

# 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?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Requires improvement



Is the service responsive?

Requires improvement



Is the service well-led?

Inadequate



### Overall summary

Ashdale House provides support and accommodation for up to 11 young people with learning disabilities, autism and mental health issues. There were 10 people living in the home during the inspection and all required some assistance with looking after themselves, including personal care and support in the community. People had a range of care needs, including limited vision and hearing; and some could show behaviour which may challenge and most were verbally unable to share their experience of life in the home because of their learning disability.

The home was a converted older building, with bedrooms on four floors, there was a lift to enable people to access all parts of the home and a secure garden to the rear for people to spend time outside if they wished.

The home has been without a registered manager since January 2015. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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

# Summary of findings

about how the service is run.' A manager had been appointed just prior to the inspection. They told us they would be applying to register as the manager of the home with CQC.

This inspection took place on the 14 and 25 September 2015 and was unannounced

At the time of this inspection the local authority had an embargo on admissions to the home pending improvements in records. At the last inspection on 3 December 2014 we found areas that needed improvement included staff recruitment, supporting staff, quality assurance and record keeping. We received an action plan stating the improvements would be in place by the end of June 2015, and then we had further information that this date would have to be extended. We found that some improvements had been made, but additional work was needed.

The quality monitoring and assessing system used by the provider to review the support provided at the home was not effective. It had not identified the issues found during this inspection, including gaps in medicine records and, that care plans did not reflect people's specific needs and they had not been reviewed and updated as people's needs changed.

People were able to choose what they ate and where, with many eating outside the home, but there was no system in place to ensure people's diet was nutritious and varied.

Staff had a good understanding of people's needs and treated them with respect and protected their dignity when supporting them. A range of activities were available for people to participate in if they wished, although staff had identified they may not have been specific to people's needs and alternative activities had been arranged.

The staffing levels were appropriate to the needs of people living in the home and pre-employment checks for staff were completed, which meant only suitable staff were working in the home.

All staff had attended safeguarding training. They demonstrated a clear understanding of abuse and said they would talk to the management or external bodies if they had any concerns. People said they were comfortable and felt safe and, relatives felt people were safe.

Training and updates were mandatory for all staff, including safeguarding people, awareness of learning disabilities and management of challenging behaviour. Staff said the training was good and helped them to understand people's needs.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The manager and staff had an understanding of their responsibilities and processes of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Staff said the manager was approachable and they felt they could be involved in developing the service to ensure people had the support they needed and wanted. Relatives said the manager seemed very nice and they hoped the service would improve with good leadership.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

# Summary of findings

## 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 consistently safe.

There was no clear system in place for the safe receipt and storage of medicines.

Recruitment procedures were robust to ensure only suitable people worked at the home. The staffing levels were sufficient to meet people's needs.

Staff had attended safeguarding training and had an understanding of abuse and how to protect people.

Risk to people had been assessed and managed as part of the care planning process. There was guidance for staff to follow.

The premises were well maintained and people had access to all parts of the home.

**Requires improvement**



### Is the service effective?

The service was not consistently effective.

People were not supported to have a nutritious and health diet.

Staff had received appropriate training and provided the support people needed.

Staff had an understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Staff ensured people had access to healthcare professionals when they needed it

**Requires improvement**



### Is the service caring?

The service was not consistently caring.

Staff interaction was not always flexible or based on meeting people's specific needs.

Staff treated people with respect and people's equality and diversity needs were respected.

People were encouraged to maintain relationships with relatives and friends

**Requires improvement**



### Is the service responsive?

The service was not consistently responsive.

People's support was personalised and care plans were reviewed, however they were not always updated when people's needs changed.

**Requires improvement**



# Summary of findings

People decided how they spent their time, and a range of activities were provided.

People and visitors were given information about how to raise concerns or to make a complaint.

## Is the service well-led?

The service was consistently not well led.

Their home was without a registered manager and there had been no clear leadership and support from the provider.

The quality assurance and monitoring system used by the provider had not identified areas for improvement.

People, relatives and staff were encouraged to provide feedback about the support and care provided.

