

## Alliance Home Care Limited

# Ashcott House

### Inspection report

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### Ratings

#### Overall rating for this service

Good



Is the service safe?

Good



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



### Overall summary

Ashcott House provides accommodation and personal care for up to seven people with learning disabilities.

There were seven people living in the service when we inspected on 21 October 2015. This was an unannounced inspection.

There was a registered manager in post. 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.

There were procedures and processes in place to ensure the safety of the people who used the service. These included risk assessments which identified how the risks to people were minimised.

There were procedures in place which guided staff in safeguarding the people who used the service from the potential risk of abuse. Staff understood the actions they

# Summary of findings

should take if they were concerned about people's safety. There were appropriate arrangements in place to ensure people's medicines were obtained, stored and administered safely.

There were enough staff to meet people's needs and staff were available when people needed assistance. Recruitment checks were made on staff to ensure people were supported by staff who were suitable to work in the service. Staff were trained and supported to meet the needs of the people who used the service.

People, or their representatives, were involved in making decisions about their care and support. The service was up to date with changes to the law regarding the Deprivation of Liberty Safeguards (DoLS). People's care plans had been tailored to the individual and contained information including how they communicated and their ability to make decisions.

Staff had good relationships with people who used the service. Staff respected people's privacy and dignity and interacted with people in a caring, respectful and professional manner. People were supported to see, when needed, health and social care professionals to make sure they received appropriate care and treatment. People's nutritional needs were being assessed and met.

A complaints procedure was in place. People's concerns and complaints were listened to, addressed in a timely manner and used to improve the service.

There was an open culture in the service. Staff understood their roles and responsibilities in providing safe and good quality care to the people who used the service. The service's quality assurance system identified shortfalls and these were addressed. As a result the quality of the service continued to improve.

# 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 safe.

Systems were in place to keep people safe. There were enough staff to meet people's needs. Recruitment systems were robust.

Staff knew how to recognise abuse or potential abuse and how to respond to and report these concerns appropriately.

People were provided with their medicines when they needed them and in a safe manner.

Good



### Is the service effective?

The service was effective.

Staff were supported to meet the needs of the people who used the service. The service was up to date with Deprivation of Liberty Safeguards (DoLS).

People were supported to maintain good health and had access to appropriate services which ensured they received ongoing healthcare support.

People's nutritional needs were assessed and professional advice and support was obtained for people when needed.

Good



### Is the service caring?

The service was caring.

People were treated with respect and their privacy, independence and dignity was promoted and respected.

People and their relatives were involved in making decisions about their care and these were respected.

Good



### Is the service responsive?

The service was responsive.

People's wellbeing and social inclusion was assessed, planned and delivered to ensure their social needs were being met.

People's concerns and complaints were investigated, responded to and used to improve the quality of the service.

Good



### Is the service well-led?

The service was well-led.

The service provided an open culture. People were asked for their views about the service and their comments were listened to and acted upon.

Good



# Summary of findings

The service had a quality assurance system and identified shortfalls were addressed promptly. As a result the quality of the service was continually improving. This helped to ensure that people received a good quality service.

# Ashcott 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 21 October 2015, was unannounced and was undertaken by one inspector.

We looked at information we held about the service including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

We spoke with six people who used the service. We also observed the care and support provided to people and the interaction between staff and people.

We looked at records in relation to three people's care. We spoke with the area manager and four members of care staff, including the deputy manager. We looked at records relating to the management of the service, staff recruitment and training and systems for monitoring the quality of the service.

# Is the service safe?

## Our findings

People told us that they were safe living in the service. One person said, “They [staff] make sure no one [other people] is telling me off.”

Staff understood the policies and procedures relating to safeguarding and their responsibilities to ensure that people were protected from abuse. They knew how to recognise indicators of abuse and how to report concerns. Staff had received safeguarding training which was regularly updated to make sure that they knew the actions they should take if they were concerned about a person’s safety.

