

Aylestone Grange Ltd

Aylestone Grange

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Aylestone Grange is a small residential care home. Staff are registered to provide support to people with a mental health condition and/or substance misuse needs. At the time of the inspection, 9 people were living at the service but only 2 people received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

Staff did not always have clear written guidance on how to support people. However, staff had received training and had good knowledge of people's needs. Therefore, this poor documentation had not caused unsafe care.

Medicines were mostly managed safely. Some improvements were needed to the documentation of 'as needed' medicines. However, because staff had good knowledge of people's medicine needs this did not impact people's safety.

There were not always mental capacity assessments recorded for people. This lack of recording meant we were not assured that people's ability to make decisions had been assessed. However, staff had good knowledge on how to support people to make decisions.

There were enough staff and these staff were safely recruited. Incidents were managed safely. People were kept safe from abuse. Professionals visited the service and staff had good knowledge of how these professionals supported people.

The care home was not always well managed. This is because concerns related to care planning, 'as needed' medicines and mental capacity assessments had not always been resolved in a timely way. Staff fed-back positively about the registered manager and advised they supported them well.

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 11 November 2020)

Why we inspected

The inspection was prompted due to an incident that had resulted in a serious injury to the person. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. We found no evidence during this inspection that people were at risk of harm from this specific concern.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed to requires improvement, based on the findings

of this inspection.

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

Enforcement

We have identified a breach of regulation. This is in relation to the governance and oversight of the service. 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 from 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 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?

The service was not always safe.
Details are in our safe 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 ●

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 Health and Social Care Act 2008.

Inspection team

The inspection was completed by one inspector.

Service and service type

Aylestone Grange 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. Aylestone Grange 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We sought feedback from the local authority team. 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 reviewed information we had received about the service, including statutory notifications sent by the provider.

Statutory notifications are events that the provider is legally required to tell us about. We used all this information to plan our inspection.

During the inspection

We spoke to 4 staff and the registered manager. We observed the care provided to people.

We reviewed a range of records. This included 2 people's care records and medication records. We looked at 2 staff files in relation to the safety of recruitment. A variety of records relating to the management of the service, including policies, training records and procedures were also reviewed.

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. At this inspection the rating has changed to 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

- Staff did not always have clear written guidance on how to support people safely. While there was a regular staff team that knew people well, this is a risk for new or agency staff relying on these records. In addition, if visiting professionals (for example paramedics) reviewed these care records, there is a risk they would not know how to support people safely. The registered manager explained that written care plan guidance had been updated but due to an error had not been uploaded to the system. They provided evidence that they were resolving this.
- People were kept safe from the risk of legionella. Legionella is a waterborne bacteria that can cause ill health. Safe systems were in place to ensure the building was suitably managed.
- People were safe in the event of a fire. Staff have taken part in evacuation tests and had guidance on how to evacuate people safely. The environment was suitably maintained.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- There were not always mental capacity assessments recorded for people. For example, staff were guided to provide a suitable diet for a person's health condition. However, there was no capacity assessment to consider if the person could make food choices themselves. Following the inspection, the registered manager began to make improvements to the recording of mental capacity assessments. We will assess the impact of this at our next inspection.
- Care staff had good knowledge of the principles of the mental capacity act and how people should always be supported in the least restrictive way.
- We found appropriate legal authorisations were in place to deprive a person of their liberty. Staff had good knowledge of the authorisations in place and how it impacted people. Staff also had good knowledge of peoples DoLS representative and recorded when the persons DoLS representative visited. A DoLS representative is appointed by the local authority to ensure the person's rights are suitably supported when the person is subjected to a DoLS authorisation.

Using medicines safely

- 'As needed' medicines were not always clearly recorded at the service. For example, one person's 'as needed' medicine had stopped being prescribed over two months ago. However, it was still showing on the person's records as prescribed. This risks staff becoming confused about the person's medicine needs.
- People received their medicines as prescribed. Staff recorded this administration in line with current recording guidelines.
- Medicine was stored safely and suitable amount of medicine stock was stored.

Systems and processes to safeguard people from the risk of abuse

- Processes and policies were in place to guide staff on how to respond to concerns about abuse.
- Staff had good knowledge of how to respond to any concerns about abuse.
- People at the service were unable to explain whether they felt safe from abuse. We observed positive interactions with staff, suggesting that they were not victims of abuse.

Staffing and recruitment

- There were enough staff to support people safely. One staff member said, 'I am never rushed. There are enough of us so we can always spend time with people.'
- Staff were safely recruited. For example, the registered manager had arranged for Disclosure and Barring Service (DBS) checks. These checks search the police database to see if staff have a criminal record history and can allow the recruiter to make safe recruitment decisions.

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

The provider was supporting visitors to attend in line with current government guidance.

Learning lessons when things go wrong

- One incident had occurred. This was clearly recorded, and action had been taken to prevent this incident re-occurring.
- If improvements were needed, these were shared with staff by the registered manager.



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 requires improvement. At this inspection the rating has remained 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

- Care staff had not received training in supporting people with a learning disability. This has been a legal requirement since July 2022 – regardless of whether the service supports people with these needs. The registered manager advised that they were arranging this training.
- We saw that care plans did not provide enough guidance for staff on how to care for people. The registered manager explained that updates had been made to these plans; but a misunderstanding with the electronic system meant the updates had not correctly uploaded to the electronic care planning system. They took steps to resolve this after our inspection. We were concerned that poor use of the electronic system had meant staff did not have suitable written guidance available.
- In January 2023, the local authority completed an audit which found mental capacity assessments needed improving at the service. When we inspected in May 2023, we found the required improvements had not yet been made.
- We looked at 2 people's medicine records. Both had poor quality guidance for 'as needed' medicines. Audits had been completed by the management team, but these audits had not resolved these concerns.
- While we had concerns with care plans, mental capacity and 'as needed' medicines. There was a consistent staff team, who had been trained and knew how to meet people's needs well. There had been no impact on the safety of people.

Governance systems were not always effective to oversee high quality care. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- We saw people had regular meetings with staff, where they could feedback their experiences in the service. These meetings were recorded to ensure themes were recorded and improvements made as needed.
- All staff described Aylestone Grange as having a good culture where people were supported well.
- Staff spoke highly of the registered manager. One staff member said, 'The registered manager is really supportive and always responds to any suggestions we make.'
- Staff had access to regular meetings and supervision. This ensured staff were kept up to date on 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 had notified of incidents that occurred at Aylestone Grange. This is a legal requirement.
- There was a clear complaints process in the care home. However, no complaints had been received. We reviewed resident meeting records and saw that people repeatedly spoke positively about the service.

Continuous learning and improving care

- There was an action plan in place and being worked on. This action plan recognised concerns within the service.
- The registered manager was quick to make improvements to concerns raised at the inspection.

Working in partnership with others

- Records showed that the service had regularly worked with different health professionals. For example, 1 person had required support from a dentist. There was detailed note taking of the appointment and after-care required.
- Staff had good knowledge of which health and social care professionals were involved with people.

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 17 HSCA RA Regulations 2014 Good governance
Accommodation for persons who require treatment for substance misuse	There was not always effective oversight of the service