**Inadequate**



# 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 checked 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 was unannounced and took place on the 14 September 2015 and, on receipt of additional information was completed on 25 September 2015. The inspection was carried out by an inspector, a specialist advisor and an expert by experience in learning disabilities. An expert by experience is a person who has personal experience of using or caring for someone who used this type of service.

Before the inspection we looked at information provided by the local authority, contracts and purchasing (quality

monitoring team). We also looked at information we hold about the service including previous reports, notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law.

As part of the inspection we spoke with eight of the people living in the home, four relatives, five staff and the manager. We observed staff supporting people and reviewed documents; we looked at three care plans, medication records, four staff files, training information and some policies and procedures in relation to the running of the home.

Some people who lived in the home were unable to verbally share with us their experience of life at the home due to their learning disabilities. Therefore we spent a large amount of time observing the interaction between people and staff, and watched how people were cared for by staff in communal areas.

# Is the service safe?

## Our findings

People said, “Everything is ok” and, when asked if they felt safe they said, Yes”. Relatives said the home was safe and staff knew how to provide the support people needed to keep them safe, although some felt it was not homely or comfortable. Relatives were concerned about the changes in staffing over the previous few months and staff said a regular team of staff were working at the home.

At the last inspection we found the provider had not safeguarded the health, safety and welfare of people living in the home by ensuring appropriate recruitment procedures were in place. This was a breach of Regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 18 of the Health and Social Care Act 2008

(Regulated Activities) Regulations 2014. We found this had been addressed.

Recruitment procedures were in place to ensure that only suitable staff were employed. We looked at the personnel files for four staff. There were relevant checks on prospective staff’s suitability, including completed application forms, two references, interview records, evidence of their residence in the UK. A Disclosure and Barring System (Police) check, which identify if prospective staff had a criminal record or were barred from working with children or adults, had been completed for all staff.

The management of medicines was not appropriate. There were 5 gaps in the medication administration record (MAR) charts over a 10 day period, which meant staff had not signed to evidence that medicines had been taken or refused. Systems were not in place to identify these gaps and therefore there was no evidence that appropriate action, to reduce the risk to people of not receiving the correct medication, had been taken. The monthly order of medicines had been delivered and was sitting in a plastic bag in the staff room. The side door which gave access to the front garden was open and the medicines were easily accessible to people walking by. It was not clear when the medicines had been delivered or who had actually received them. Staff told us the person responsible for checking the medicines worked nights and was on holiday. A note had

been left by the night staff requesting a day staff member check the medicines in. This meant there were no clear systems in place to check that appropriate medicines for each person had been delivered or were stored safely.

The provider had not safeguarded the health, safety and welfare of people living in the home by ensuring there were safe systems in place for the receipt and storage of medicines. This was a breach of Regulation 12 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

We were aware the manager was currently working with the safeguarding team in relation to concerns identified at the home. This meant there were systems in place to protect people from harm and staff were aware of the actions staff should take if they have any concerns

Staff had an understanding of abuse and what action they would take if they had any concerns. They identified the correct safeguarding and whistleblowing procedures should they suspect abuse had taken place, in line with the provider’s policy. They were aware that a referral to an agency, such as the local Adult Services Safeguarding Team should be made, anonymously if necessary. Staff confirmed the manager operated an ‘open door’ policy and they felt able to share any concerns they may have in confidence. The manager said all concerns were now reported to the local authority, they waited for a response before they took any action and records were in place to support this. This meant people were protected as far as possible from abuse.

