

Albany Care (Portchester) Ltd

Ellerslie House

Inspection report

72 Down End Road
Fareham
PO16 8TS

Tel: 01329233448

Website: www.albanyfarmcare.co.uk

Date of inspection visit:
29 September 2021
01 October 2021
04 October 2021

Date of publication:
25 January 2022

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Ellerslie House is a residential care home providing support to four people at the time of the inspection. The service can support up to six people.

Ellerslie House accommodates four people in an adapted building, with two adjoining flats accommodating two more people.

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

People were not consistently protected from risks due to health and safety checks not always being completed as required. We found the communal areas of the premises were not visibly clean and we had concerns about some infection prevention and control procedures. We have asked the provider to make improvements in these areas. We have made a recommendation to the provider to improve how they evaluate and review accidents and incidents to minimise future reoccurrences. People were protected from potential abuse by staff trained in safeguarding and aware of their responsibilities in this area.

We were not assured that the provider was working within the principles of the Mental Capacity Act 2005 and have asked them to make improvements in this area. Care plans were in place for people however not all had sufficient information to enable staff to provide person centred support.

Staff completed an induction on commencing their role at Ellerslie House however records were incomplete and not signed off by a manager. Training was mainly online, and all courses were considered to be mandatory. Staff did not feel confident in using a positive behaviour support method they had been trained in.

People chose what they ate, and meals were provided when people wanted them. Peoples rooms were personalised and there were numerous activity items in the large gardens.

People were supported to maintain their health and attend appointments with relevant health and social care professionals.

Staff knew people well and ensured they were respectful, and people retained their dignity at all times. The provider had a charter that listed the rights of people using their services. People were supported with developing independence skills and to make day-to-day choices such as what to have for meals or drinks.

We were not assured there was effective oversight of service provision and have asked the provider to improve the governance of Ellerslie House. We were concerned at the culture within the service and not all staff felt able to approach the management team to raise concerns. Issues were not always dealt with confidentially. The provider had issued quality assurance questionnaires to staff which were mainly positive.

People were not always supported to have maximum choice and control of their lives though we saw staff support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice, for example staff supporting people were also responsible for other tasks such as cooking meals and cleaning.

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

The service was not able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture.

Right support:

- Model of care and setting maximises people's choice, control and independence. For example, people were not always able to choose activities or access the community.

Right care:

- Care is person-centred and promotes people's dignity, privacy and human rights. For example, while care was mostly person-centred, there was work needed to meet the requirements of the Mental Capacity Act 2005 so appropriate assessments and best interest decisions are made on behalf of people. This meant we were not sure if relevant people had been consulted and whether decisions were made to reflect peoples perceived wishes or for service reasons.

Right culture:

- Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives. Support workers were caring and communicated effectively with people meaning they could feel confident and included.

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

Rating at last inspection

This service was registered with us on 13 March 2020 and this is the first inspection.

Why we inspected

This was a scheduled, planned inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We have identified breaches in relation to how the provider checked and maintained equipment, infection prevention and control practices, how the Mental Capacity Act 2005 was being applied and the governance at Ellerslie House.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Ellerslie 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors and supported by an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Ellerslie House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. 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

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 reviewed information we already held about the service. We used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service about their experience of the care provided. We spoke with six members of staff including the nominated individual, registered manager, assistant manager and support workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included four people's care records and two medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at records we had requested from the provider. We contacted staff members and offered them an opportunity to speak with us. We contacted three relatives of people using the service by telephone for feedback. We contacted four health and social care professionals for feedback about the service and received one response.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. This is the first inspection for this newly registered service. This key question has been rated 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.

