

Alliance Home Care (Learning Disabilities) Limited

Ashgrange House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Ashgrange House is a residential care home providing accommodation and support to up to eight people. At the time of our inspection six people were living at the home. People had a range of support needs, some people lived with a learning disability and may also have mental health needs.

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

People had recently experienced a difficult period through the COVID-19 pandemic. There had been recent changes in management and the staff team. Staff and relatives told us that previously there had been concerns around the culture of the home. This was being addressed under the new management and staff team.

Staff were wearing personal protective equipment correctly and infection control procedures were being followed. Relatives had been informed of the visiting procedures during the COVID-19 pandemic. There were correct visiting procedures in place should relatives wish to visit.

Relatives told us communication with the home over the last year had been poor. Improvements were being made by the manager, but more consistency was needed to keep relatives up to date with information. Quality assurance systems had been recently implemented and action plans were being worked on by staff, however more time was needed to embed this into practice to ensure that areas to address were consistently identified.

Risks to people were assessed and managed by staff. Staff understood how to support each person individually and understood the risks associated with each person. Staff were recruited safely and received appropriate training. The home was clean and tidy and cleaning schedules had recently been implemented and completed by staff.

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.

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.

This service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support:

- People living at the home had been supported to personalise their bedrooms and communal areas with items from home. People were supported to move freely around the home and choices about how to spend their day were respected by staff. The home did not have anything that identified it as a care home and had many homely touches such as ornaments and photographs of people around the home.

Right care:

- We saw that people were treated as individuals and that staff knew people well. External activities had recently been re-instated at the home and were based on people's individual choices and interests. One person told us they were, "very happy," and told us "They (staff) do very good". We saw that staff spoke to people kindly and with affection.

Right culture:

- Poor practice had recently been identified and addressed by the provider. Changes brought in by management and staff had improved the experience of living at the home for people. Staff and relatives both spoke of the improvements that had been made recently. Staff focused on the needs and wishes of people living at the home. We observed that people and their choices were at the centre of the care they received from staff.

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 23 October 2019).

Why we inspected

We received concerns in relation to people not being supported to lead active lives with meaningful activities and the practices and attitude of staff towards people. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this 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.

The overall rating for the service has remained the same. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ashgrange House on our website at www.cqc.org.uk.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Ashgrange 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 one inspector.

Service and service type

Ashgrange 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 did not have a manager registered with the Care Quality Commission. This means that the provider is 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

We reviewed information we had received about the service since the last 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 used all of this information to plan our inspection.

During the inspection-

We spent time with five people who used the service and used various communication methods and observations to understand their experience of the care they received. We spoke to five members of staff including the manager, acting deputy manager and support staff. We reviewed a range of records. This included two people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service including audits and action plans.

After the inspection

In order to minimise time spent at the service, we requested some policies and procedures, staffing rota and training matrix after the inspection. We continued to seek clarification from the provider to validate evidence found. We spoke with two relatives and six members of staff.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were not able to tell us if they felt safe at the home. However, we saw people were comfortable in staff presence and approached them freely. People looked to staff for reassurance and staff spoke to people kindly and with affection.
- A relative told us, "[person] is safe where they are. Staff understand how [person] communicates and things seem to be changing for the better."
- Safeguarding concerns were appropriately reported to the Local Authority and the Care Quality Commission.
- Staff had received training in safeguarding and were able to recognise potential signs of abuse including changes in people's behaviour. Staff were aware of how to raise safeguarding concerns internally and externally.

Assessing risk, safety monitoring and management

- Risks to people were managed. People had risk assessments that were specific to them and provided staff with information on how to support that person. Staff were knowledgeable about risks to people and the care they provided reflected information found in people's care plans.
- Risks associated with people's health needs were well managed. For one person who was living with diabetes, there was clear information for staff on how to identify if the person was experiencing high or low blood sugar and the action to take in the event of this happening. There was an information sheet in the person's care plan for staff to support the person to make healthy food choices.
- Some people at the service could express themselves through behaviours that may challenge. There were clear behaviour support plans to guide staff on how to support people. These plans showed the different stages of a person's behaviour escalating and how staff should respond at each stage to support that person into wellbeing.
- Staff told us, "We have positive behaviour support training regularly and people have their own guidelines in place on how to support them." Another member of staff told us, "You have to get to know people and understand how to work with them when they're upset."
- The manager had recently implemented a system for logging and reviewing incidents of behaviour that may challenge in order to identify trends and minimise events that may trigger behaviours. This was a new system and had not yet had time to be effective. It had been discussed in a recent staff meeting that people's behaviours that may challenge increased when they were not being supported to engage in activities. During our inspection, we found that staff were focused on supporting people with meaningful engagement and activities throughout the day.
- People had individual personal emergency evacuation plans (PEEPs) to ensure that people were safely

supported to leave the building in the event of an emergency evacuation. We discussed with the manager that a fire drill had not taken place since new staff had begun working at the service. The manager assured us that this would be actioned immediately.

