

Aylestone Grange Ltd

# Aylestone Grange

## 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

Aylestone Grange is a residential care home providing personal care and accommodation to up to 10 people with enduring mental health conditions. There were nine people using the service at the time of inspection. The service has ten en-suite bedrooms in one adapted building and a large communal living, dining and social area.

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

People had a range of risk assessments in their care files. One person who went out regularly into the community did not have a COVID-19 assessment for risks associated to this, although it was put in place immediately when brought to the attention of the registered manager.

The registered manager had changed since the last inspection. The current registered manager was well respected by the staff team. They had made positive changes to processes and quality assurance systems since taking on the role. The registered manager was aware of areas which still required improvements. For example, implementing effective care file audits to ensure files were up to date and accurate.

Medicine processes had improved since the last inspection. Staff were trained in medicine administration and their competence was checked. There were no medicine assessments setting out how people preferred to take their medicines, these were going to be put in place.

Recruitment processes had improved since the last inspection. During the COVID-19 pandemic the service avoided using agency workers. The staff team worked hard to cover any vacant shifts to achieve this.

Safeguarding processes were in place to ensure people were protected from the risk of abuse. Staff were aware of how to report any concerns by following safeguarding or whistleblowing procedures.

Staff and people living in the service regularly participated in tests for COVID-19. Enhanced cleaning schedules were in place and all rooms were cleaned daily. Social distancing measures were supported by the layout of the furniture in communal areas.

Staff had confidence any issues raised would be dealt with promptly. The registered manager promoted a positive and person-centred culture for everyone living in the service. The service worked in partnership with other health and social care professionals to ensure people's needs were met.

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 and update

The last rating for this service was requires improvement (published 5 November 2019). There were three breaches to regulations in the areas of governance arrangements, recruitment processes and medicines

practices. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

#### Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. We had also received some concerns about the way the service was run which we wanted to examine further. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service remains requires improvement, but we found improvements had been made and the provider was no longer in breach of regulations. 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 Aylestone Grange on our website at [www.cqc.org.uk](http://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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our Well-Led findings below.

# Aylestone Grange

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

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 and one assistant inspector.

#### Service and service type

Aylestone Grange is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was announced ten minutes before it commenced. This was so we could obtain up to date information about COVID-19 before entering the premises.

#### What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and clinical commissioning group about the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

### During the inspection

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

We reviewed a range of records. This included four people's care records and multiple 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 quality assurance audits and safeguarding records were reviewed.

### After the inspection

We continued to seek clarification from the provider to validate evidence found. This included looking at training data, competency checks, policies and procedures, business continuity and improvement plans and fire safety certificates.

# 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 requires improvement. At this inspection this key question has improved to good.

This meant people were safe and protected from avoidable harm.

At our last inspection we identified concerns with the receipt, storage and administration of people's medicines. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities). We also found concerns in how the service recruited new staff, and could not be assured recruitment practices were safe. This was a breach of Regulation 19 (Fit and proper persons employed). At this inspection we found improvements had been made. The provider was no longer in breach of these regulations.

### Assessing risk, safety monitoring and management

- People had a range of risk assessments and support plans in their care files, for example, nutrition, skin care and medicines administration. People also had risk assessments linked to their mental health needs. We saw one person had a falls assessment as the medicines they took heightened their risk of having a fall.
- Most people living in the service had an assessment for risks associated with COVID-19 and daily living, for example, the practical risks of going out into the community. One person who regularly went out did not have a risk assessment, but the registered manager put this in place immediately after the inspection.

### Using medicines safely

- Processes for medicines receipt, storage and administration had improved since the last inspection. The provider had followed their action plan to implement improved processes. The service were soon going to move to an electronic ordering system with the support of their GP surgery and pharmacy.
- Although there were no assessments in place setting out how people preferred to take their medicines, people took their prescribed and 'as needed' medicines in the privacy of a separate room and they were administered by trained staff. The registered manager confirmed medicines assessments would be put in place.
- One person who self-medicated had a risk assessment in place for this and the registered manager planned to review this. Random spot checks to ensure the person consistently took their medicine were not taking place in line with their risk assessment, and the recording process needed to be strengthened.

### Staffing and recruitment

- Recruitment processes had been strengthened since the last inspection. References were taken up prior to staff commencing with the service and full employment histories were recorded on application forms. If any concerns were recorded on the check from the Disclosure and Barring Service (DBS), for example a historic conviction, a risk assessment was put in place to consider whether they were suitable to work in the service.
- There were enough staff on site to keep people safe. There had been some changes in the staff team but

feedback we got from most people and staff was that there were consistent staffing levels.

