

# Alliance Home Care (Learning Disabilities) Limited

## Ashdale House

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

We inspected Ashdale House on 17 and 20 December 2018. The inspection was unannounced and undertaken by three inspectors each day. We undertook this unannounced comprehensive inspection because of concerns that had been raised about the service. We looked at all aspects of the service and checked that the service was meeting legal requirements.

Ashdale House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Ashdale House provides accommodation for up to 11 people with complex learning disabilities, in one adapted building. At the time of the inspection there were 10 people living at the home.

The care service had been designed, developed and registered before 'Registering the Right Support' and other best practice guidance was published. However, the registered manager was working to ensure that developments were designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We previously carried out an inspection at Ashdale House in January 2017 where we rated the service Good, but we had asked the provider to make improvements in relation to their quality assurance processes and records.

At this inspection we rated the service 'Requires Improvement'. We found improvements were needed to ensure there was an adequate process for assessing and monitoring the quality of the services provided and to ensure that records were accurate and complete.

The provider has been rated 'Inadequate' twice and 'Requires Improvement' twice in the well led key questions and we have determined they are not meeting the regulation in relation to Governance because of this.

Improvements were needed to ensure staff worked within the principles of the Mental Capacity Act 2005. Improvements had been made to the training programme. However, further time and commitment was needed to ensure these changes were fully embedded into practice.

You can see what action we told the provider to take at the back of the full version of the report.

People were supported by staff who were kind and caring. They treated them with kindness, understanding and patience. Staff knew people well. They were able to tell us about people's support needs, choices and preferences. People were supported to make their own decisions and choices throughout the day and their privacy and dignity were respected.

The registered manager was well thought of and supportive to people and staff. They were working hard to improve the culture at the home and develop the service.

People received support that was person-centred and met their individual needs and choices. They took part in a range of activities that were specific to them and they enjoyed. Each person had an individualised activity plan that they followed each day. Those who wished to, took part in group activities at the home.

Staff had a good understanding of the risks associated with the people they looked after. There were risk assessments that provided guidance. Staff understood how to safeguard people from the risk of abuse and discrimination and understood their own responsibility in reporting concerns. Systems were in place to ensure medicines were ordered, stored, given and disposed of safely. There were enough staff, who had a good understanding of people's needs, working to provide the support needed.

People were supported to eat and drink a choice of food that met their individual needs and preferences. They were supported to have access to healthcare services when they needed them.

Complaints had been recorded, investigated and responded to appropriately.

## 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.

Staff understood the risks associated with the people they looked after. There were risk assessments that provided the guidance staff needed.

Staff understood how to safeguard people from the risk of abuse and discrimination.

Systems were in place to ensure medicines were ordered, stored, given and disposed of safely.

There were enough staff working to provide the support people needed.

### Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Improvements were needed to ensure staff worked within the principles of the Mental Capacity Act 2005.

Improvements had been made to the training programme. However, further time was needed to ensure these changes were fully embedded into practice.

People were supported to eat and drink a choice of food that met their individual needs and preferences.

People were supported to have access to healthcare services when they needed them.

### Is the service caring?

Good ●

The service was caring.

People were supported by staff who were kind and caring. They treated them with kindness, understanding and patience.

People were supported to make their own decisions throughout the day.

People's privacy and dignity were respected.

### **Is the service responsive?**

The service was responsive.

People received support that was person-centred and met their individual needs and choices. Staff knew people well and understood their needs.

People took part in a range of activities that they enjoyed.

Complaints had been recorded and investigated appropriately.

**Good** ●

### **Is the service well-led?**

The service was not consistently well-led.

Improvements were needed to improve records and ensure the quality assurance system identified and addressed all shortfalls.

The registered manager was well thought of and supportive to people and staff.

**Requires Improvement** ●

# Ashdale House

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 17 and 20 December 2018 and the inspection was unannounced. The inspection was carried out by three inspectors on each day.