People’s care records included risk assessments which provided staff with guidance on how the risks in their daily living and accessing the community, were minimised. People’s risk assessments were reviewed and updated on a monthly basis and when their needs had changed or risks had increased. This showed that the risks in people’s lives were assessed and plans were in place to reduce them. One staff member told us about one person who independently accessed the community. They explained the checks in place to ensure that they were safe. This was confirmed in their records.

Risks to people injuring themselves or others were limited because equipment, including wheelchairs were regularly checked so they were fit for purpose and safe to use. Fire safety checks and fire drills were undertaken to reduce the risks to people if there was fire. The maintenance book showed that where issues in the environment had been identified, these had been addressed in a timely manner.

People told us that there were enough staff available to meet their needs. One person said, “If I need help they [staff] come. I don’t have to wait.” Staff were attentive to people’s needs and provided requests for assistance in a timely manner.

Staff told us that they felt that there were enough staff to meet people’s needs safely. One staff member said, “There is always enough staff on duty. They have just employed four or five. The company has an agency and they help if someone is off.” A staff member told us about the staffing arrangements in the service which was confirmed in records and our observations. The area manager told us how the staffing arrangements had recently changed to ensure that people’s needs were met safely. This included having two night staff on duty to replace the previous one night staff and sleep in staff. This showed that the service responded to people’s changing needs in the way that the staffing was organised.

Staff told us and records showed that checks were made on new staff before they were allowed to work alone in the service. These included checking if prospective staff members were of good character and suitable to work with the people who used the service.

People told us that their medicines were given to them on time and that they were satisfied with the way that their medicines were provided. One person said, when the staff had given them their medicines, “This is how I like to take them.” We saw that medicines were managed safely and were provided to people in a polite and safe manner by staff.

Medicines administration records were appropriately completed which identified staff had signed to show that people had been given their medicines at the right time. People’s medicines were kept safely but available to people when they were needed.

# Is the service effective?

## Our findings

Staff told us that they were provided with the training that they needed to meet people's requirements and preferences effectively. One staff member said, "We do some training almost every month." This included training on people's specific needs, including epilepsy and diabetes. A staff member told us how the registered manager was attending training in dementia, this was also booked for another two staff members. They were identified dementia ambassadors and would be rolling out the information they had learned to the other staff. This showed that the service had responded to people's changing needs. The provider had systems in place to ensure that staff received training, achieved qualifications in care and were regularly supervised and supported to improve their practice. One staff member told us how they were working on a relevant qualification in care. This provided staff with the knowledge and skills to understand and meet the needs of the people they supported and cared for.

We saw that the staff training was effective because they communicated in an effective and caring manner with people, such as maintaining eye contact and responding to their comments and requests for assistance. Staff were knowledgeable about their work role, people's individual needs, and how they were met. One new staff member was undertaking shadow shifts during our visit. Another staff member told us that when new staff worked in the service, as well as training, they shadowed other staff to help them get to know people and their routines.

Staff told us that they felt supported in their role and had supervision meetings. One staff member said, "I have a supervision meeting at least every three months." Records confirmed what we had been told. These provided staff with a forum to discuss the ways that they worked, receive feedback on their work practice and used to identify ways to improve the service provided to people.

People told us that the staff sought their consent and the staff acted in accordance with their wishes. This was confirmed in our observations. We saw that staff sought people's consent before they provided any support or care, such as if they needed assistance with their meal and having a shower.

Staff had received training on Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act 2005 (MCA). The service was up to date with DoLS and were aware of when referrals to the local authority were required to ensure that any restrictions on people were lawful. We discussed a form which was in a person's care records which stated that they were not to be resuscitated. This had been completed when the person was receiving care in another service when they were ill and their capacity to make this decision may have changed since then. The area manager told us that the registered manager was in the process of looking into this to make sure that the person's decisions were respected.

Care plans identified people's capacity to make decisions. Records included information which identified that people had consented to the care provided as identified in their care plans, including signing the care planning documents and participating in their planned care.

All of the people we spoke with told us that they were provided with choices of food and drink and that they were provided with a balanced diet. One person said, "We can eat what we want."