Staffing and recruitment

- Staff were recruited safely. The provider undertook checks on new staff before they started work. This included checking their identity, their eligibility to work in the UK, obtaining at least two references from previous employers and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people. The manager had identified some gaps in previous staff files and had made improvements to the information gathered during the hiring process.
- There had been a recent high turnover of staff. The manager and acting deputy manager had recently returned to Ashgrange House from working in other roles and homes. The manager told us that they had identified that staff needed guidance and direction and had been working with staff to improve the culture of the home.
- Staffing levels had recently been reviewed and morning staff levels had been increased to meet the needs of people living at the home and their routines. Staff told us there were enough staff to support people safely.
- Staff received training specific to the people they supported. Staff told us, "I have training to know what to do and how to support people. I get asked in my supervision if I need any extra training. I have asked for training once when we had a person admitted who had a condition we weren't familiar with and the service arranged for us to have that training." Due to the COVID-19 pandemic and the introduction of new staff to the home, some people had gaps in their training records. This was being addressed by the manager and training had been booked for staff to complete.

Using medicines safely

- There were systems in place to ensure medicines were ordered, stored, given and disposed of safely. Only staff who had received the appropriate medicine training were able to give medicines. Medicines were kept in each person's bedroom in a locked cabinet.
- Medicine administration records (MAR) were completed when medicines were given, the number of tablets left in the box were recorded on the MAR. This provided an ongoing audit of medicine stock. Medication was checked by a second person to monitor for any errors.
- Staff received training before administering medication. This included a practical session and competency check to ensure that staff understood the process and supported people in accordance with their MAR.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections. The home had provisions in place to support visiting, however relatives had chosen not to visit at this time. Each person's individual circumstance has been considered and discussions had taken place with family members around visiting. People were supported to keep in touch with their loved ones through video and phone calls. Some relatives chose to see people at the front door but chose not to come into the home at this time. There were clear procedures for when relatives were ready to visit, this included taking a lateral flow test in the summer house prior to entering the home.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using personal protective equipment (PPE) effectively and safely. Staff were wearing PPE in line with government guidance. Staff wore masks at all times throughout the home and wore gloves and aprons when supporting people with personal care. Staff had received training in safely putting on and taking off PPE. PPE was regularly audited to ensure there were sufficient amounts.

- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed. Staff worked exclusively at the home and did not work in other health care settings. Agency staff were not used by the home. Staff had been through a difficult time during an outbreak of COVID-19. The manager had supported staff to return to work at a pace they were comfortable with, adjusting working hours when necessary and regularly checking that they were okay. There was a designated infection prevention and control lead for the home who completed additional monitoring to ensure good infection control practices were being followed by staff.
- We were assured that the provider's infection prevention and control policy was up to date.

We were somewhat assured that the provider was meeting shielding and social distancing rules. Staff encouraged people to keep socially distanced from each other, however this was difficult as people were unable to understand why they needed to keep their distance. The home had previously experienced an outbreak of COVID-19, the area manager told us that due to people's capacity, they were not able to support people to isolate in their bedrooms. Staff provided close support to people and increased cleaning of frequently touched areas during this time to try and reduce the risk of infection.

We have also signposted the provider to resources to develop their approach.

Learning lessons when things go wrong

- Following a visit from the local authority safeguarding team, the manager had held staff meetings to ensure that issues identified were brought to staff attention in order to make improvements. For example, it was identified that people's daily logs lacked detailed information about how people had spent their day. At this inspection, we saw that this had been discussed with staff in a staff meeting and found that there had been improvements made to the detail in people's daily logs. Daily logs clearly showed how people had chosen to spend their day and what support they received as well as comments on the person's mood.
- The provider had recently identified that there were issues with the culture of the home. A staff meeting was held to discuss poor practice with staff and action was taken to address this. We found that there had been an improvement to the staff attitudes and practices, leading to a more person-centred culture at the home.