Assessing risk, safety monitoring and management

- There were a wide range of checks completed to ensure the safety of people living at Ellerslie House. These included taking fridge temperatures, checking first aid boxes, vehicle checks and tumble dryer lint checks. These were done at different intervals such as weekly, daily and monthly.
- We found there were gaps in records indicating checks had not taken place. For example, first aid box checks and vehicle checks were not completed on seven occasions in August 2021, and seven more occasions in September 2021.
- We saw that weekly vehicle maintenance and condition logs had last been completed on 14 August 2021 and the next most recent weekly check was in June 2021. The second vehicle records showed the last check taking place in June 2021 when three separate checks took place, prior to that a check was completed in April 2021.
- There were fire risk assessments and checks on firefighting equipment and fixtures such as fire doors. Three of the four people living at Ellerslie House had personal emergency evacuation plans (PEEP) detailing the support they needed should they need to leave the service due to fire. The fourth person had been living at Ellerslie House for two months and at the time of our inspection there was no PEEP in place. We asked about the PEEP and the registered manager told us it was being completed that day. Since our draft report was shared, the provider has found a copy of a PEEP in a grab bag for fire evacuations however this was not located during our inspection and the registered manager was unaware of its existence.
- Risks to individuals from activities or the environment had not always been considered. One person had a risk assessment for using the bath but no other risk assessments. For example, the person used the microwave, toaster and oven with support from staff and no risk assessments had been completed to support these activities. We saw no risk assessments in people's care records about accessing the garden and using equipment such as the trampoline. There were brief environmental risk assessments however these did not cover how individuals could react in them, and any specific risks to them.

The failure to ensure equipment used by the provider for providing care to people was regularly checked and maintained was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

- On arrival at Ellerslie House on the first day of our inspection, we were admitted to the service by staff and were not asked to sign in, provide evidence of a negative lateral flow device test, asked if we had any COVID-19 symptoms or asked to have our temperature taken. Temperatures were eventually taken more than an hour after our arrival and we provided evidence of tests. This was not in line with the providers own visiting policy which required visitors to have temperatures taken and a health screening questionnaire on arrival.

- There were notices in the service to advise that sanitising hand gel was available on request. This was due to a previous residents' needs however as they are no longer resident in the service, gel should be made more widely available and routinely used by staff and people.
- The service was not thoroughly cleaned when we inspected and on the second day of our inspection, we mentioned areas of concern including thick dust. This was addressed before we returned however some areas were still not as clean as they could be, for example in the room we highlighted the dust there were still cobwebs on walls after cleaning had taken place.
- We asked the registered manager to change two folders holding medicines records as they were soiled on the outside and sticky with the residue of medicines inside. This was completed when we asked however we were concerned this had not been noted and addressed by the provider as the build-up of soiling was significant.
- We had particular infection prevention and control concerns about the laundry room. The sink and taps had excessive limescale build up which could harbour legionella bacteria, and there was a wooden surround to the sink, which was worn and porous, not hygienically sealed. Visitors to the service entered through the laundry and the signing in book was left on the side of the sink where soiled items would be rinsed.
- We asked to see copies of the latest cleaning schedules. These were not available until the final day of the inspection. The registered manager was unable to locate them and staff were also unaware of their location.

We found no evidence that any one had been harmed however the provider lacked appropriate systems to ensure infection prevention and control was safely managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We were not assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was admitting people safely to the service.
- We were partly assured the provider was facilitating visits for people living in the home in accordance with the current guidance or their own visiting policy.
- We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured that the provider was meeting shielding and social distancing rules.

Learning lessons when things go wrong

- Accidents and incidents were recorded but we were not confident that there was a robust system in place to review all incidents, look for patterns and share any learning with the team to minimise future

occurrences.

- The registered manager sent us details of a system in place at another of the providers services which meant all incidents were sent to the positive behaviour support, PBS, lead for analysis. They would share their findings and advise of any actions that should be taken. The registered manager told us they had begun to send accident and incident forms to the PBS lead however had not implemented the system fully yet at Ellerslie House and we saw no evidence that care plans and risk assessments had been updated following incidents.
- There was a communication book for sharing information with the staff team however, due to there being no in-house oversight and learning from accidents and incidents, we were concerned that incidents could be repeated before any preventative action was considered.

We recommend that a system for learning from accidents and incidents is immediately implemented to minimise reoccurrences of potentially harmful incidents.

Using medicines safely

- Medicines were safely managed, there were clear care plans for administering medicines to people in their preferred way and clear guidance when medicines such as 'as needed' (PRN) pain relief or rescue medicines for epilepsy should be used.
- Medicines were stored in a keypad protected office in locked cabinets. On arrival, we saw the door to the office had been left open and a cabinet containing dietary supplements was open. There were no staff or people nearby. The staff member who met us told us they were completing the medicines audit.
- Medicine administration records (MAR), were completed. However, these records were confusing to review as there was significant use of a single letter where initials should be. It was not clear if this was a staff member signing with a single letter or extensive use of a code for recording when medicines had not been administered. This made it difficult to establish when medicines had been administered and when they had not which made cross referencing why medicines had not been given very difficult
- Staff supported people in a person-centred way with medicines. One person kept very irregular hours, so staff calculated when their next medicines were due after their first had been given each day ensuring there were appropriate periods between each dose.
- Medicines records were not well maintained. We have noted some concerns about them in the infection prevention and control section of this report. MAR's were also loose in files; the current sheet was easy to access however being loose in the file meant it could be lost.