We saw that the breakfast meal time was a positive social occasion. People were supported, when required, to prepare their meals and chose what they wanted to eat. For example, when a person had asked for toast a staff member showed them the different bread, brown or white, and the person pointed to which one they wanted. This was also done when the person chose what they wanted on their toast. Another person independently put their toast in the toaster and told staff how they wanted their butter and jam spread, which was done how they had asked for it.

People were supported to eat and drink sufficient amounts and maintain a balanced diet. There were fresh fruit and vegetables in the service to support a healthy diet. People's records showed that people's dietary needs were assessed and what they had eaten each day. Where issues had been identified guidance and support had been sought from health professionals. This showed that the service had taken action to ensure people's dietary needs were met.

People said that their health needs were met and where they required the support of healthcare professionals, this was provided. One person told us that they had a dentist appointment later in the day. When we asked what they

## Is the service effective?

were having done, they asked the staff to remind them, which they did in a supportive and reassuring way. Another person was supported by staff to attend a pre-arranged physiotherapy appointment. One staff member was talking to another person about an appointment they had attended the day before. The staff member praised them for their bravery, which made the person smile and nod their head.

Records showed that a system was in place to record issues and concerns of people's wellbeing. This meant that issues were identified and support was sought for people where needed. Records showed that people were supported to maintain good health, have access to healthcare services and receive ongoing healthcare support.



# Is the service caring?

## Our findings

People told us that the staff were caring and treated them with respect. One person said, “The staff are nice.” Another person said about the staff, “I like them, they are kind.” We asked another person if they felt that the staff treated them well and they smiled, nodded and put their thumbs up, which showed that they were saying that they did.

Staff talked about people in an affectionate and compassionate way. We saw that the staff treated people in a caring and respectful manner. For example staff made eye contact and listened to what people were saying, and responded accordingly. People responded in a positive manner to staff interaction, including laughing and chatting to them. People were clearly comfortable with the staff.

People told us that they felt the staff listened to what they said and that they felt that their choices, independence, privacy and dignity was promoted and respected. One person said, “I do what I want and they [staff] only help me when I ask them.” We saw that people independently washed up the items they had used for breakfast. Where people needed assistance this was offered in a supportive

way and only provided when the person had agreed. Staff asked one person if they needed help to clean around their mouth after breakfast, they nodded and the staff member gave them a paper towel and said, “You try,” the person did what they could then handed the staff member the towel and pointed to them to indicate that they needed help. One person said that they had prepared their packed lunch for their day service and we saw them choosing a drink and preparing this to take with them, they said, “I am having quiche and sandwiches today.”

There were items in the service which assisted people to make choices, this included picture cards for meals. The planned meals for the day were on a notice board and a person showed us the picture of the cauliflower that they were having for their evening meal. We asked if they had chosen this and they nodded and said, “Yes.”

We saw that staff respected people’s privacy and dignity. For example when staff spoke with people about their needs, such as if they wanted a shower and needed support to dress for the day, this was done in a discreet way. People’s records identified the areas of their care that people could attend to independently and how this should be respected.

# Is the service responsive?

## Our findings

People told us that they received personalised care which was responsive to their needs and that their views were listened to and acted on. One person said, “I wished I had come here in the first place. I heard there was a bedroom and asked if I could come. I am going to stay here all the time like the others” Another person said, “I like it here better. I like my bedroom, it is pink, they [staff] asked me what colour before I came.”

We saw that staff were responsive to people’s individual needs which showed that they knew them well. For example, one person used a sign to a staff member, they understood this to show that the person was asking about another staff member. They checked that they had understood the person who nodded, then checked the staff rota and told the person when they were next on duty. The person then nodded their head and smiled. Another person addressed two staff members by names which were not their names. However, they responded to the person and told us that the person had always called them by these names. Staff told us about how a person’s needs had changed and the support they were provided with to meet these changing needs. This was confirmed in records and showed that the service had responded to the person’s needs which allowed them to remain in the service.

People’s individual choices, routines and preferences were respected, for example some people chose to have their breakfast before they got washed and dressed for the day and others had a shower and dressed before breakfast. This was respected by staff and people did what they were happy with in their own home.