On this occasion we did not ask the provider to complete a Provider Information Return (PIR) because the inspection was brought forward due to concerns. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed the information we held about the home, including previous inspection reports. We contacted the local authority to obtain their views about the care provided. We considered the information which had been shared with us by the local authority and other people, looked at notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we reviewed the records of the home. These included four staff recruitment files, training records, supervision processes, medicine records, complaint records, accidents and incidents, quality audits and policies and procedures along with information about the upkeep of the premises.

We looked at four care plans and risk assessments along with other relevant documentation to support our findings. This included 'pathway tracking' people living at the home. This is when we check that the care detailed in individual plans matches the experience of the person receiving care. It is an important part of our inspection, as it allows us to capture information about a sample of people receiving care.

During the inspection, we met with all the people who lived at the home, and those who could share their views did. We also spoke with one visitor, and 13 staff members, this included the registered manager and area manager. Following the inspection, we contacted three health and social care professionals who visit

the service to ask for their feedback.

Some people were unable to speak with us verbally. Therefore, we used other methods to help us understand their experiences. We spent time observing people in areas throughout the home and were able to see the interaction between people and staff. We watched how people were being supported by staff in communal areas.

## Is the service safe?

### Our findings

Throughout the inspection people approached staff if they needed them and were comfortable and reassured by their presence. Staff were attentive to people's needs and were aware when people may become unsafe. They acted promptly and appropriately to maintain people's safety, for example ensuring potential triggers to behaviours that may challenge were minimised and appropriate support was provided. One staff member told us about a person who would only approach staff they knew well. The staff member told us how the person took a number of months to engage with them. They said, "[Name] needs to trust you, it takes time and patience."

We were aware of concerns related to safeguarding before the inspection. Staff had not raised concerns with the registered manager or appropriate organisations within a timely manner. When the registered manager was made aware these were addressed appropriately. The provider and registered manager worked with relevant organisations to ensure appropriate outcomes were achieved and people remained safe. As a direct result of these concerns the registered manager identified that some staff lacked understanding of the safeguarding process. Therefore, bespoke safeguarding training was provided for all staff. Safeguarding procedures were discussed with staff at meetings and information such as contact telephone numbers were displayed at the home. Staff had a good understanding of when and how to report safeguarding concerns. They understood their own responsibilities in ensuring concerns were reported appropriately. Information about the safeguarding concerns and outcomes were shared with staff. This demonstrated lessons were learnt, and changes were made, to help prevent similar incidents reoccurring. This helped to ensure people were protected against the risk of abuse and harm because staff knew what to do if they believed someone was at risk of harm or discrimination. At the time of the inspection a safeguarding plan was being implemented by the local safeguarding team. This was to include actions for the provider to take and ensure changes made were sustained.

Staff had a good understanding of the risks associated with supporting people, there was a range of risk assessments to guide and support staff. These included risks related to behaviours that may challenge, nutrition and safety away from the home. Staff knew the importance of supporting people consistently and safely to take well thought out risks to retain their independence. Risk assessments for behaviours that may challenge included information for staff to identify when a person may display a behaviour that may challenge, potential triggers, how to prevent a behaviour from escalating and de-escalation actions if these were required. Staff understood the importance of a consistent approach. One staff member told us, "We have to understand and handle the onset of challenging behaviour to make sure we are all safe."

Accidents and incidents had been recorded with the actions taken. These had been followed up by the registered manager and included any other actions taken, such as reporting to other organisations. These were detailed and analysed to identify if there were any themes or trends. When staff had identified injuries to people such as scratches or bruises these had been recorded. The registered manager told us some people were known to be prone to bruising because of their sensitive skin or behaviours that may challenge. However, these marks were always recorded to ensure any patterns that may indicate harm were identified and addressed promptly.

Before the inspection we were aware that a number of staff had left the service and there was a high use of agency staff. At the inspection we found there were enough staff working each shift to meet people's needs. New staff had been recruited and recruitment was on-going. There was still some use of agency staff but as far as possible agency staff who knew people and regularly worked at the home were used. At the inspection we found there were enough staff working each shift. Some people needed support from one or two people and this was provided. In addition to the support staff there was a team leader and a member of the management team who were able to provide additional support.

