

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 effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection took place on 8 December 2016 and was unannounced.

Aylestone Grange is a care home which provides support to up to 10 people with mental health conditions. At the time of our visit, 10 men with mental health conditions lived at the home.

The home had a registered manager. 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.

The provider had a good understanding of the Mental Capacity Act, however at least one person who lived in the home lacked capacity and was being deprived of their liberty. The registered manager had not applied for a Deprivation of Liberty Safeguard for these people before the inspection visit.

Staff and people understood safeguarding policies and procedures. Staff followed people's individual risk assessments to ensure they minimised any identified risks to people's health and social care needs. Checks were carried out prior to staff starting work at the service to reduce the risk of employing unsuitable staff.

People who lived at the home had complex mental health needs. There were enough staff on duty to keep people safe, and staff had received training to help them meet people's needs effectively. People were supported to attend healthcare appointments for both physical and mental health needs as and when necessary.

People were encouraged by staff to improve their living skills and to move towards independent living where possible. Support was provided with cooking, cleaning, laundry and budgeting. People were provided with a choice of meals cooked by staff in the evening.

Staff were motivated to work with people who lived at Aylestone Grange. People and staff enjoyed good relationships with each other which were supportive, friendly, and caring. People and their relatives knew how to complain and both formal and informal complaints were investigated fully.

The registered manager was open and accessible to both people and staff. The provider was a regular visitor to the service and provided the manager with good support. There were sufficient informal and formal monitoring systems in place to ensure quality of service was maintained.

## 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.

There were enough staff on duty to meet people's needs. Recruitment practices reduced the risks of employing unsuitable staff. The risks related to people's health and social care needs were identified and managed well. People received their medicines as prescribed.

### Is the service effective?

Requires Improvement ●

The service was mostly effective.

The registered manager had not applied for Deprivation of Liberty safeguards for people who lacked capacity and who had been deprived of their liberty. Staff understood the principles of the Mental Capacity Act and worked to meet these. Staff had received training and support to meet people's needs effectively. People's nutritional needs were met and they had choices of meals. Where necessary, people attended healthcare appointments to support their physical and mental healthcare needs.

### Is the service caring?

Good ●

The service was caring.

Staff had a good understanding of people's needs, and had positive, supportive relationships with people who lived at the home. People's dignity, privacy and human rights were respected by staff.

### Is the service responsive?

Good ●

The service was responsive.

People received personalised care which was responsive to their needs. People were able to talk to staff if they had concerns about their care and support, and action was taken to address their concerns. Staff encouraged people to be independent and to develop skills if they wished to move to more independent living.

## Is the service well-led?

The service was well-led.

The registered manager promoted an open and person-centred culture in the home. The provider provided good support to the registered manager and the service. The registered manager had a good understanding of the needs of people who lived at the home, and of how they could continue to improve service provision.

Good 

# Aylestone Grange

## 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.

The inspection took place on 8 December 2016 and was unannounced. It was carried out by one inspector.

We looked at information received from statutory notifications the provider had sent to us. A statutory notification is information about important events which the provider is required to send to us by law.

Before the inspection, the provider was asked to complete a Provider Information Return (PIR). This 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. Our visit reflected what we found in the PIR.

We sent out emails requesting feedback from other professionals involved with the home. We received feedback from one mental health professional.

On the day of our visit we spoke with three people who lived at the home and three staff on duty. We also spoke with the registered manager.

We reviewed three people's care plans to see how their care and support was planned and delivered and looked at the medicine administration records of people. We looked at other supplementary records related to people's care and how the service operated. This included checks management took to be assured that people received a good quality service.

## Is the service safe?

### Our findings

There were enough staff on duty to care for people safely. Ten people lived at the home at the time of our visit, most of whom had complex mental health needs. The PIR informed us there was always a minimum of two staff on duty throughout a 24 hour period but this was adjusted depending on the needs of people who lived at the home. On the day of our visit there were three staff on duty as well as the registered manager.

Staff received 24 hour support from management to keep people safe. There was an on-call support system staffed by the management team. Staff told us the registered manager was always accessible to provide advice when they needed it. The registered manager told us they had recently been called out during the night to manage an incident in the home to ensure the safety of people.

People were protected by the provider's recruitment practices. Staff told us the registered manager checked they were of good character before they started working at the home. The provider obtained references from previous employers and checked whether the Disclosure and Barring Service (DBS) had any information about them. The DBS is a national agency that keeps records of criminal convictions. It was previously known as the Criminal Records Bureau (CRB). One member of staff told us they had to wait three months before they started working at Aylestone Grange because of the length of time it took for their DBS information to be returned.