The manager had introduced a new form to record incidents/accidents. Staff who observed an incident/accident were required to record what they saw, what action they had taken and sign the form. This was then passed to the team leader to check and sign that it had been completed correctly and then given to the manager. The manager said this ensured an audit trail was in place, which enabled them to identify the frequency of incidents/accidents, any triggers and, where necessary they reviewed people’s care plan to ensure people’s support needs had been met. Behaviour charts and daily records/handover sheets had been reviewed and additional information was recorded so that staff were aware of incidents/accidents. However, some incidents were not recorded appropriately. For example, an incident had occurred in the lounge where one person had broken a window, no one was injured. This was not recorded in the person’s behaviour record and

## Is the service safe?

there was no evidence that an incident form had been completed, although staff said one had been done. Information about the support that was being provided for this person at the time it happened was not available and there was no action plan in place to prevent or reduce the risk of this happening again. One member of staff said, “We have only just started using them, so we have to remember to tell everyone when they have been on leave or off sick. We will get used to them and they are much better way of keeping a record of what is happening.” The manager and staff said these forms had been in place for a few days and they were aware additional work was needed.

We observed staff giving out medicines. Staff checked the MAR, gave the medicines to each person individually and signed the MAR when they had been taken. The trolley was secured to the wall in the staff room, which was locked. The trolley was not taken around the home when medicines were given out, because it was not safe to do so, based on the needs of people living in the home. The MAR included information about each person, with a photograph and details of any allergies. Staff followed the medicine policy with regard to medicines ‘as required’ (PRN), such as paracetamol for pain, and records had been completed with details of why these had been given.

Risk assessments had been completed depending on people’s individual needs. These included moving and handling with information about people’s mobility and medication. They were specific for each person and included guidance for staff to follow to ensure people’s needs were met. The medication risk assessments identified that people may not remember to take medicines, therefore they were at risk and staff were responsible for their medicines. Staff had received training which enabled them to administer medicines, although at the time of the inspection only three members of staff had been assessed as competent to give out medicines. The manager said other staff were being assessed and would be able to administer medicines when they had completed observational training. Training involved classroom based training, online training, seven observation assessments and was updated yearly. One member of staff had one more session to complete and if they were competent they would be able to administer medicines on their own.

Relatives said there had been a number of changes in staffing, due to staff leaving, and a number of staff had been employed through an agency. One relative said, “Staff

change quite readily.” Another relative told us, “I’d like more stability with staff.” The manager said a number of staff had left at the beginning of the year and they were continually recruiting and employing new staff. Several had been employed through an agency, although this was for an agreed period of three months. The manager told us if they had the knowledge and understanding of people needs by the end of the three months, and wanted to work in the home, they were offered a permanent post. Five staff had become, or were in the process of becoming, permanent through this process. Staff told us the staff team was more settled. One member of staff said, “It is much better now that the same staff are working in the home, and some of the agency staff are going to join us.” Staff felt they worked well together as a team and there were enough staff to provide the support people needed.

The staffing levels were appropriate to the needs of the people living in the home. People had been assessed and required different levels of support from staff. One member of staff was able to support three people when they were in the home, these people were each supported by one member of staff when they went out of the home on their own. Other people required individual support from one member of staff in the home and two when they went outside or two staff in the home and three when they went outside. Risk assessments were specific to each person; they had been completed for people with regard to the staffing levels, to ensure their safety. These had been agreed with each person’s care manager during the reviews of care and if their needs changed. The staffing rota’s showed that the same number of staff were working in the home, throughout the week, to ensure people were supported appropriately.

There was very little decoration or furniture in communal areas and the home did not appear homely and welcoming. Relative’s comments about the home varied. One relative said, “The house is very grubby, not homely or welcoming, it’s a smelly, shabby house.” Another relative told us, “His room is very good, very clean.” We saw the home was clean and maintenance staff ensured repairs and replacements were carried out as soon as possible. The dining room had been redecorated and contained dining tables and chairs, and the lounge had sofas and a TV with pictures fixed to the wall. However, the manager and staff explained the layout of the home was linked to the needs of people living there. Assessments had identified that people were at risk of injuring themselves, other

## Is the service safe?

people and staff if they had access to moveable furniture, ornaments or decorations. People were encouraged to personalise their own rooms and we found them to be clean and some had TVs and computers. Other people's bedrooms were bare with protective covering over the windows to ensure their safety and prevent injury to people and staff. The staff had a good understanding of how people reacted to any changes in the environment and they felt they provided a safe environment that enabled people to live safely in the home and go out when they wanted to.

