

# Alliance Home Care Limited

# Ashcott House

## Inspection report

12 Tokio Road  
Ipswich  
Suffolk  
IP4 5BE

Tel: 01473273590  
Website: [www.alliedcare.co.uk](http://www.alliedcare.co.uk)

Date of inspection visit:  
31 August 2023

Date of publication:  
13 October 2023

## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Aschott House is a residential care home providing personal care and support for up to 7 people who have a learning disability and/or who are autistic. There were 7 people living in the service on the day of our inspection visit.

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

#### Right Support:

The service supported people to have choices and promoted their independence. Staff had completed training to ensure they understood how to support people appropriately. A staff member said, "I have all the training and support I need to care for and support people safely, these are updated and done on a regular basis to keep my knowledge fresh and clear." People were encouraged to have maximum choice and control of their lives and staff helped them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People's medicines were managed by trained 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.

#### Right Care:

People received kind and compassionate care from staff at the service. Staff and the management team protected and respected people's privacy and dignity. They spoke about people with respect and were knowledgeable about people living at the service. Staff understood how to protect people from poor care and abuse. They had received training on how to recognise and report abuse. Training in this area was regularly updated. There were sufficient appropriately recruited and skilled staff to meet people's needs and encourage them to develop their life skills. Risks to people were appropriately managed.

#### Right Culture:

The service promoted person-centred care involving people who used the service and their families. People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management team and staff. People and those important to them, including advocates, were involved in planning people's care. Relatives told us they were comfortable visiting the service and that their relative thought of the service as their home. The management team had a range of systems and processes to monitor the quality of the service and drive improvements.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 10 November 2017).

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

### Is the service effective?

Good ●

The service was effective.

### Is the service caring?

Good ●

The service was caring.

### Is the service responsive?

Good ●

The service was responsive.

### Is the service well-led?

Good ●

The service was well-led.

# Ashcott 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 Health and Social Care Act 2008.

#### Inspection team

This inspection was carried out by 1 inspector and 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

Ashcott House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Ashcott House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

We gave the service 24 hours' notice of the inspection. This was because the service is small, and people are often out and we wanted to be sure there would be people at home to speak with us.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us

annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We met 5 people living at the service and observed staff interactions with people. We spoke with 3 care staff, the and the registered manager. We also spoke with 2 care professionals visiting the service. We reviewed 2 people's care records, medicines records and associated risk assessments. We reviewed 2 staff files in relation to recruitment.

Following our inspection visit, we had email correspondence from 5 staff. We also spoke with 5 people's relatives by telephone about the care and support their family member received.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and their human rights were respected and upheld. Relatives told us they believed their family member was safe. A relative said, "I think [relative] is very safe and very happy."
- There were effective safeguarding systems, policies and procedures in place and staff were aware of how to access them.
- Staff and the registered manager understood their responsibility to report allegations of abuse to the local authority and the Care Quality Commission. Concerns were monitored and investigated. Staff confirmed they had received training to recognise abuse. A member of care staff said, "I am trained and aware of how to identify and report abuse, I am also aware of the whistleblowing procedure, and I am very confident in knowing what to do if I ever needed to report anything in my job role."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People had individual risk assessments in place which covered a variety of risks and care plans detailed how staff could reduce risk for people.
- Health and safety checks were regularly carried out on the building, environment and equipment. Emergency evacuation plans were in place which included the level of support each person needed in the event of fire.
- Accidents and incidents were recorded, analysed and managed. The management team had oversight of this, and shared their findings and lessons learned with staff.

Staffing and recruitment

- There were sufficient appropriately trained staff to support people and provide a good level of person-centred care. A relative said, "There are always enough staff."
- The provider had recruitment checks in place prior to staff employment to ensure they were suitable to work with vulnerable people. The checks included Disclosure and Barring Service (DBS) checks, which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staffing levels were adjusted according to the needs of people living in the service. The registered manager confirmed they were speaking with the provider and social services with a view to increasing the overall staffing level as people's needs increased.

Using medicines safely

- People received their medication on an individual basis, their medicines were kept in their own room in

locked facilities.