Staff files included the appropriate information to ensure all staff were suitable to work in the care environment. This included disclosure and barring checks (DBS) and references. These checks had not always taken place for agency staff. We raised this with the registered manager and this was addressed during the inspection.

People received their medicines safely. There were systems to ensure medicines were ordered, stored, administered and disposed of safely. Medicine administration records (MAR's) were well completed and showed people had received their medicines when they needed them. There was guidance for staff about how each person liked to take their medicines. Some people had been prescribed 'as required' (PRN) medicine. People only took this when they needed it, for example if they were in pain or anxious. There was guidance to ensure these were given consistently. They included information about alternative approaches to try before medicines for anxiety were given, such as reassurance and distraction. All staff received medicine training but only those who had been assessed as competent were able to give medicines.

Ashdale House was tidy. Staff were responsible for the day to day cleaning of the home. People were supported to keep their own bedrooms tidy, with staff prompting and encouraging them where appropriate. There was an infection control policy and protective personal equipment (PPE) such as aprons and gloves were available and used when needed.

There was ongoing maintenance and servicing contracts were in place. The registered manager and maintenance staff were aware of areas where improvements were needed and explained that re-decoration at the home was ongoing. The registered manager told us that there was a lot of wear and tear at the home and therefore work had to be prioritised to ensure the home remained safe.

Environmental and equipment risks were identified and managed appropriately. The fire risk assessment identified some work was needed and the registered manager told us this was being addressed. This included replacing the fire panel which would help identify the exact area a fire was in. People had Personal Emergency Evacuation Plans (PEEPs) and these included information about people's individual needs in the event of an emergency evacuation. Regular fire checks were completed and included fire drills for staff and people. Records of fire drills showed, as far as possible, people were evacuated as well as staff. The registered manager told us this was important to show how people would respond in an emergency situation. Assessments of people's reactions could be made and changes to the evacuation process made to help maintain people's safety.

## Is the service effective?

### Our findings

Aspects of the service were not effective.

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. Mental capacity assessments had been completed but these were not individual or decision specific. The registered manager and staff told us about decisions made in people's best interests and how and why these decisions had been made. However, there were no records to demonstrate people's views or how the decisions had been made. Some people had consent forms related to care plans and permission to take photographs, which had been signed by relatives. However, there was no information, and the registered manager was unable to tell us whether they had the legal authority to consent on behalf of the person. Although this did not impact on people at this time there was a risk that decisions were being made by those who did not have legal authority to do so and therefore not in the person's best interest. This is an area that needs to be improved.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. There were two DoLS authorisations in place and DoLS applications had been submitted for people who did not have capacity and were under constant supervision. Throughout the inspection we saw people were asked for their consent and supported to make their own decisions.

Staff did not always have an understanding of the training they had received in relation to people's complex needs. For some staff English was not their first language and they had not previously worked in care. It had been identified through the registered managers investigations and the safeguarding process that this lack of understanding may have contributed to concerns not being identified by staff and not reported appropriately, in a timely way. Since this had been identified measures had been put in place to ensure appropriate assessments of staff learning and understanding had been completed and further support given where needed. Bespoke training for safeguarding had been introduced. This training had been developed to reflect the support needs of people living at Ashdale House and staff members individual learning needs. An assessment of each staff members understanding was made by the trainer and where further learning needs were identified this was provided. Further bespoke training had also been developed for positive behaviour support and this training started during the inspection. The registered manager had identified a course for staff to improve their spoken and written English. Staff were being supported and encouraged to enrol. The registered manager told us the course was available for all staff. One staff member told us they were looking forward to the course to further improve and develop their language skills. Although these improvements had been made further time was needed to ensure these changes were embedded into practice and continued for new staff who join the service.