There were records to show relevant checks had been completed, including lighting, hot water, call bells and

electrical equipment. The fire alarm system was checked weekly and fire training was provided for all staff and the records showed they had all attended. External contractors maintained the lift, electricity supply and kitchen equipment, and if there were any problems staff were able to access their contact details. The floors were clear of obstruction and people were able to move safely around the home.

The provider had plans in place to deal with an emergency. There was guidance in the care plans for staff regarding the action they should take to move people safely if they had to leave the home at short notice.



# Is the service effective?

## Our findings

People told us they could choose what they had to eat and could go out into town or for a ride if they wanted to. A programme of activities was used to support people and two relatives said staff supported their family member to return home regularly. One relative told us, “He gets out, which is the most important thing.” Meals were flexible, with people eating out regularly, although there was no clear system in place to support people at mealtimes.

At the last inspection we found the provider had not safeguarded the health, safety and welfare of people living in the home by ensuring staff received support in relation to their responsibilities. This was a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found this concern had been addressed.

The manager said a programme of bi-monthly supervision was in place and there was a schedule to support this and the appraisals. Staff told us they had regular supervision and felt they were supported by the manager to discuss any issues. One member of staff said regular supervision was provided, but more importantly they felt they could speak to the manager about any concerns they had regarding people’s support needs.

People said they could eat what they liked and often had meals when they went out. We observed people eating snacks and having drinks of their choice and, on the second day of the inspection staff were cooking an Asian based meal for the party they had every Friday afternoon. However, staff did not follow a menu when providing meals and, the manager said some staff could not cook or were unable to cook the type of food people living in the home preferred. The kitchen door was locked and people were reliant on staff when they wanted something to eat or drink. One person took a mug of coffee from the dining table and started to drink it, staff were going to intervene as it was not their drink, but did not seem concerned that they might be thirsty. In the daily records there was a section for staff to record what people ate, but a number of these had not been completed, which meant there was no evidence that people ate at regular intervals. People’s weights were monitored and staff said they would inform the manager or

contact the GP if they had any concerns, but there was no system in place to assess people’s nutritional needs and provide appropriate a varied diet, which may put people’s health at risk. For example, one person needed a reduced fat diet. Staff did not understand this meant not providing some foods, such as sausages, and they opted to reduce the amount of food the person ate overall rather than plan and provide a good diet. The manager had identified this as an area that needed to be improved and had put forward a request to the provider that a chef/cook be appointed.

All new staff underwent a formal induction training period. Staff said they worked through the training schedule and were signed off when senior staff felt they were competent to support people. Records showed this process was structured around allowing staff to familiarise themselves with policies, protocols and working practices. Staff told us they spent the first three weeks reading care plans and familiarising themselves with people’s support needs. Staff said they needed the time to get to know people’s behaviour and how staff supported them to be independent and make choices about their lives. New staff shadowed more experienced staff until they felt confident to support people. One member of staff said, “We need to have a good idea of people’s needs before we support them and there are always other staff around to talk if you are not sure.” The manager said training linked to the Skills for Life Care Certificate was being developed by the provider. The Care Certificate familiarises staff with an identified set of standards that health and social care workers adhere to when they provide support and care.

The training plan and staff files showed that staff had access to relevant training which they felt enabled them to provide the care and support people living at Ashdale House needed. The manager did not have a training budget, it was held by the regional manager. The organisation set out a training schedule, which is given to the managers who are then responsible for identifying staff that require training and booking them onto the relevant training. The manager told us they could identify specific training based on the needs of people living in the home, such as supporting people with Autism and Asperger. Although this training had not been updated for some staff for five years. The system around training record keeping was disjointed, the plan was kept by the provider and only updated when certificates to evidence staff had attended training were provided by the trainer. The plan was

## Is the service effective?

updated by the second day of the inspection and we saw staff had attended 'mandatory' training, which included learning disability awareness, safeguarding, moving and handling, infection control, food hygiene/safety, positive behavioural support, first aid and medication. There were opportunities for staff to develop professionally. Eight staff had completed national vocational qualifications level 2, 3 and 4, and two staff member said they had signed up to start the Health and Social Care qualification.