- Staff had received medicines training and had their competencies assessed. Staff spoken with confirmed this and described the systems to ensure medicines were given safely.
- The management team checked medication administration was safe and acted on any discrepancies through their auditing systems which were in place.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- 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.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- There were no restrictions on visiting. A relative said, "I visit every week, I know the staff well."



# Is the service effective?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People received support from a consistent team of staff, who were aware of the needs of people living at Ashcott House. Any changes to people's care needs were effectively communicated to staff.
- People had care and support plans that recorded their health and social care needs. They included guidance for staff on how to best support people in their day to day lives. Care plans were kept under review and were amended as people's needs changed.
- Where necessary specialist professional involvement had been sought. For example, advice from a Speech and Language Therapist (SALT).

Staff support: induction, training, skills and experience

- We received positive feedback from relatives about staff skills. A relative said, "The staff are certainly well trained," another relative said, "Staff are good at their jobs."
- Regular training and refresher courses helped staff continuously apply best practice. Staff told us they were encouraged and supported to develop their skills.
- Staff received support in the form of supervision, appraisal and recognition of good practice.
- The registered manager ensured training specific to the needs of people living in the service was provided. This included, how to take vital signs and how to assess people's swallowing abilities.
- Staff confirmed they received a thorough induction into the service. A member of care staff said, "I had a proper induction and shadow shifts before being given my official shifts. I already had a lot of experience in care, I still had to be shown the routine of the home and the service users and how things are done on a daily basis."

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

- People and relatives told us their family member enjoyed the food at the service. A relative said, "[Person] often tells us how good the food is."
- Staff were knowledgeable about people's dietary needs, preferences and how people wished to be supported at mealtimes. People's food preferences and required consistency of food and drinks for example normal, soft or pureed foods, was recorded in their care plan. We saw evidence of meetings involving the SALT team to ensure people received the correct meals and support. A person said, "I can have marshmallows and spaghetti bolognese today adapted for me."
- People had access to the kitchen with support and were encouraged to take part in meal preparation.

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

- People's care plans documented the ongoing support they received with accessing health appointments including GP's and hospital appointments.
- A relative told us, "Healthwise they are on the ball."
- We were given an example of how the service had worked with the local GP to monitor a person's condition to ensure they received the correct support.
- We spoke with two healthcare professionals visiting the service during our inspection visit. Both were complimentary about the care and support provided.

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

- People's bedrooms were personalised and decorated to their taste and preferences. A relative said, "House decoration is perfect, personalised with photographs."
- Communal spaces were clean, tidy and fresh. We saw examples of personalisation in communal areas including photographs of activities people had enjoyed at the service.
- We observed people clearly comfortable in the environment and naturally going where they pleased apart from other people's rooms. This indicated people were in control of their home environment.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Care plans contained decision and time specific mental capacity assessments with decisions made in people's best interests. These were reviewed regularly with people, involved professionals and people's relatives where appropriate.
- The registered manager demonstrated a good understanding of the MCA and its implementation.
- A best interest assessor was at the service carrying out an assessment on the day of our inspection visit. They complimentary about the service and how it implemented the MCA.

# Is the service caring?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained 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

- People were well treated, supported and the service had a visible person-centred culture. A relative said, "There is absolutely nothing to change. When [family member] comes to see us, they will say "Can I go back now"? A staff member told us, "The bungalow has a family-oriented environment people are being encouraged to spend time together and get along with each other while living together. They are encouraged to respect each other and to be kind to one another and this also goes to the staff."
- The registered manager told us how people living in the service had been supported when 3 long term residents had passed away. Support included arranging a personalised funeral and the creation of a memory garden at the service as well as on-going support to people's families.
- A visiting healthcare professional told us that they had observed staff to be, "Very caring and attentive." A relative said, "Staff are kind and patient."
- Staff had a good understanding of protecting and respecting people's human rights. People's individual needs and how these should be met were clearly described in their care plan.

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

- The service had regular meetings for service users to discuss what they wanted to do and where they wished to go on visits. People had been supported to take holidays in Southwold and Great Yarmouth, going on excursions which interested them.
- People's care plans addressed their preferences, goals, and aspirations, how they liked to be supported and addressed what was important to them, their likes, and dislikes. This was available in pictorial form to make it easier for people using the service to understand and use.