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 service did not have a manager registered with the Care Quality Commission (CQC). The quality manager had stepped into the home manager role whilst the provider was recruiting for a permanent registered manager. There had been several changes to manager at the home over the last year.
- Quality assurance systems had not been completed consistently over the last year. These had been re-introduced in the last month by the manager and acting deputy manager, however more time was needed to fully implement these. Action plans had been produced by the manager to address areas that needed improvement. The management team and staff were working together to make improvements to the service.
- Some people had been prescribed 'as required' (PRN) medicines. People took these medicines only if they needed them, for example, if they were experiencing pain. There were PRN protocols in place detailing what medicines were for, but for people who were unable to communicate, there was no guidance on how to tell when the medicine was needed. Staff knew people well and were able to tell us how they knew if someone needed their PRN medication. We did not see any evidence of people needing their PRN medication and not receiving this. We raised this with the manager who explained that there was a new form currently being put into place which did have this information.
- We identified that some MARs (Medication administration records) had not been fully completed. On one person's MAR we found that there was handwritten information which had not been double signed and that some personal details had not been fully completed. Due to recent changes in management, a full medicine audit had not been recently completed. The manager assured us that this was in the process of being completed.

Although work had started to address the issues identified above, further time was needed before the changes could be fully implemented and embedded into practice.

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

- Relatives told us that communication with the home over the last year had been difficult and intermittent. Relatives had not been informed that there had been an outbreak of COVID-19 at the service and were not informed if their loved one had received a positive test for COVID-19. The current management team were not working at the home during the time of the outbreak. The manager told us that they were now

contacting relatives on a weekly basis to ensure they were kept up to date with how their loved one was doing.

- Statutory notifications were submitted appropriately by the provider to CQC.

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

- Before the inspection, we received concerns about the culture of the home which indicated that people were not being supported in a person-centred way. At the inspection, we found that this had been acknowledged by the provider and actions were being taken to address this issue.
- There had been management changes and large staff turnover which had led to changes in the atmosphere and culture of the home. Staff who had experienced these changes told us, "People's quality of life is much higher now. Everything is much better. We focus on the people."
- One relative told us, "I think it's an improving picture. Staff have started to tell me what [person's] been doing which has been lovely."
- Staff celebrated people's achievements with them. We saw one person had been supported by staff to clean and tidy their bedroom. This person was excited to show the staff team what they had accomplished, and staff were happy to be brought to their room to celebrate with the person.
- We observed people being offered choices throughout the day and being encouraged to make their own decisions about how they wanted to spend their day. Staff communicated with people in their preferred methods, this included using Makaton and other communication types unique to each person. Staff understood what people were communicating and spoke to them with kindness and affection.
- Activities were increasing at the home. Individual activity plans were in the process of being created with people. There was an activity board in the dining room which showed pictures of people, what activities were arranged and which staff member would be supporting each person. Staff told us, "Activities have been difficult with lockdown and restrictions. Things are happening again now which is great." One person told us about all the things they were doing that day. This included going out for coffee, going for a walk into town and attending a Zumba dance session over Zoom. Another person showed us their activity planner and we observed staff adding to their activity planner as the person requested to do different things.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics and working in partnership with others

- Staff told us that they felt supported by the current management and by other members of the staff team. One member of staff told us, "I have never received as much support as I have recently. The new management is really good."
- Staff meetings had been recently re-introduced to the service. Staff meetings addressed issues identified at the service and explained to staff the expectations of the provider in how people should be supported. We saw that advice from health professionals was discussed in this meeting to ensure that staff followed professional advice when supporting people.
- We saw evidence that people were involved in decisions around how the service was run. Service user meetings had recently been re-introduced and we saw that things people requested had been put into place by staff. For example, following people discussing the menu options, a follow up meeting was held to discuss changes to the menu. One of the meals suggested by a person living at the home, was on the menu on the day of our inspection. Relatives had also received and returned satisfaction surveys which had been reviewed by staff.
- Relatives told us that they worked together with staff and were involved in supporting their loved ones. One relative told us, "Our big achievement is that [acting deputy manager] and I recently worked together to encourage [person] to get their vaccine. We discussed what we would each say to them and then reaffirmed

what the other was saying. The result of this was that they've now had their first dose of the vaccine."