

Alliance Home Care Limited

# Ashcott House

## Inspection report

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Date of inspection visit:  
20 October 2017

Date of publication:  
10 November 2017

## 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

Ashcott House provides a residential care service for seven people with a learning disability. At the time of this unannounced comprehensive inspection of 20 October 2017 there were seven people using the service.

At the last inspection of 20 October 2015 the service was rated Good. At this inspection we found the service remained Good.

There was a registered manager in post. 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.

The service continued to provide a safe service to people. This included systems in place intended to minimise the risks to people, including from abuse and with their medicines. Staff were available when people needed assistance and the recruitment of staff was done safely.

People were cared for by staff who were trained and supported to meet their needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Systems were in place to assess and meet people's dietary and health needs.

Staff had good relationships with people who used the service. People were involved in making decisions about their care and support.

People received care and support which was planned and delivered to meet their specific needs. People were supported to participate in meaningful activities. A complaints procedure was in place.

The service had a quality assurance system and shortfalls were identified and addressed. As a result the quality of the service continued to improve.

Further information is in the detailed findings below.

## 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 remains good.

### Is the service effective?

Good ●

The service remains good.

### Is the service caring?

Good ●

The service remains good.

### Is the service responsive?

Good ●

The service remains good.

### Is the service well-led?

Good ●

The service remains good.

# Ashcott 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 checked 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 unannounced comprehensive inspection was carried out by one inspector on 20 October 2017.

We spoke with four people who used the service and observed the interactions between staff and people. We also spoke with the registered manager and three staff including care and maintenance staff.

We reviewed the care records of three people who used the service and records relating to the management of the service. These included records associated with health and safety records, staff training, quality assurance and one staff recruitment file.

# Is the service safe?

## Our findings

At the last inspection of 20 October 2015 the service was rated Good. At this inspection we found the service remained Good.

We saw that people were safe in the service and comfortable with the staff who supported them. Staff assisted people, where required, to ensure their safety. This included ensuring people were safe when mobilising in the service using equipment such as walking frames.

People continued to be protected from avoidable harm and abuse. People received support from staff who understood how to recognise and report abuse.

Risks to people continued to be managed well. People's care records included risk assessments which identified how risks were minimised. This included risks associated with going out in the community, mobility and using equipment in the service, such as electrical equipment. Where risks to people had been identified, for example with their mobility, we saw that referrals had been made to other professionals to obtain equipment to support people safely. Risks to people were minimised because electrical appliances, bedrails, mobility equipment and the fire safety were regularly checked to ensure they were safe.

The registered manager and a member of staff told us that the staffing level continued to be appropriate to ensure that there were enough staff to meet people's needs safely. Records and our observations confirmed what we had been told. We saw that staff were available when people needed them and they responded to people's requests for assistance promptly.

The service continued to maintain recruitment procedures to check that prospective staff were of good character and suitable to work in the service. There had been one new staff member starting work in the service in 2017. Records we reviewed showed they had been recruited safely according to the service's recruitment procedure.

Medicines continued to be administered safely. We saw one person talking with staff about their medicines which were prescribed to be administered when required (PRN). They initially refused these medicines when offered by staff saying, "I don't need any tablets do I?" They then decided they did want these. We saw that the staff assisted them with their medicines safely and in a way that they preferred, for example with a drink. Records showed that PRN protocols were in place to guide staff when these medicines were to be administered.

Records showed that medicines were given to people when they needed them and kept safely in the service. Regular audits allowed the staff to quickly pick up any issues and take action to address them. Staff were trained in the safe handling of medicines and their competency was assessed to check that they were supporting people safely.

# Is the service effective?

## Our findings

At the last inspection of 20 October 2015 the service was rated Good. At this inspection we found the service remained Good.

The service continued to provide staff with the training and support and the opportunity to obtain qualifications in care to meet people's needs effectively. Training included subjects such as moving and handling, equality, diversity and inclusion, first aid, fire safety and learning disability and mental health awareness.

Records and discussions with staff showed that they continued to receive supervision meetings. These provided them with the opportunity to discuss their work, receive feedback on their practice and identify any further training needs they had.

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. The application procedures for this in care homes and hospitals are 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 were being met.

People's care records identified their capacity to make decisions. Staff had been trained in MCA and DoLS and continued to demonstrate they understood the MCA and how this applied to the people they supported. DoLS referrals had been made to the local authority, which were not yet authorised. The registered manager told us that these were kept under review. Where people required assistance with making specific decisions records identified that they had been supported in accordance with the MCA. Where required, others involved in people's care, such as health professionals and relatives, had been consulted about decisions in people's best interests.