The administration of medicines was managed safely and people received the medicines prescribed to them. Only one person at the home had been assessed as safe to administer their own medicines. The remaining people had either been assessed as not safe to administer their medicine or had chosen not to. People came to the office individually to receive their medicines. We saw staff administer people's medicines safely.

The registered manager undertook checks of the medicine administration records (MARs) to ensure staff recorded medicines given accurately. The PIR told us there had been four medicine recording errors in the last 12 months. Staff told us they had received training to support them in the safe administration of medicines. They also told us the registered manager observed how they administered medicines to ensure this was done correctly.

Some people who lived at the home had moved from a hospital setting to Aylestone Grange under a community treatment order (CTO). Part of their order was to comply with the medicine administration regime agreed by the hospital consultant. We found there was good information in the care records to remind staff of the importance of informing hospital staff if the person had not been compliant in taking their medicines. A health care professional told us the staff at the home were proactive in letting them know if there were concerns because a person was not taking their medicine.

We looked at the storage of medicines. Medicines were stored in accordance with requirements.

People were safe and protected from the risks of abuse. The manager had undertaken training to be able to

deliver safeguarding training to staff who worked at the home. In their response to different safeguarding scenarios, staff demonstrated they knew the importance of reporting allegations of abuse or if they witnessed abuse. They also knew to 'whistle blow' (a whistle blower is a person who discloses any kind of information or activity that is deemed illegal, unethical, or not correct within an organisation) if they did not feel the registered manager had acted appropriately when concerns were raised. The registered manager was aware of their responsibility to notify us when there had been concerns raised about the safety of people.

The registered manager told us they were hoping to provide safeguarding training to people who lived in the home to further improve people's understanding of how they should be safeguarded from harm and what to do if they felt unsafe. We saw resident meeting notes which demonstrated that safeguarding had been discussed with people who lived at Aylestone Grange.

Accidents and incidents were logged and appropriate action was taken at the time to support the individual and to reduce the risks of incidents occurring again. The registered manager not only supported the safety of individuals but acted appropriately if the mental health of one person was adversely affecting the safety of others who lived in the home. We were aware that one person was asked to leave the home because they caused distress to others.

The registered manager had reported incidents to the CQC so we were aware of why an incident had occurred and the action taken by the service to reduce any further risks.

The registered manager had assessed risks to people's individual health and wellbeing. The risk assessments explained to staff what the risks were to each person and the action they should take to minimise the risks. For example, one person's risk assessment informed the person might forget to eat. If staff saw the person had eaten little in a 24 hour period they had to inform a senior member of staff because it might mean the person's mental health was deteriorating.

The provider employed a maintenance worker to maintain the building to a satisfactory level of safety, and a cleaner was employed on a daily basis to support cleanliness in the home. Both were on duty during our visit. We saw the home was in good repair and was clean.

There were weekly audits for checking fire equipment and emergency lighting, and in the week prior to our visit, a trial evacuation had taken place. Three people needed extra support when evacuating in an emergency, and as such, personal emergency evacuation plans (PEEPS) had been written which detailed the support they required. Other checks undertaken included tests for asbestos, legionella, electrics and gas.

## Is the service effective?

### Our findings

We checked whether the provider was working within the principles of the Mental Capacity Act 2005 (MCA), and whether any conditions on authorisations to deprive a person of their liberty were being met. 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.

The registered manager understood their responsibilities under the Act. They and staff had received training to understand the MCA, and had a working knowledge of the Act. Where there were concerns that people did not have the capacity to make specific decisions, there had been assessments with relevant professionals to determine whether this was the case. For example, one person had been assessed as not having the capacity to understand the importance of why they needed to take their medicines. The person had a history of refusing medicines and the decision had been taken to give them in disguise. However, where possible the staff tried to give the person their medicines with their consent.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager told us there was nobody who lived in the home whose liberty was restricted. However, we found there were people who lived at the home who did not have capacity to go out of the home on their own, and who also wanted to live elsewhere but could not do so because it was not deemed to be in their best interests.

At the time of our visit, the registered manager was not aware of the changes in DoLS legislation in 2014 which set more stringent criteria for determining if a person's liberty had been deprived. After our visit the registered manager confirmed they were applying for a DoLS for two people who lived at Aylestone Grange.

Staff had the knowledge and experience to meet people's needs effectively. They had good relationships with the different mental health teams which supported people, and were made aware of people's needs from liaison with the teams. Staff received informal training from the registered manager about mental health conditions, and the registered manager had recently secured formal training in mental health conditions for staff to attend in the New Year.

Staff told us the registered manager supported them to understand people's needs, and if they had any questions, the registered manager was always available to discuss individual issues.

We checked how staff were supported in their roles when they first started work at the home. We were told new staff had an induction to familiarise them with the home, the people who lived there, and their role. This included being informed of the policies and procedures of the home, and working alongside more experienced people. Two new members of staff told us they were 'extra' to the staff rota for the first week

they worked at the home, and this meant they could get to know people, and work alongside more experienced staff.