Staff had attended equality and diversity training and they had a good understanding of the issues and their implications for the people they were supporting. Staff told us they needed to understand people's backgrounds, what they liked to do and how they liked to spend their time, so they could make sure the support suited them. One member of staff said, "We support people to make choices about everything they do, but we also have to balance this with protecting them as they can be vulnerable, and everyone else. So that no one is at risk." Another member of staff said, "They are like us, young people who decide what they want to do, with our support." For example, one person had gone to bed late the previous evening, they remained in bed until lunchtime and did not take part in the activities.

Staff had completed training and had a good understanding of the Mental Capacity Act 2005 (MCA) including the nature and type of consent, people's rights to

take risks and the necessity to act in people's best interests when required. Mental capacity assessment had been completed for each person as part of their care plan, with the care manager and relatives and these were reviewed regularly. Some people were unable to tell staff about their wishes and needs and staff said as they got to know people and they were able to interpret people's responses. One member of staff said, "We know if they want to get up or have something to eat and understand their facial expression and body language."

Staff had attended training in Deprivation of Liberty Safeguards (DoLS), which is part of the MCA. The purpose of DoLS is to ensure someone, in this case, living in a care home is only deprived of their liberty in a safe and appropriate way. This is only done when it is in the best interest of the person, and has been agreed by relatives, health and social care professionals and there is no other way of safely supporting them. The manager had applied to the local authority regarding DoLS for some people where minimal restraint may be used to protect people and also for the locked front door.

People had access to health care professionals as and when they were required. These included the community learning disability team and dentists. GPs visited the home as required and staff felt they could contact them if they had any concerns.

# Is the service caring?

## Our findings

Relatives felt the care at Ashdale House was reasonable or good and they felt supported by staff when they visited the home. Relatives comments varied and included, "Overall I am happy with the staff." "As far as we can see he's extremely happy there." "Staff are lovely" and, "He's not happy there." People said they liked their rooms, they could go into town if they wanted to and were supported to do things they liked. Staff said they viewed their role less as care staff and more as supporting people to make their own choices and decisions.

Interaction between staff and people living in the home varied and did not consistently show that staff enjoyed supporting people, or that people's needs had been met. People had planned to go out of the home, a walk into town or for a ride in the van. The van broke down and this meant several people were unable to go out for a ride, which was a regular activity that staff said people enjoyed. An alternative activity was not provided, people sat in the lounge with the TV on and there was very little conversation with staff. However, later staff played a ball game with people in the lounge and there was a considerable amount of laughter, six people enjoyed the game, even if they had chosen not to join in they watched and laughed. The manager said they were aware that activities and support needed to be more personalised and they had discussed this during the team meeting. Staff had been encouraged to put forward suggestions and staff said the meeting had been very good and they felt more involved in decisions about the support provided.

Staff said they were aware of people's individual support needs. They looked at people's support plans, which contained detailed information about people's needs, including their personal life stories, medical diagnosis and methods of communication, such as verbally or Makaton.

Makaton is a language programme using signs and symbols to help people to communicate. Designed to support spoken speech it was used by some people. We saw staff using touch Makaton to support one person. Staff had gentle and fun interaction with them, staff knew them very well and enjoyed providing support and care in a relaxed and comfortable way.

People's equality and diversity needs were respected and staff were aware of what was important to people. One person liked to wear a particular style of clothes and go into town and meet friends, staff supported them to do this on a one to one basis. Another person enjoyed shopping and three staff accompanied them into town regularly. Staff demonstrated an understanding of supporting people to ensure they were not isolated and that they could enjoy going out into the community safely.

Staff treated people with respect, they assisted people with their personal care in terms of supporting them to use the facilities, wash and change their clothes if required. Staff were clear that male and female staff were allocated to each person depending on their needs and preferences. They demonstrated a good understanding of the importance of supporting people as individuals, and how protecting their dignity was embedded in how they supported people.