The training program included, infection control, safeguarding and health and safety. It also included training that was specific to people living at the home. This included autism, learning disability, positive behaviour support and mental health awareness. Most training was provided online, but practical training was provided face to face. There was a monthly audit to identify what training staff needed to complete. Following online training staff were required to pass a test which demonstrated their knowledge and understanding. Staff also completed a reflective account following each completed training. This further helped the registered manager to assess staff understanding and provide extra support where this was needed.

Staff completed equality and diversity training. They demonstrated how they promoted people's rights to a good standard of care, independence and treating people with respect. Staff equality and diversity and cultural differences were also respected. These differences were discussed during training sessions to further help promote staff knowledge and understanding.

Staff who were new to care completed the Care Certificate. This is a set of 15 standards that health and social care workers follow. It helps to ensure staff who are new to working in care have appropriate introductory skills, knowledge and behaviours to provide compassionate, safe and high-quality care and support. Staff had workbooks which they were required to complete to show staff knowledge and understanding. The workbooks had been completed to a good standard. When staff started work at the home they completed an induction. This included time spent shadowing experienced staff and reading people's care plans. They were also introduced to people to get to know them. They worked with people who were less complex until they had got to know other people, including being able to communicate with them effectively.

There was a supervision program and staff received regular supervision. This helped identify any areas where further support or development was required. We saw staff, who required it, had received extra supervision and support. Staff told us they felt supported and could discuss any concerns with the registered manager.

People were supported to eat and drink a wide variety of food that met their individual needs and preferences. People were enjoying their meals and choices were seen to be offered. There was a weekly menu planner. This had been chosen by people and if they did not like what was on offer they were able to choose alternatives. Some people shopped for food and prepared meals with the support of staff. People made their own decisions about what to eat for breakfast and lunch each day. They were supported by staff to prepare these. They had their breakfast and lunch at times that suited them and fitted in with their individual plans. Most people chose to eat their main meal together in the evening. During the inspection people were supported to prepare and cook a pizza of their choice. Staff were aware of people's dietary needs, choices and preferences and supported them accordingly. For example, one person needed encouragement not to eat too fast as this may leave them at risk of choking. Care plans contained guidance about how to support this person.

People were supported to maintain and improve their physical and mental health. They were supported to see their GP whenever this was needed. Staff supported them to attend their healthcare appointments. Discussions with staff and records seen, showed that people had regular appointments, when needed, with a range of healthcare professionals. This included the community learning disability team, chiropodist and dentist. A range of documents had been produced in an easy-read format to support people to meet their health needs. An easy-read format makes the written word easy to understand because it uses simple, jargon free language, shorter sentences and supporting images. Each person had a health action plan and hospital passport. These contained information about the person's health needs, what they needed to do to

remain healthy, how they expressed themselves when unwell and who was involved in their health care support. Hospital passports provide important information about the person and provide hospital staff with a straightforward guidance about supporting the person. Each person had a pain profile. People with learning disabilities may not say they are in pain. The pain profiles described how the person may present if they were in pain. This included facial expressions and what they might say. These profiles can be used by staff and healthcare professionals to support people.

People's needs were met through the design and adaptation of the home. The home was decorated in a way that reflected the needs of people who lived there. There was a lounge and dining room which people were able to use. These had been decorated to meet people's needs and to also maintain their safety. There was outside space with garden equipment and seating areas. People were able to go wherever they wished throughout the home. Due to their complex needs most people needed the support of staff to do this. Where people required support due to their physical health, adaptations to their bedrooms had made them more accessible. There was a sensory room which people were able to use as part of their daily activities.

## Is the service caring?

### Our findings

People were supported by staff who were kind and caring. One relative told us their loved one had lived in different homes before moving to Ashdale House. They had lived at the home for a number of years. They said, "My relative is most settled and at ease ever since living here." Staff spoke about people with kindness. One staff member said, "I do not know if this is right but I treat clients as I would treat a son. It is important to gain trust and to be consistent." Other staff also spoke to the importance of gaining people's trust to develop good relationships. They told us, and we observed, people approached staff who they were comfortable with. We saw one person communicating with staff and then turn and give the staff member a hug, to which the staff member responded appropriately.