- During the COVID-19 pandemic the service avoided use of agency staff so permanent staff members worked additional hours to cover any vacant shifts. The service were in the process of recruiting further permanent staff.

Systems and processes to safeguard people from the risk of abuse

- People were cared for safely. People told us they felt Aylestone Grange was a safe place to live. One person told us, "I like it here. I feel safe. I am looked after. I like the other people (who live here)."
- The provider had systems in place to safeguard people from abuse and they followed local safeguarding protocols where required.
- Staff received training to recognise abuse and protect people from the risk of abuse. They understood how to report any concerns by following safeguarding or whistleblowing procedures.

Preventing and controlling infection

- Staff participated in weekly COVID-19 testing and people using the service also took a regular test. This meant the service could act quickly to contain the virus if there were any positive results.
- The service had purchased a medical fogging machine. This was a device which sprayed disinfectant in a fine mist. This was used to regularly throughout the day as part of an enhanced cleaning schedule during the COVID-19 pandemic.
- At the last inspection there were concerns about the cleanliness of some of the bedrooms in the service. Improvements had been made and all rooms were cleaned daily. Usually people living in the service took responsibility for, or joined in, the cleaning with staff. If people were not motivated to clean their rooms every day, staff did so on their behalf with people's consent.
- Staff took infection prevention and control seriously and had made changes to the layout of the communal areas to facilitate social distancing of people living in the service and staff. All staff wore masks along with other personal protective equipment such as gloves and aprons when required.

Learning lessons when things go wrong

- Incidents and accidents were recorded and regularly reviewed. This meant themes and patterns were spotted by the registered manager who took follow up action as necessary. For example, one person had been involved in several incidents which led the registered manager to request a review with mental health professionals.



# 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 requires improvement. At this inspection this key question has remained the same.

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.

At our last inspection, some quality assurance audits such as infection prevention and control, health and safety and medicines did not take place regularly. Some issues had been identified in the recruitment audit but had not been followed up. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities). At this inspection we found improvements had been made and the service was no longer in breach of this regulation.

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

- There had been a change of registered manager since the last inspection. Although a variety of improvements had been made, the registered manager was open about areas of quality assurance which still required implementing and embedding.
- Audits of care records were not effective. We found a variety of gaps and inconsistencies in the records, for example, although we were told monthly reviews took place these were not always recorded. We did not find there had been any negative impact upon people using the service because of this.
- Improvements had been made to key quality assurance processes. Audits in areas such as medicines, infection prevention and control and health and safety took place regularly.
- The registered manager had good knowledge of all aspects of the service and was committed to making continued improvements and embedding good practice in all areas.
- The registered manager was aware of regulatory requirements and the need to notify CQC and other agencies of incidents as they occurred. Processes were in place to support this.

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

- The registered manager was committed to people living in the service receiving high quality care. People and staff we spoke with talked positively about the registered manager and the improvements which had been implemented in the service under their leadership. One member of staff said, "She is very approachable and wants to know what is not working."
- The registered manager was involved in all aspects of the day to day running of the service. People and staff were confident any issues raised would be dealt with promptly and felt the registered manager was approachable and good at running the service.

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 worked in an open and transparent way when incidents occurred at the service in line with their responsibilities under the duty of candour.
- Staff knew how to raise concerns in the service, and also how to escalate concerns to outside agencies if they felt their concerns were not being suitably addressed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People's views were regularly sought on an individual basis, but resident meetings did not take place as people did not generally wish to attend. The registered manager planned to arrange further meetings so people had the opportunity to attend if they wished. Plans were in place to send surveys to relatives to gain their views and any feedback they wanted to share.
- The registered manager was supportive of the inspection process and acted immediately when any issues were brought to their attention.
- The registered manager was keen to drive improvements of the service in order to ensure people's care continued to improve. Since starting in the role, improvements had been made to many aspects of the service. The registered manager was aware and open about areas which still needed improvement and was working on these.

Working in partnership with others

- Records showed the service worked in partnership with health and social care professionals involved in monitoring and providing care and treatment for people using the service. The registered manager discussed recent examples where they had worked closely with other professionals to ensure people using the service received timely mental health support when they needed it.