Records provided staff with information about how to meet people’s needs. The records were detailed and provided the staff with the guidance that they needed to support people to meet their needs and preferences. The records detailed people’s diverse needs, including how they communicated, and how these were met. People’s specific needs relating to their conditions were detailed and identified how the conditions affected their daily lives, warning signs for staff to be aware of and actions that staff should take to minimise risks. Where people had particular behaviours that may challenge others, there was clear guidance in place for staff on how to safeguard people, support them in a caring way and identify and minimise the risks or triggers to these behaviours. Care plans were

routinely updated and when their needs and preferences changed. The records showed that people’s care was assessed and planned for and that the service responded promptly to any changes in people’s wellbeing, such as their physical health.

Staff knew about people and their individual needs, likes and dislikes, and how their requirements and preferences were met. We saw staff updating daily notes about people’s wellbeing and what they had done during the day throughout our inspection. This provided staff with information about each person on a daily basis.

People said that they were supported to participate in activities and events which interested them. One staff member told us that people had regular one to one time where they chose what they wanted to do. One person had been shopping in town the day before our visit and showed us and staff their new boots. Everyone told the person how nice these were and the person laughed and smiled. This person also showed us their finger nails which had been painted by staff.

People told us about the day services that they attended. One person said that when they had moved in they said that they wanted to attend a local service and this was arranged by them and staff. They told us that they enjoyed this and they were going to make a, “Christmas cushion.” Another person listed what they did throughout the week, which including going to a befriender service and catching the bus into town independently. They told us that they liked and chose what they did.

People told us that they could have visitors when they wanted them, which reduced the risks of them becoming isolated or lonely.

People told us that they knew who to speak with if they needed to make a complaint and could speak with staff if they were concerned about anything. One person said, “I would tell the staff.”

Where people had made comments about the care they were provided with, these were recorded in their care records along with the actions taken to show that their views were valued and acted on. People were asked if they had any problems or complaints in the regular meetings attended by people who used the service. There was a complaints procedure in place which was displayed in the service, and explained how people could raise a complaint. This was provided in both text and picture format, which

## Is the service responsive?

was accessible to the people who used the service. A staff member told us that if there were any complaints received these would be addressed promptly and used to improve the service.

# Is the service well-led?

## Our findings

There was an open culture in the service. People gave positive comments about the management of the service. One person said, “I know who the boss is, she is very good.” People told us that they could speak with the registered manager and staff whenever they wanted to and they felt that their comments were listened to and acted upon. Staff told us that because the service was small any issues were managed before they could escalate. We saw letters and cards which had been sent to the service from people’s relatives, thanking them for the support and care they provided.

People were involved in developing the service and were provided with the opportunity to share their views. This was done on a day to day and on an individual basis. For example, daily discussions between staff and people about their choices were recorded and acted on. Regular meetings were held which were attended by people who used the service. They discussed their satisfaction with the service, any problems, the menu and activities they wanted to do.

Staff told us that the registered manager was approachable, supportive and listened to what they said. They told us that they felt supported and if any issues arose they were dealt with promptly. One staff member said, “I

feel supported, this is the best company I have worked for. I think it is well-led.” They knew who the area manager was and what they did, “They come over and we can talk to [area manager].” Staff understood their roles and responsibilities in providing good quality and safe care to people. They understood the whistleblowing procedure and told us they would report concerns.

Regular staff meetings were held which showed that they discussed any changes in the service and people’s needs. They were kept updated with improvements needed and how these were going to be implemented. This showed that staff were kept up to date with the requirements in their role and ongoing improvements in the service.

The provider’s quality assurance systems were used to identify shortfalls and to drive continuous improvement. Checks were made in areas such as medicines, care records and the environment. Where shortfalls were identified, action plans were in place and these were monitored to check they had been implemented. Records and discussions with staff showed that incidents were analysed and monitored. These were used to improve the service and reduce the risks of incidents re-occurring. For example, further training was provided and/or health professionals were contacted for guidance and support. This showed that the service had systems in place to continually improve the service provided to people.