The PIR informed us that three staff had completed the Care Certificate, and new staff we spoke with on the day of our visit told us they had started the certificate. The Care Certificate is expected to help new members of staff develop and demonstrate key skills, knowledge, values and behaviours, enabling them to provide people with safe, effective, compassionate, high-quality care.

The registered manager told us staff had received all the training considered mandatory to meet people's health and social care needs. Staff confirmed this and explained they had undertaken training such as fire safety and first aid. Some new staff had not undertaken safeguarding training however this was because the training had been cancelled. Staff read the safeguarding policy, and were aware of what they needed to do should they have any concerns.

Staff were given opportunities to undertake further training such as National Vocational Qualifications in health and social care to develop their practice as social care workers. New staff on duty on the day of our visit told us they were starting their NVQ 2, and the PIR told us four staff had completed training to NVQ level 2 and above.

At the beginning of each shift staff attended a 'handover' meeting. This provided staff who were starting their shift with up to date information about the care needs of people who lived in the home. One member of staff told us they found hand over meetings useful because it helped them be aware of any changes in people's mental health since they last worked.

Staff received on going help and support from their seniors and manager. They told us they received supervision to support them with their work, and the manager was always on hand if there were any issues they needed to discuss.

People received food and drink which met their needs. People decided on a daily basis what they wanted for breakfast and lunch. Evening meals were planned in advance with people contributing to meal planning. During our visit we saw people making their own food and being supported by staff with meals. We saw the weekly menu which showed there was a choice of two evening meals. Staff told us they would also provide another alternative if people did not want either of the choices. One person we spoke with told us the food was 'okay' but also said they liked to have takeaways.

People received support to maintain their health and wellbeing. People saw other health and social care professionals when necessary to meet their physical and mental health needs. One person told us they had changed their GP and now saw a GP near to the home. During our visit, an optician visited the home, and the PIR told us a dentist visited to support the health needs of people who were unable to attend a dental surgery.

## Is the service caring?

### Our findings

During our visit we saw a good rapport between people who lived at Aylestone Grange and the staff who supported them. The PIR told us the staff did not wear uniforms as they wanted to encourage a homely feel where staff could join in with activities and build a rapport with people. We saw this in action. Staff played pool with people and sat and watched TV with people. This gave people opportunities to talk about everyday things and build a relationship with staff.

Staff engaged well with people. For example we heard one member of staff say to a person, "How are you?" When the person replied, "Alright", the member of staff then said, "Good man, what are your plans for today then my friend." We also saw a member of staff discuss with a person some health concerns they had. The member of staff was supportive of the person's concerns and gave them advice about what they needed to do. A health care professional told us, "I find that there is a good atmosphere when I go there. The staff appear to take a real interest in the patients, and spend time with them."

People were reluctant to have long conversations with us, but those who spoke with us told us staff provided good care and support. We saw there was always at least one member of staff in the communal lounge area available to support people with their needs.

Each person who lived at the home had a key worker. They could speak with this person about any concerns they had. These meetings were held either weekly or fortnightly or when the person requested them. Any actions required as a result of the meeting were documented in people's care records.

People who lived at the home were encouraged to be involved in their care planning and support. Unless limited by a Community Treatment Order, people could choose what they wanted to do each day and when they wanted to do it. Staff tried to guide people into making decisions which might benefit their mental health, but respected people's decisions if they chose not to follow this. For example, staff had tried to encourage one person to change their sleeping pattern so their waking hours were in the daytime than at night.

During our visit we saw care records were kept secure and information about people was treated confidentially. Each person had their own bedroom and en-suite facility. We saw people chose to stay in their bedroom if they wished to have privacy and 'time out' from other people. The registered manager told us there were few incidents where people's behaviour challenged others because people had space in the home to calm down if they became agitated.

We saw care staff treat people with dignity and respect during our visit. Some people did not always have the motivation to undertake personal care. Staff tried to support people's dignity by encouraging people to wash and to wear clean clothes.

People were encouraged to maintain relationships with people that mattered to them. One person told us they did not see their family at the home, because they preferred to go back home and visit them. They said

they did this regularly. People were able to visit friends and family whenever they wished as long as staff knew where they were, and had an indication of when they would return. This was to ensure people were safe and working to their community treatment orders.

## Is the service responsive?

### Our findings

The registered manager assessed people's needs before they came to the home. Where possible, people contributed to the care planning process. Where people had contributed we saw this had been detailed in their care record. Records confirmed that people had been asked if they wished to contribute.