There was a calm and relaxed atmosphere at the home. Interactions between staff and people were attentive and respectful. Staff were mindful of people's needs and alert to sudden changes in people's behaviour. Staff responded appropriately and with kindness. The atmosphere was positive and staff were cheerful. Some people liked to engage with staff in conversation and others preferred to remain quiet and engage less. This was respected and supported.

People were supported to be as independent as possible and make their own choices and decisions. Staff used their knowledge of people to enable them to make choices and decisions throughout the day. This included what people wanted to wear, eat and do. They prompted and encouraged people to do what they could for themselves and develop their skills and abilities.

People's dignity was maintained, staff knocked at bedroom doors before going in and made sure doors and curtains were closed when supporting people with personal care. People were dressed in clothes that were of their own choice. Staff supported people to maintain their dignity, for example, by ensuring when needed, people's clothes were appropriately adjusted.

Staff had a good understanding of dignity, equality and diversity. They were aware of the need to treat people equally irrespective of age, disability, sex or race. This was demonstrated throughout the inspection. Some people needed additional support to be involved in their care and to make decisions and where appropriate people received the support and the assistance of an advocate. An advocate is someone who can offer support to enable a person to express their views and concerns, access information and advice, explore choices and options and defend and promote their rights. The registered manager told us how an advocate had been working with people following safeguarding concerns. They had helped identify areas where changes may be needed and were working to ensure one person was able to live where they wished.

People were supported to maintain relationships with those who were important to them. This included visits to family homes. Some people were planning to spend some time at home over Christmas and arrangements were in place to support this. Visitors were welcomed to the home and telephone contacts were encouraged. During the inspection one person asked for staff support to contact a relative and this was provided.

People's bedrooms had been designed and decorated in a way that met their individual needs and choices. Some people were living with behaviours that may challenge therefore their bedrooms were decorated with minimal furniture, but as far as possible, still reflected people's personalities. This reduced the risk of people harming themselves. At the time of the inspection the home was decorated for Christmas, including people's bedrooms. This had been done with people and consideration of their individual needs and choices.

## Is the service responsive?

### Our findings

People received support that was responsive to their needs. Staff knew people really well. They were able to tell us about people's individual choices and preferences. Staff were attentive and observant of people, what they were saying and doing and their behaviours. They used this information to respond to people appropriately and ensure they received support that was person-centred and appropriate. As part of one person's daily routine they engaged in behaviour that may be considered challenging. Staff explained how this was part of the person's routine. They told us about people's complex needs and the importance of understanding which behaviours were behaviours that challenged and which were considered normal behaviours for each person. Staff told us this was important to ensure people received support that was consistent. Some people needed support at a slower pace. One person enjoyed a bath each morning and staff told us this took a long time but was important to the person. Another person was extremely fast in their actions. Staff were attentive to changes in the person's manner and body language which may identify what the person was going to do next. This meant staff were able to respond appropriately and quickly to the person.

Before they moved in people spent time at the home to ensure they would get on with others who already lived there. This also helped ensure their needs and choices could be met. A detailed assessment was completed with the person, and where appropriate their representatives and other professionals involved with their support. Information from the assessment was used to develop care plans and risk assessments. After people had moved in the registered manager and staff continued to work with them, their representatives and professionals to ensure support provided continued to be developed and meet the person's needs and choices.

Care plans included information about what people liked to do each day and their hobbies and interests. There was information about people's needs in relation to their mental and physical health, personal care and nutrition. These were regularly reviewed and updated when needed. Care plans were also developed in an 'easy-read' format which made them accessible to people. People were involved in the development of the care plans. One person had written comments on their care plan to further reflect their views. Staff were aware of these and they were taken into account when providing support.