Support records were kept secure in the office. Information was kept confidential and there were policies and procedures in place to protect people's confidentiality. People and their relatives received information about confidentiality as well. Staff were aware of the importance of maintaining confidentiality and had attended training.

The manager said advocacy services were available if required, but were not needed as people were supported by relatives and friends.

# Is the service responsive?

## Our findings

People were involved in decisions about the support they received and relatives said they were invited to the yearly review of support plans with care managers and staff. Staff said when people's needs changed they contacted relatives to keep them informed and we heard staff talking to relatives in a positive and friendly manner. Relatives were aware of the complaints procedure and most said they had no complaints, or only minor ones.

Comments from relatives about the reviews of people's support plans were negative. Each person's support plan was reviewed at least yearly, and when people's needs changed. This meant each person's care manager, a social care professional who did not work at the home, observed support provided and talked to the person, relatives and staff. The support plans were reviewed and updated based on the information from these meeting. However, relatives felt they had not been as involved as they should be. Relatives said, "Our last meeting was very disappointing. They don't take on board anything I say. I haven't heard back from them yet." "The meetings are once a year, sometimes we can't make it, but we are always invited" and, "I always go to the review meetings, but I don't know what happens afterwards, I don't get a copy of the notes." The manager said some of the support plans had been recently reviewed and no issues had been identified, but they would discuss these concerns with the care managers to ensure relatives felt more involved and were given copies of the notes.

Staff said the support provided was based on what people wanted to do and they never tried to pressure people to do things. An activity programme was displayed on the notice board and a number of activities were provided throughout the inspection. Such as a drive around, which staff said people enjoyed. One person sat at a dining table doing colouring with another person watching and joining in at times, visits to the local college had been arranged for one person, which they said they enjoyed very much. People attended church if they wanted to one person attended college, which they said they enjoyed. Staff said there was a bingo night and a 'music man' weekly. The activities were not flexible and seemed to be the same each day for some people. The manager and staff said the activity programme had been in place for some time and it needed to be reviewed and changes made to personalise the activities to

each person. A number of additional trips based on people's needs had been arranged and these included a ride on a steam train and a visit to a farm to see the animals and have lunch. Staff said they had also looked into arranging trips for people with limited sight and hearing based on sensory interaction. This was identified as an area for review and improvement.

A complaints procedure and system was in place and relatives felt able to raise concerns. Most relatives had no complaints or just minor ones. One relative had been concerned about their family member's clothes, which were too small, but this had been addressed and their clothes were more appropriate. Some relatives believed their complaints were addressed promptly; others felt it took some time to address them and one felt they weren't addressed at all. Staff said people and relatives were encouraged to raise concerns and these were passed on to the management if they had been unable to deal with them. The manager was available at any time and people talked to her during the inspection. One person raised a complaint about another person and the manager spoke with both people.

The team leader told us detailed pre-admission assessments were completed before people were offered a place at Ashdale House, to ensure the staff could provide the support people needed and wanted. Relatives had been involved in the assessment process, and as part of the process they discussed the outcomes people hoped to achieve in a supportive environment. Support was personalised in terms of an appropriate mix of female and male staff, to ensure people's preferences were met. Staff ensured people were enabled to develop everyday living skills where appropriate, such making a meal or drink, as well as enjoy a social life and access the local community. Staff said they were quite flexible, but routine was important for some people with learning disabilities and some changes had been made following discussions with relatives and health professionals. For example, limits were placed on how much money one person could withdraw from the bank each day, so that they had sufficient funds to meet their needs. The person agreed to this and staff accompanied them when they went shopping and met friends in the town.

Systems were in place to reduce and prevent behaviour which may challenge staff member's ability to provide appropriate support. Training had been provided for staff,

## Is the service responsive?

based on identifying and removing factors that might trigger behaviour, which may put the person and other people at risk. For example, staff ensured one person was unable to access moveable objects as they had thrown

objects around, which had put people and staff at risk. The person was not restricted, they were supported by staff to walk around the home and staff ensured they made choices about how and where they spent their time.