We recommend a review of medicines records to ensure that all documents are securely stored and maintained according to current best practice guidance

Systems and processes to safeguard people from the risk of abuse

- The provider had a current safeguarding policy and staff could access copies of this at the service or online.
- Relatives were mostly satisfied their family member was safe. One relative told us, "Very safe. They have one-to-one support". Another relative said, "Yes, staff keep them safe". The third relative had some concerns saying, "Generally yes, I would like to think so [that they are safe]. There was no incident report when they had significant bruises on their shoulders and legs... Staff could not explain bruises, suggested they had bumped themselves on the walls".
- Staff members told us they received training in safeguarding and knew what to do should they suspect someone had experienced abuse. One staff member told us, "[Safeguarding is] protecting the people we are looking after. If you see something not appropriate, inform the shift lead, acting team leader, assistant manager, manager, go up the chain, or phone safeguarding yourself if you feel nothing is being done".
- Another staff member told us, "I would report any concerns, if things are not safe, if a person is at risk, if

there is bullying or environmental risks".

Staffing and recruitment

- Staff were safely recruited and all pre-employment checks were completed before staff commenced their roles. We did not find evidence of robust inductions having taken place. More information about this can be seen in the effective section of this report.
- Staffing was dependent on needs of people living at Ellerslie House. When we inspected there were four people who had a mix of two-to-one and one-to-one staffing. When we were at Ellerslie House there were enough staff to cover these duties.
- In addition to providing care and support to people, staff members were responsible for cooking meals, laundry and cleaning the premises.
- Night staff were allocated specific cleaning tasks in the areas close to the rooms of the people to whom they were allocated. For example, one-to-one staff on the first floor cleaned the corridor area, one-to-one staff in the flat cleaned the flat and the staff members providing one-to-one downstairs cleaned the laundry, kitchen, conservatory and living areas. This was in addition to providing one-to-one support to people, some of whom stayed awake until the early hours of the morning.
- There was significant reliance on agency staff. The provider block booked staff and had between one and four agency staff during the day and between one and three agency staff at night. They ensured there was always one contracted staff member on duty. New agency staff were inducted and only one new staff member was able to work at a time to minimise disruption to people.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 were not assured that the provider was working within the principles of the MCA. We saw some records of mental capacity assessments and best interest decisions that covered personal care, use of bed sensor and medicines for people living at Ellerslie House. However, we did not see assessments and decisions about areas such as consent to live at Ellerslie House or consent to share records with relevant parties.
- We saw a letter inviting a person for a medical screening procedure on which had been noted that their mother was happy for this not to happen at this time. There was no evidence of a capacity assessment being completed or a best interest decision being made. No details were held of how the information on the procedure had been shared with the person using their preferred communication method. The registered manager told us they had completed the capacity assessment however it had probably been archived and they would forward the document. We did not receive this document.
- On a different occasion, a person's GP requested their parent's permission before they would give a COVID-19 vaccination. The provider sought permission from the parents even though they had completed a capacity assessment and had assessed the person as having capacity to make the decision, changing the findings of the assessment to reflect the person did not have capacity to understand the longer term implications of the decision. An opportunity to advocate for the rights of the person to make decisions was not taken by the provider.
- We requested DoLS authorisations for the four people living at Ellerslie House. There was one in place and three applications had been made. One person's application was submitted the day before we inspected. They had been admitted to the service two months earlier and had not left the premises since their

admission.

- Two other applications had been made in September 2021 and the application that had been authorised was submitted in July 2021. There was a delay in applying for DoLS authorisations for all four people, none of whom left the premises without staff support.

The provider had failed to ensure systems were in place to demonstrate compliance with the MCA and DoLS. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People's needs were assessed and information was used to formulate care plans. Care plans were of varying standards. The medicines plans were in depth and person centred telling us how we should approach administering medicines, and the signs and symptoms to look for should we consider giving PRN medicines. A staff member new to the service would be able to read these plans and support the person appropriately.
- Some care plans had less detail. For example, one person had a care plan around food and drinks that read that staff should read and understand the Speech and Language Therapy (SaLT) guidelines for the person. The SaLT guidelines were not filed with the plan and did not include important information such as where they liked to eat, what they enjoyed, which crockery and cutlery should be provided and what staff support was required. This care plan had insufficient information to enable a staff member to provide appropriate support.
- We spoke with three relatives of people living at Ellerslie House and none of them had seen or participated in devising their family members care plans.