People were supported to take part in a range of activities that had been developed to reflect their individual interests. Each person had their own activity plan which detailed what they done each day. This included trips out, walks, shopping and college classes. People also spent time together and those who were able took part in some group activities. We observed people making pizza's together for their evening meal and spending time chatting and engaging with each other and staff in the lounge area. People also enjoyed swimming sessions. The registered manager had arranged for people to visit a local swimming pool each week. They were able to do this together as the pool was closed to public use during this time. Arrangements had been made for people to go on holiday. Due to their complex needs this was the first time some people had been away. Staff had undertaken detailed research to ensure the holiday arrangements were suitable for each person. People who were able, told us, and photographs showed that they had enjoyed their time away from the home.

Throughout the inspection we observed staff communicating well with each person. One relative told us staff had worked hard to communicate with their loved one, and this had increased the person's self-confidence. Some people were unable to communicate verbally and staff communicated in a way that met their needs. This included the use of Makaton or an adapted form of Makaton to suit each person. Makaton is a language programme which uses signs and symbols to help people to communicate. Where people used Makaton, guidance had been developed to show how this had been adapted to communicate with each person and reflect their individual communication needs. Staff learnt Makaton before they supported people who used this to communicate. Staff told us about one person whose communication skills had improved. This person was now able to speak a few words, in addition to the use of Makaton, and this included staff members names.

From 1 August 2016, all providers of NHS care and publicly-funded adult social care must follow the Accessible Information Standard (AIS) in full, in line with section 250 of the Health and Social Care Act 2012. Services must identify, record, flag, share and meet people's information and communication needs. Staff had a clear knowledge of how to communicate with people. Each person had a communication passport which included details of how each person communicated. Communication passports are a tool which describe the unique ways in which a person communicates. It is used to assist any staff member or professional to communicate effectively with them. They are a person-centred way of supporting people who cannot easily speak for themselves. Care plans and other information around the home had been developed into an 'easy-read' format. This meant the information was accessible to people.

There was a complaint's policy and records showed complaints raised were responded to and addressed appropriately. Staff spoke with people throughout the day to identify if they had any concerns or worries. If they did they were addressed immediately. A relative told us they were happy to raise any concerns and were confident they would be addressed appropriately.

People's end of life wishes had been considered and where information had been provided this was included in people's care plans. The registered manager recognised that not all relatives wished to discuss end of life care and this was respected.

## Is the service well-led?

### Our findings

We had previously undertaken three inspections where we found the provider had not met the regulations in relation to quality assurance and records. At our inspection in January 2017 we found improvements had been made and the provider was meeting the regulations. However, further time was needed to ensure these improvements were fully embedded into everyday practice and the well-led question was rated as 'requires improvement.'

At this inspection we found improvements had been made to people's care plans and daily notes however, further improvement was needed to ensure all care plans were person-centred. Improvements were also needed to the quality assurance system and other aspects of record keeping. This means the provider has been rated 'Requires Improvement' three times. They have been rated 'Inadequate' twice and 'Requires Improvement' twice in the well led key question.

The registered manager and area manager were committed to developing and improving the service. A visiting professional told us, "The intent, passion and drive" of the registered manager and area manager to improve the service was "outstanding." However, they and other visiting professionals identified that commitment from the provider was required to consistently drive and sustain improvements and developments. Issues identified at this inspection had been identified at previous inspections. Although these had been addressed at the time these had not been embedded into everyday practice. The provider had not ensured the governance system enabled improvements to be sustained, embedded and developed. There was limited evidence of learning from previous issues.

Staff had received training that was primarily online. Following safeguarding concerns, the registered manager and area manager identified that this was not ensuring staff at Ashdale House had the knowledge and skills needed to fully meet people's needs. Therefore, the registered manager and area manager had sourced bespoke local training for staff in relation to safeguarding and positive behaviour support. Whilst this was currently ongoing, there was no long-term plan from the provider about how other, and future training for staff at Ashdale House, would be provided. The registered manager and area manager were working to improve the culture at the home. A staff survey during June 2018 had identified conflict within the staff team. This was further identified during the safeguarding investigation. Staff told us work at Ashdale House was, "Challenging but fulfilling." They told us staff turnover had caused problems as staff would leave when they became aware of the reality of looking after people with complex needs. Aspects of some safeguarding concerns were suggestive of conflicts within the staff team. These concerns had been identified at previous inspections and although improvements had been made these had not been sustained.