The service continued to support people to maintain a healthy diet and systems were in place to encourage people to make healthy choices. One person said about their breakfast which they had helped to make, "I had peanut butter this morning, I liked it. Had meatballs and pasta last night. I eat well don't I?" There was a notice board in the dining area which held pictures of food and a notice saying who had chosen the meals for the day. Records showed that where there were concerns about people's dietary needs referrals were made to other professionals including a dietician and the speech and language team. Where guidance had been received this was incorporated into people's care plans to ensure that people were supported in a way which reduced risks to their wellbeing.

People were supported to maintain good health. One person told us, "I can see the nurses, you can go if anything is wrong." Records included information about treatment received from health professionals and any recommendations made to improve people's health were incorporated into care plans.

# Is the service caring?

## Our findings

At the last inspection of 20 October 2015 the service was rated Good. At this inspection we found the service remained Good.

People we spoke with told us staff treated them with respect and kindness. One person said about the staff, "I like the staff here I do."

Staff interacted with people in a kind and caring way. They listened to what people said and people clearly shared positive relationships with the staff. Staff continued to speak about and to people in a compassionate manner. They understood why it was important to respect people's dignity, independence, privacy and choices.

People's records included information about how their independence was promoted and respected. We saw that people were encouraged to maintain their independence during our inspection, including preparing the items they needed for their outings.

People told us that they continued to make decisions about their care and that staff listened to what they said. One person showed us their bedroom and told us that they chose how it was decorated and furnished. During our inspection we saw that people made choices, such as where they wanted to go and what they wanted to eat. People's records included information about their preferences and how their choices were respected. The records were written in a positive way which identified people's abilities and hopes for the future. Where required, people were supported to access advocates to assist them in making decisions about their lives.

One person told us how they were supported to maintain their family relationships, which was important to them. They said, "My [relative] is phoning tonight, I am going home on Sunday for my dinner." Records included information about people's friends and family who were important to them and the arrangements for support to maintain these relationships to reduce the risks of isolation.



# Is the service responsive?

## Our findings

At the last inspection of 20 October 2015 the service was rated Good. At this inspection we found the service remained Good.

The service continued to provide a responsive service which met people's individual and diverse needs. People told us that they were happy living in the service and with the support they received. One person said, "I like it here, I am very happy here."

The service continued to ensure that people's care records were personalised and their care was tailor made to meet their needs. The records included information about people and they guided staff how to meet their needs and preferences. The records included information about people's diverse needs and how they were met. For example how people mobilised and communicated and support that they needed with behaviours that others may find challenging.

The service continued to provide people with the opportunity and support to maintain links with the community and undertake meaningful activities that they enjoyed. One person told us about the days when they attended day centres and what they did at them, "I made some Halloween biscuits," they later showed us a biscuit that they had made. They said that they chose what they wanted to do and said, "I went out yesterday had my hair cut and to the shops." One person told us how they were planning a trip to London to see a show. Another told us about a holiday they had been on in the summer.

During the day of our inspection three people were at their day services. We saw one person preparing to attend their day service. They were supported by staff to ensure that they had everything prepared before they went. One person told us about their plans for the day which included going out with staff to get their hair cut. We saw that this person and another person went out for lunch at a local pub in the service's mini bus. Another person told us that they had nothing planned to do that day. However, they asked staff if they could make a pizza, this was discussed and a staff member went out with them to the shops to buy the ingredients. During the planning, the person jumped up and down and laughed which showed that they were happy with what they were planning to do.

People assisted with the upkeep of their home and their personal space. One person said, "I clean my room, do the washing up." This meant that people undertook meaningful daily activities and took responsibility for their home.

There was a complaints procedure in place. The complaints procedure was in text and picture format which was accessible and designed to ensure that people were able to understand them. There had been no complaints received in the last 12 months. Minutes of meetings attended by the people using the service showed that they were asked if they had any complaints about the service they received.

## Is the service well-led?

### Our findings

At the last inspection of 20 October 2015 the service was rated Good. At this inspection we found the service remained Good.

The registered manager continued to promote an open culture where people, relatives and staff were asked for their views of the service provided. This included in day to day discussions, meetings and satisfaction surveys. Where comments from people were received the service continued to address them. For example, organising activities which people had said they wanted to do.

Staff told us that they felt supported by the service's management and they could go to the registered manager if they were concerned about anything. Staff meeting minutes showed that they were kept up to date with any changes in the service and people's needs. They were also asked for input and suggestions in improvements that could be made in the service and the care provided to people.

The registered manager and the provider continued to carry out a regular programme of audits to assess the quality of the service and identify issues. These included audits on medicines records, incidents and accidents and care records. We saw that these audits and checks supported the registered manager in identifying shortfalls which needed to be addressed. Where shortfalls were identified, records demonstrated that these were acted upon, including in action plans. This included planning one to one supervision meetings for staff and updating records.

There were systems in place which supported the service to continually improve. There was a plan in place to refurbish the bathroom, records and discussions with the registered manager told us that quotes had been received for this. The registered manager told us about plans they had to improve the service, they were committed to continually improving the service and providing the best possible care to people living there.