Staff support: induction, training, skills and experience

- There was an induction programme staff should complete when they commenced in post. We saw three staff members induction records, only one of which had been completed fully and none signed off by a member of the management team
- The manager had completed an audit of all staff records and had identified items that were not complete and was in process of addressing this. One staff member had been in post since March 2020 and had no entries on their induction record.
- Staff accessed online training courses and all allocated courses were considered to be mandatory by the provider. Additional in person training included supporting people with behaviours that challenge.
- Staff members trained in 'Team Teach', the positive behaviour support method used by the provider, did not all feel confident in using the techniques they had been trained in. We passed their concerns to the registered manager. However, staff had begun to recap techniques informally amongst the team to try to maintain competence. This is a positive step for the team to take however we were concerned that techniques may not be recapped accurately so additional training would be beneficial.
- Following our inspection, the registered manager informed us that one staff member who had expressed concerns about using 'team Teach' had not actually been trained in the techniques. This caused us concern as the staff member was being deployed to support people with behaviours that challenge.

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

- People were supported to eat a range of meals provided for them in the most appropriate way. Advice was sought from speech and language therapy, (SaLT) and meals were prepared according to that. We saw that two people had their access to carbonated soft drinks restricted, we saw no evidence that this was their choice or preference. We also did not find any advice from healthcare professionals about this or any best interest decisions to restrict them from people's diets in care records. However, following the inspection, the registered manager provided information concerning one person's health needs. The registered manager,

when asked about this, was unable to provide a clear rationale for these decisions. They made a comment about young people not drinking fizzy drinks anymore, preferring energy drinks, but this was not in relation to the two people concerned.

- Meals were not all at set times, but breakfast and lunch were made for people as they were ready for them. One person took a packed lunch to their day service which, according to feedback from the day service was a concern as it was not of a very good standard. We saw a photo of a small, dry pasta meal as an example.
- Staff prepared the evening meal for people and had begun to offer one person, who prepared their own meals separately, a portion of the main meal. This was placed in a small bowl next to their chosen meal to offer an additional choice and attempt to broaden their very narrow diet.
- Staff recognised when people wanted to eat or drink. For example, one person with very limited communication skills would stand near to the kettle or hold their cup if they wanted a drink and go to the kitchen when they were hungry. This information was held in people's care records.

Staff working with other agencies to provide consistent, effective, timely care

- People living at Ellerslie House had access to appropriate health and social care professionals who supported them with long-term conditions such as epilepsy and day-to-day health needs. Everyone was registered with the same GP to enable easy access to healthcare.
- The provider usually had long periods of transition for people moving to the service including visits and overnight stays. They liaised with previous residential placements and family members to ensure a smooth transition into their service.
- The newest person to the service did not have the slow transition process due to the pandemic. They had moved from a significant distance away and there had been no opportunities for visits due to restrictions in place. This meant that though the person had been living at Ellerslie House for more than two months, staff were still only just getting to know the person and how to support them.

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

- People had rooms that reflected their taste and contained many personal items.
- The lounge did not appear homely or welcoming and though it provided space for people to move about, felt more like a wide corridor and was impersonal. We saw no evidence of input from people in the design of the lounge. Following the inspection the provider told us they had taken into consideration people's sensory needs and sensory overload when considering home decoration and the placing of things such as a television. We did not see, and the provider did not provide, any evidence that sensory assessments had been completed for people and the design of this space was based on these personalised assessments. Where we observed people using this space, it appeared only for functional reasons, such as eating at the table. Whilst one person was observed to sit on the sofa, they were not offered any activities to engage in and were encouraged to move to another area of the home by staff. During the inspection we observed people mostly chose to spend time in their bedrooms, the garden or the kitchen. The provider had told us during the inspection that they were unable to place a television or music system in this space due to the fire risks; the space was open to stairs leading up from it to bedrooms and two bedrooms adjoining it.
- The lounge area had a wooden floor which was not well sealed. We were concerned this could not be kept hygienically clean as it seemed to be porous as stains from spills were evident. However, we saw one person particularly liked the wooden flooring as they stomped around the room and liked the noise they made. We found there were some holes in the lounge floor where parts of the flooring were missing. We told the registered manager about this and they temporarily covered one hole with a box and said they would arrange for repairs to be made.
- The outside space was secured for people to use without leaving the grounds. One person particularly enjoyed spending time in the garden, and we saw them walking in the ground and enjoying throwing and catching balls. There were also activity items including a trampoline and go carts.