There was a quality assurance system in place which included audits and checks by the registered manager, area manager and quality assurance department. However, these had not identified or addressed all the shortfalls we found. The quality assurance system had not identified the lack of decision specific mental capacity assessments, best interest records and information about who had the legal authority to consent on behalf of the person.

During the inspection we found there was no information to confirm the identity of three agency staff. There was no information about their skills and if they were suitable to work in this service. There was no evidence that DBS checks or other checks had been completed. This was addressed by the registered manager during the inspection. The registered manager told us when agency staff worked at the home they were asked about their previous experience and if it was not relevant to Ashdale House they would not work at the home. However, this had not been recorded. This lack of information had not been identified through the quality assurance process.

At interview it was identified that a prospective staff member had a very poor understanding of English. The registered manager told us they had identified this staff member was very caring and would work well at the home. There was no information to show how the staff member had demonstrated their caring skills. Although improvements had now been made there was no evidence of this support having been provided in a timely way, to promote this person's English language skills and ensure understanding of training.

This is the fifth time the 'well-led' question has been related requires improvement. There was not an adequate process for assessing and monitoring the quality of the services provided, to ensure that records were accurate and complete and to ensure changes made were embedded and sustained. These issues are a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, we met with the provider to discuss what steps they were taking to ensure the regulations were met and that changes made were fully embedded and sustained. After the meeting the provider wrote to us and said they were planning to not admit any new people to Ashdale House for a few months. This would enable a period of stability at the home. The provider told us they would let us know once they decided to start admitting people again.

Despite these concerns the registered manager and area manager continued to work hard to improve the service. Changes had been made to the recruitment process to help ensure staff were aware of people's complex needs and had an understanding of the support needed before they started work. There were regular staff meetings where staff were updated about what was happening at the home. This included updates about people, training needs, and any complaints or compliments that had been received. Staff had been kept updated about the recent safeguarding investigations and this was used to explain why changes were happening at the home.

The registered manager was well thought of. People were comfortable in their company and approached them easily throughout the inspection. They knew people really well and had a detailed knowledge of people, their histories and support needs. One relative told us, "[Registered manager] is a constant, he is a blessing." They were supported by a deputy manager and senior care staff.

The registered manager identified areas that may impact on staff morale. Some staff liked to work extra hours and the registered manager identified that this resulted in staff becoming tired. Therefore, new shift patterns had been introduced which ensured staff had regular time off. The registered manager emphasised the importance of staff maintaining a good work-life balance to enable them to provide good quality support for people. Staff were committed to improving and developing the service. This had also been identified by the training provider who told us they were impressed with the passion from staff to learn.

One staff member told us, "Over past four months things have improved it's more settled with senior staff having returned and the use of agency staff has reduced. The good staff are back and training has improved, this helps a lot. It's extremely hard with agency you are taking care of the agency staff and the residents."

Staff told us they could discuss concerns with the registered manager and felt well supported and valued. One staff member told us, "Management have put me into key positions so feel that my skills have been recognised and thanked." An agency worker told us, "I feel part of the team even though I am not regular staff." The registered manager was working to make staff feel valued and part of the team. For example, he ensured staff were rewarded at Christmas with a staff party and gifts.

The registered manager told us they were supported in their role by the area manager. The registered manager engaged with local stakeholders and health and social care professionals and were part of a learning disability network. This helped to ensure they were up to date with changes in legislation and best practice.

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  The provider did not have an effective system to monitor the quality and safety of the services provided and ensure records were well completed. 17(1)(2)(a)(b)(c)(f).