People's mental health was reviewed regularly when the person, staff from Aylestone Grange, and mental health professionals met to discuss the person's care and support. A mental health professional told us, "The staff are supportive of outside professionals and make sure that any information we need to know about our clients is passed onto us. They are quick to raise any concerns and work with us to find an appropriate solution". Care records provided detailed information about these meetings to assist staff in understanding how to respond to the person's care.

The registered manager and staff on duty demonstrated a good understanding of people's care and support needs. We looked at three care records. These provided detailed information, written from the person's perspective, about the person's care and support needs. For example, one record told us the person had a history of self-neglect and did not like being told what they should be doing with their personal care as it could make them agitated. The registered manager told us they were in the process of updating their care records and were going to include looking at the 'outcomes' people wanted when recovering from their mental health conditions.

People were encouraged to take part in activities both within and outside of the home. One person received the support of a personal assistant who supported them to attend a local college course. Others preferred to undertake activities in the community without the involvement of staff. Some preferred to stay in the home and be involved in activities within their home environment. On the day of our visit one person was going to a Christmas party, but most of the other people were happy staying at home.

The majority of people who lived at Aylestone Grange had moved into the home from hospital. Some had been in hospital for a number of years and were used to a more institutional lifestyle. Staff encouraged people to be more independent. They told us they hoped that some people would be able to move from Aylestone Grange into their own accommodation.

Staff told us some people had low motivation to develop independence skills, however they continued to encourage people to either maintain their independent living skills, or develop these skills further. Where possible, people were encouraged to do their own cleaning, and to help with the laundry. They were also encouraged to make their meals and do their own shopping to help with learning about budgeting. The PIR told us the registered manager was hoping to provide more structured activities to support people with their recovery.

People felt able to share concerns and complain about the support they received. We heard one person feeling able to tell staff they did not want to live at the home but instead wanted their own place. Notice boards provided people with information about how to make a formal complaint. The registered manager

told us all people who lived at the home were informed of their rights to complain. No one who lived at the home had made a complaint about their care and support. We found there had been one formal complaint made by a relative. This complaint had been made because the relative had emailed the manager with concerns and did not think the manager had responded. It later transpired the wrong email address had been used.

The home provided regular opportunities for people to express their opinions with 'resident meetings.' The registered manager told us that uptake for these meetings had been low. At the last meeting they decided to trial the meeting being taken by a member of staff as opposed to the manager. This was to see whether people felt less able to talk if an 'authority' figure was present. They found more people attended the meeting. As a consequence of this, all resident meetings would now be run by a member of support staff.

The PIR told us the registered manager hoped to develop surveys in the New Year for people, relatives and professionals who visited the home to complete. This would help them evaluate and improve the service by responding to suggestions made.

## Is the service well-led?

### Our findings

Aylestone Grange had a registered manager. They had been registered with the Care Quality Commission since 18 December 2015. The registered manager told us they had received a lot of support from the Provider who was a qualified social worker, and had good knowledge and experience of working with people with mental health needs. They told us the provider regularly visited the home to support them and to ensure the service was functioning as it should.

People and staff were supported to be involved in developing the service. People were encouraged to attend resident meetings, and staff were encouraged to attend monthly staff meetings. Staff told us they were fully involved with the meetings and were able to express their views about the service, and what they thought could improve.

The registered manager had clear expectations of the values and behaviours of staff. They had recently dealt effectively with a situation where staff values and behaviours did not meet their standards. .

The registered manager told us they had an 'open door' policy and were available at any time to talk to people and staff about service. Staff confirmed this. They told us the manager was approachable and always available, either in person or via email communication or the telephone. One member of staff told us the registered manager was, "A good manager. She listens 100% to opinions and is straight up" in her response to those opinions.

In the last few months, the manager had worked as care support alongside other support staff to help ensure the staff rota was covered. This was because of staff vacancies. This meant they had worked day time and night time shifts. From working night time shifts they saw that the previous shift pattern of one 'waking' staff and one 'sleeping' staff did not fit the current group of people, and changed the rota to have two 'waking' night staff to support people's safety.

The registered manager was responsible for providing staff with annual supervision and appraisals. They were in the process of training senior support workers to undertake the role of line managing support staff and providing supervision for support staff. This was to ensure staff received more regular supervision in their work.

Staff felt they worked well as a team, and we saw this in action. All staff we spoke with enjoyed their work at Aylestone Grange. One staff member said, "The staff are lovely, the manager is lovely." Another said, "I like the environment and the people. This is not a job, it is something I do. I enjoy being here."

The registered manager was aware of the responsibilities of their registration and understood what incidents they were required to notify us of so we were able to monitor any changes at the service. We had been notified of all incidents which had taken place at the home.

The provider had a number of checks in place to ensure the quality of service and safety of people who lived

at the home. These included regular checks of people's finances, staff training, medication, maintenance, and fire safety.