# Is the service well-led?

## Our findings

From our discussions with relatives, staff, the manager and our observations, we found the culture at the home was open and relaxed. Support focused on encouraging people living at Ashdale House to make choices and decide how they spent their time. Relatives and staff said the manager was available and they could talk to them at any time. We observed the manager talking to people and getting involved in decisions about the support provided. Relative's comments were, "They're going in the right direction, things are changing." "The manager seems very nice." "I'm not really sure. The new manager has only been there a few weeks" and, "I certainly hope things improve." Staff felt supported and able to raise issues or put forward suggestions without fear of reprisal.

A registered manager had not been in place at Ashdale House since January 2015. The current manager had been employed to manage the home on a day to day basis the week prior to the inspection. They had worked for the provider in a different role since June 2015 and following discussions about the improvements needed at the home took on the role as manager. They said they were putting in an application to register as the manager with CQC. They were aware that there had been no managerial leadership at the home for some months and there was no evidence the provider had offered appropriate support. There were no clear lines of accountability. Staff said they had not been involved in decisions about the how the service supported people and how it could be improved. Previously they felt unable to say anything to the management because they were not confident they would be listened to and felt their jobs were at risk. The manager told us the lack of staff confidence in the management meant experienced staff had been reluctant to work as team leaders, and they had been concentrating on building up a good relationship with staff so that they would take on these roles.

At the last inspection we found the provider did not have an effective monitoring and assessment system in place to ensure that people were protected against inappropriate and unsafe care and support. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that although some changes had been made further improvements were needed.

The quality monitoring system was not effective. The manager said there were monthly and quarterly visits to the home and their understanding was that audits were carried out on all aspects of the support provided. However, there was no evidence that audits had identified issues such as gaps in MAR charts; meeting people's nutritional needs and safeguarding people by following the multi-disciplinary guidance for referrals to the local authority. The manager was aware that the monitoring system was not as effective as it should be and had discussed this with the provider.

At the last inspection we found people were not protected from the risks of unsafe or inappropriate care and treatment because the provider had not ensured that accurate and appropriate records had not been maintained. This was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that despite a considerable amount of work to improve records further improvements were needed.

Changes had been made to the support plans and daily record. However, there was no evidence that these had been completed with the involvement of people and their relatives, although staff told us they had been. The manager said staff had talked to some relatives while they visited the home and discussed people's needs. The three care plans we viewed did not identify people's specific support needs because they were not personalised and, they had not been reviewed or updated as people's needs had changed. The information was spread out in four folders; it was difficult to know which folder to access to find information and get an overall view of people's needs. The daily records did not fully reflect the support provided for people, there were gaps in several areas, such as activities, meals and people's mood and behaviour. The manager had a good understanding of the improvements that were needed to ensure the care plans reflected people's needs and staff completed the records appropriately.

A team meeting took place on the second day of the inspection and staff said this had been very good and they

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had been given opportunities to make suggestions about improving the support provided. They said the manager was very clear about their expectations of staff and had given them clear guidelines to follow when they supported people. One member of staff told us, “It is much better now, we feel like we can say things and do our work with support from the new manager.” Another member of staff said the manager, “Is quite clear about what needs to be done and we think we can do this now.”

At the last inspection we identified that some improvements were required to the environment. Some improvements had been made, the flooring in the dining room had been replaced and the room had been re-decorated. The manager said they were reviewing the use of the sensory room and were discussing improvements to the building with the provider, which would be linked to people’s individual needs.



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>Safeguarding service users from abuse and improper treatment.</p> <p>The provider had not safeguarded the health, safety and welfare of people living in the home by ensuring there were safe systems in place for the receipt and storage of medicines.</p> <p>Regulation 13(4) (b).</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>Good governance.</p> <p>The provider did not have an effective monitoring and assessment system in place to ensure that people were protected against inappropriate and unsafe care and support.</p> <p>Regulation 17(2)(a)(b).</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>Good governance.</p>



This section is primarily information for the provider

## Action we have told the provider to take

The provider had not protected people from the risks of unsafe or inappropriate care and treatment because the provider had not ensured that accurate and appropriate records had not been maintained.

Regulation 17(2)(c)