Supporting people to live healthier lives, access healthcare services and support

- People were supported with oral hygiene. The provider had a policy about oral hygiene and people's needs were assessed and appropriate plans devised to enable them to maintain healthy mouths. People were observed during mouthcare to see if they showed any signs of pain which staff would report and monitor and refer to relevant healthcare professionals. We did not see the oral health care plans in people's care records, these were supplied after our inspection.
- The provider ensured that relevant appointments and referrals were made to healthcare professionals to ensure people's health and welfare were maintained. This included accessing a dentist, a podiatrist and their GP's.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- The provider had a charter which staff worked to and service provision was based on. The charter was a list of rights that people were entitled to living at Ellerslie House. These included; the right to be protected from harassment or abuse, to not be discriminated against, to be called by your chosen name and to be treated as a respected, valued person at all times.
- The registered manager advised us they were sourcing a specialist hairdresser to support one person who had specific needs and were considering some additional menu items such as plantains to provide food they would be familiar with due to their heritage. They also hoped to introduce themed evenings to embrace the cultures and traditions of people and staff members. One staff member had already introduced some meals from their heritage to enhance the menu offered to people.

Respecting and promoting people's privacy, dignity and independence; Supporting people to express their views and be involved in making decisions about their care

- Staff were careful to ensure people's privacy was respected. When personal care took place, room doors were closed, and curtains pulled. Staff were discreet when requesting personal care support for individuals. For example, one person had support with intimate care from female staff so male staff who were providing one to one support discreetly spoke with female support workers and swapped duties while the care was delivered.
- One person was supported to cook their own meals, choosing what they wanted and using the toaster and oven with support from staff. Another person was encouraged to help staff in preparing the evening meal in order to develop daily living skills.
- Staff knew people well and supported them well with day-to-day decisions. They knew what people liked to eat and drink and had lists of activities people would participate in to offer them.
- We saw staff ask people if they would like to go in the garden or to their rooms and offer them food and drinks.
- Staff supported people to access different areas of the service as they wanted, one person spent extensive time in the garden and another spent time in their room. A third person did not go to bed until the early hours of the morning, so staff supported them when they were ready to get up and fitted medicines timings and meals around their needs.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

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

- People living at Ellerslie House had complex needs and were funded to have a mix of one-to-one and two-to-one care. Staff knew people well and learning about preferred activities was recorded and used to offer activities to them.
- The provider used a well-known behavioural management strategy to support people in crisis. For one person, they were awaiting a new positive behaviour support plan, (PBS) from their PBS lead. Until that had been devised staff were supporting the person as per their previous plan devised at their former placement. The person had been living at Ellerslie House for more than two months, we were concerned there was no plan in place and no evidence of any learning from incidents.
- We were not assured that all PBS actions were taken as planned. For example, one person had been supported using a single elbow technique by two staff during a crisis where they had been aggressive towards another staff member. They had been supported to a seat where staff continued their hold on the person. The person experienced a seizure while seated and staff continued their hold during and after they had the seizure.

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.

- The provider used different approaches to communication according to people's assessed needs. One person used a picture exchange communication system, PECS. Resources for this were available should they be needed.
- Staff were seen using Makaton signs with people, only one of whom was believed to understand Makaton. Most people used real objects as references or went to the kitchen should they need a drink for example.
- Written materials were made more accessible using easy read symbols. We did not see evidence that the provider had sourced information such as easy read health information for people which could have enabled them to understand procedures and make more informed choices about them.

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

- There was no set activities programme at Ellerslie House, activities were person-centred and provided by support staff. A person attended a day centre for activities and others went for walks or to local areas of interest.