Respecting and promoting people's privacy, dignity and independence

- We observed staff responding to people in a compassionate and timely way when they were in discomfort or needed additional support.
- Where people preferred a care worker of a specific gender to provide their personal care this was respected. A relative said, "[Person] has a female for personal care."
- People were encouraged to be as independent as they were able. They were encouraged and supported to clean their room and be involved with cooking meals.
- Care records and information about people were kept on a secure electronic system or in a locked cupboard to ensure confidentiality.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

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

- People's care and support had been developed in collaboration with individuals and those important to them. This ensured people's history and preferences, likes, dislikes, lifestyles and interests were known. Support plans provided clear guidance for staff to follow.
- Reviews of people's support and care needs were completed regularly. Professionals and relatives told us they were included in meetings and reviews about people's support.
- Speaking about a recent admission to the service a visiting professional said, "They have been amazing, the transfer, the communication has been outstanding."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- We observed staff communicating with people in an easy and relaxed manner.
- Staff received training in supporting people's communication needs. Where required staff used easy read and pictorial aids and had training in Makaton. Makaton is a language programme that uses symbols, signs and speech to enable people to communicate.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- People were supported to live full and active lives and to maintain contact with friends and family. People told us about recent holidays and activities they had enjoyed.
- People had a 1:1 day each week when they were supported with household tasks and any requested individual activities. A member of care staff said, "People have a weekly one to one day where they can decide what they would like to do for that day. On this day, we take the opportunity to take people out for a meal or grocery shopping for their toiletries or anything they may need for their snack box. We have a [person] that likes to go to the cinema and watch Disney films, so we tend to plan this ahead of time so we get a time slot where we can accompany them to watch the film they like."
- The registered manager told us and records demonstrated that people were supported to keep in contact with family and to visit relatives.

#### Improving care quality in response to complaints or concerns

- The service had a complaints policy which was freely available in an easy read format.
- The registered manager monitored any complaints or compliments received and took appropriate action.

#### End of life care and support

- The service was not providing any end of life support at the time of our inspection.
- The registered manager was aware of the need for people to make plans for end of life care and approached this in a way which was appropriate to each person.
- A memory garden had been created in the garden area of the service to support people to remember friends.

# 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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a positive culture throughout the service which focused on providing people with high standards of support and care. A relative commented, "The manager has approached the challenge of my [relative] with enthusiasm, imagination and resources."
- Staff told us they were valued and supported by the management team. A member of care staff told us, "The manager is amazing at what she does ensuring that everything is up to date and appropriate for the service to run smoothly, both service users and staff needs are always met and any problems are always sorted at first priority with actions taking place to ensure any problems are prevented from happening again in the future."
- The registered manager promoted equality, mental health, diversity and human rights. They appointed champions in a multitude of areas giving responsibility to staff to focus on key areas which could then be shared with colleagues and people. This promoted an inclusive and healthy approach to developing best 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

- The registered manager understood their obligations under the duty of candour.
- Relatives felt they were kept up to date with any accident, incidents or issues at the service. A relative said, "They ring when something happens. It is important to me that."

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

- The management team had auditing systems to maintain ongoing oversight and continued development of the service.
- The registered manager looked for ways to develop and improve the service. For example, a new electronic care planning system was being introduced.
- There was an open, caring and positive culture amongst the staff who demonstrated strong values in line with those of the registered manager. Staff were complimentary about the management style of the registered manager. A member of staff said, "[Registered manager] manages the home with a good balance of different management and leadership styles for different occasions."

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

#### characteristics

- Systems and processes had developed to ensure people and relatives were fully engaged in with the service. The service sought feedback from people and those important to them which was used to develop the service provided.
- Regular house meetings supported people to contribute to how the service was run and raise any concerns. Minutes demonstrated that discussions around any concerns were facilitated to avoid further escalation.
- The registered manager promoted development in every area of the service. This included when staff identified areas in which they wanted to develop.

#### Working in partnership with others

- Records and discussion demonstrated the service worked in partnership with a variety of health and social care professionals to ensure people received the support they needed. These included social workers and the local GP.