A support worker told us, "[Person] has told us they want to start doing their own cooking and we are helping them with that. The aim is to move into their own flat eventually, so we need to make sure they can cook."
- People were treated with dignity. A support worker told us, "We support [person] to wash. We encourage them to do as much as possible for themselves. We talk through it step by step. We make sure we cover them with the towel and that the door is locked for privacy." This meant people were supported to maintain their dignity.

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 care and support which met their individual needs and preferences. For example, people chose whether to take part in activities in the home, and some people chose to access activities in the community. This meant people had choice and control.
- People's care plans contained personalised information. Care plans were comprehensive and covered areas such as their background, health care, personal care, nutritional needs and interests. This meant support workers knew how to meet people's care needs.
- Support workers were attentive to people's changing needs. Regular notes of observations were made so any changes in a person's mental health support needs could be identified. A support worker told us, "We have handovers each day and team meetings occasionally. When things change we get to know." This meant support continued to meet people's needs.

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 were recorded in care plans. That meant support workers were aware of people's communication needs and preferences and relevant information was also shared appropriately with people.

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

- People were supported to maintain contact with their relatives where appropriate. Supporting people to maintain contact with their relatives is important and can help prevent social isolation.
- People were supported to access activities in the local community, with staff support if needed. This meant people were enabled to re-establish themselves into the community and take part in activities which were important to them. For example, a person was supported to visit their own flat so they could see it was still available to them to move into when they became well enough to do so.
- People took part in activities at the home. For example, we observed people using the pool table, watching TV and accessing the internet.

Improving care quality in response to complaints or concerns

- The provider had received no formal complaints about the care home in the 12 months prior to the

inspection. However, there was a complaints policy in place and details of how to make a complaint, or give feedback on the service, were on display.

End of life care and support

- Where stated, peoples preferences for their end of life arrangements were recorded in their care plans. The registered manager told us, "There is a section [of the care plan], it's called 'Last Wishes', so far we have not had anyone willing to discuss their choices regarding end of life, but this is tried occasionally through keyworker meetings."

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 good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider had not acted to address known issues. The provider did not hold adequate staff employment records. Some support worker files did not include copies of previous employment references or full work histories. The provider had previously identified shortfalls in their staff records in a quality audit carried out in December 2018, but action had not been taken to rectify the matter. This failure to take swift action meant there was an ongoing risk of employing unsuitable support workers.
- The registered manager had a quality assurance system in place to monitor the safety and quality of the service. However, it was not being used to its full potential to improve the service provided to people. For example, infection control, health and safety, and medication audits had not been regularly completed. We found issues in these areas, during our inspection, which had not already been identified by the provider. For example; Arrangements for the stock check of prescribed medicines had lapsed when the service had run out of recording sheets. This meant the quality monitoring of the service was not effective and decreased the potential safety of the service people received.

The provider failed to ensure that consistently effective systems and processes were fully in place to assess, monitor, and improve the quality and safety of the services provided. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager understood their responsibility for reporting deaths, incidents, injuries and other matters that affected people using the service. Notifying the CQC of these events is important so that we are kept informed and can check that appropriate action had been taken.
- The registered manager carried out regular audits of people's care plans and risk assessments. This was effective in ensuring that staff were kept up to date with people's changing needs.
- All the staff we spoke with understood their roles within the service.

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

- The registered manager supported staff to provide person centred care which achieved good outcomes for people. For example, since moving into the care home, the confidence of a person, and their willingness to engage in activities in the local community, had increased because of the support they had received. That was a significant positive outcome for that person.

- The registered manager, and all the support workers we spoke with and observed, told us they were committed to providing person centred, high quality care. A support worker told us, "Morale is good. The people I work with are excellent. We get on really well together and we work as a team."
- The registered manager provided supportive leadership. Support workers told us the registered manager was approachable and they felt supported by them.

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 understood, and acted on, their duty of candour responsibility by contacting relatives, after incidents involving family members occurred. This ensured that relatives were notified of the incident and made aware of the causes and outcome.

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

- The provider asked people to contribute their views on the service through an annual satisfaction survey which the registered manager reviewed and acted on.
- The registered manager arranged for resident meetings to take place where people were asked for their views on the service they received. Action was taken because of the feedback received. For example, following a discussion at a resident's meeting, the registered manager had reminded the night support staff that people could have free access to the kitchen during the night if they wished.
- People's equality and diversity characteristics were identified during the initial assessment process and recorded in each person's care plan. This was available to guide support workers and was supported by the provider's equality and diversity policy.

Continuous learning and improving care

- The registered manager understood the importance of learning lessons, by reviewing incidents, to ensure people received good quality care and support.

Working in partnership with others

- The registered manager and support staff worked in partnership with other professionals and agencies, such as specialist mental health teams, GPs and community health services to ensure people received the care and support they needed.
- The registered manager worked in partnership with people, through regular communication, to ensure people's views about the care being provided was listened to.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Accommodation for persons who require treatment for substance misuse	The provider failed to ensure the proper and safe management of medicines. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Accommodation for persons who require treatment for substance misuse	The provider failed to ensure that consistently effective systems and processes were fully in place to assess, monitor, and improve the quality and safety of the services provided. This was a breach of regulation 17 Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed
Accommodation for persons who require treatment for substance misuse	The provider failed to ensure that persons employed for the purposes of carrying on a regulated activity were of good character; and had the qualifications, competence, skills and experience which are necessary for the work to be performed by them. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