- People living at Ellerslie House had either one-to-one or two-to-one staff support. This provided opportunities for people to participate in community access activities and have bespoke activities planned. We saw two trips out in the car over the three days of inspection, the rest of the time people were mainly in their bedrooms watching television or listening to music. The registered manager told us this was a choice however it was not clear what other choices were offered.
- One person who had been admitted to the service about two months before our inspection had not accessed the community. The person had complex needs and a staff member told us they 'felt unable to control them in the house so would not take them out'.
- We saw one staff member working exceptionally well with a person. They were in the garden and initially walking without a purpose. The staff member gently spoke with them and engaged them in looking at and touching plants. They walked round the garden and the person remained fully engaged throughout.
- The provider was aware of peoples religious and cultural needs. Previous capacity assessments had recognised that one person lacked capacity to follow the religion family members observed due to, for example, dietary limitations. The provider planned to provide some culturally relevant food items for the person to try and to find someone to look after their hair.

Improving care quality in response to complaints or concerns

- We requested the service complaints file on the first day of our inspection and were told there wasn't one, there had been one issue raised with the service that had been dealt with by the nominated individual. When we returned to the service, there was a complaints file which held no records, no regular audit sheet had been signed to show that concerns were being reviewed. The registered manager had also not routinely recorded compliments and told us they had received some positive comments verbally.

End of life care and support

- At this time the area of end of life care has not been discussed with people and their relatives due to the service supporting mostly younger adults.

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.

This is the first inspection for this newly registered service. This key question has been rated 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; Continuous learning and improving care

- Audits were completed on a regular basis of different aspects of service provision. These included, medicines, bedrooms, kitchen inspections and infection control audits. A monthly service report was also completed.
- We looked at infection control audits for June, July, August and September 2021. The only difference we noted between all of the audits was the date. Each audit highlighted, in the same words, the same issues of staining to pillows, mattresses and carpets, missing pillow covers and mattress protectors. An action of purchasing new pillow covers and mattress protectors was noted after each of the four audits.
- The medicines storage, controlled medicines and ordering and returns were also identical bar the date as were the bedroom audits. The forms were completed electronically which may have stopped staff members using free text when completing them.
- We requested additional copies of the monthly service reports and two of the four reports we received were identical bar the dates.
- We were not assured that the current audit arrangements gave clear oversight of the service as actions identified in June had not been addressed by September and no additional notes had been added to explain why this had not happened. Monthly reports that were identical caused us to doubt the accuracy of the information they held.

The provider failed 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 to notify the Care Quality Commission about significant events.

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

- We were not assured there was a positive and open culture within the staff team. We saw the registered manager address concerns we raised such as cleaning with staff immediately. Staff were spoken with publicly and without considering how criticism being made may be taken. Observing this indicated a culture of blame within the service, if things went wrong or mistakes were made.
- A staff member told us they felt that performance and competency issues that should have been kept

confidential had been shared with the whole team and as a result they had experienced negative treatment from them.

- Two staff told us they were not confident they could raise concerns with the manager and that some staff were favoured more than others. A third staff member felt able to approach management and believed they would listen to their concerns.

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 provider reviewed duty of candour responsibilities each month in the monthly service report. Records for one month stated all incidents had been closed, a second month detailed an incident. The third- and fourth-month records reviewed were identical, detailing the same incident. None of the records held all the information required according to the form, such as updating records and noting any learning from incidents.
- One relative told us they were happy the provider had acted under the duty of candour when a medicine had been given in error on two separate occasions. A second relative wasn't happy the provider was fully open with them as, though a medicines error has been disclosed to them, no follow up information had been shared even though the relative had requested it.

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

- Staff had recently participated in a brief, seven question survey about their experiences working for Albany Care. There had been 40 responses to the questionnaire indicating this was a provider wide survey. The responses were mainly positive however 25% of staff responded their training needs were not being met with the current training offer.
- One relative told us, "I want to collaborate with them. I need them to tell me what they want. For example, I am happy to chase appointments but need to know one way or another. I am not happy with the way things are. Therefore, I have sent emails asking for care plan, activity plan and other things". Other relatives did not mention feeling uninvolved.

Working in partnership with others

- The provider had forged working relationships with other health and social care professionals in order to ensure smooth transitions to their service and ongoing care and support.

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 11 HSCA RA Regulations 2014 Need for consent There were not effective processes in place to assure us the provider was working within the requirements of the MCA 2005.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment We were not assured that the provider had taken sufficient action to prevent and control the spread of infections. The provider did not ensure that checks were completed regularly to ensure that the premises and equipment were safe to use.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Audits and service reports identified exactly the same concerns each month and actions were not completed. There was no effective system of auditing and improving services.