

Ashlee Lodge Limited

Ashlee Lodge

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Ashlee Lodge is a residential care home providing personal care to a maximum of five people. At the time of inspection, five people were living at the service. People living at Ashlee Lodge have a learning disability and may also have autism.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them. However, staff levels, on occasions, did not always support this. See below.

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

Staff rotas did not demonstrate there were always enough staff to meet people's assessed needs. Whilst the service had referred potential safeguarding matters to the local authority, they had failed to send these to CQC. The quality assurance systems were not always effective and had not identified some of the shortfalls found at inspection. For example, in relation to some people's health needs, complaint records, fire drills and staff recruitment.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's medicines were managed safely. Staff attended regular training to update their knowledge and skills. They attended regular supervision meetings and told us they were very well supported by the registered manager. A staff member told us, "I'm definitely supported."

People were supported to attend health appointments, such as the GP or dentist and attended appointments for specialist advice and support when needed. People had enough to eat and drink and menus were varied and well balanced.

Staff were kind and caring in their approach. They had a good understanding of people as individuals, their needs and interests. Most people needed some support with communication and were not able to tell us their experiences; those who could told us they were happy, and we observed people were happy and relaxed with staff.

People were supported to take part in activities to meet their individual needs and wishes. This included trips to the local parks, theatres, cafes and restaurants and trips to places of interest. A relative told us "We are invited to parties twice a year, often barbeques and buffets. We all know each other, and it is lovely to

meet up and chat."

The environment was well maintained. A new shower had recently been fitted. The provider had ensured safety checks had been carried out and all equipment had been serviced. Fire safety checks on equipment were all up to date.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good, (published 7 November 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified three breaches of regulation in relation to staffing, reporting incidents and the governance of the service. The provider had failed to ensure there were always enough staff to meet people's needs. The provider had failed to submit notifications and the provider had failed to ensure that systems to assess, monitor and improve the quality and safety of the service were sufficiently robust. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

Ashlee Lodge

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Ashlee Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced.

We gave the service 24 hours' notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

People could not verbally share their views of the service. Therefore, we observed people's experiences of living at Ashlee Lodge. This included meal-times, activities and interactions with staff. We spoke with three members of staff and the registered manager.

We reviewed a range of records. This included two people's care records and everyone's medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed. We also pathway tracked two people. This is where we check that the records for people match the care and support they receive from staff.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at staff rotas and quality assurance records. We spoke with two professionals who visit the service and one relative.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection the rating for this key question has now deteriorated to requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- There were times when there were not enough staff. There were between three and four staff on each shift. Two people were funded to receive one to one staff support throughout the day. Both were also funded for a set number of hours of two to one staff support for activities outside of the home. The current staff ratios did not always support this. On the day of inspection, two people went out with two staff and this left one staff member with three people. However, as one of the people remaining was assessed as needing one to one support this meant there was not enough staff to ensure the safety of all three people. In addition, the two people who went out were supported by two staff. The activity was a car ride. We asked staff if they had gone to a café when out but were told they could not go to a café as one person needed two to one staff support outside of the car.
- Throughout June 2019 there were nine days when there were only three care staff on duty. This meant that no one would have been able to go out on these days for activities.

There were not enough staff to meet people's needs and this had the potential to leave people at risk of harm. This is a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager told us they were recruiting for another staff member.
- There were detailed on call procedures for staff to gain advice and support if needed outside of office hours and at weekends.
- There were safe recruitment checks carried out. Checks had been completed before staff started work at the service including references and employment history.
- A Disclosure and Barring Service (DBS) check had been carried out for all staff to help ensure staff were safe to work with adults in a care setting.

Assessing risk, safety monitoring and management

- There were clear guidelines in relation to the management of behaviours that challenged. One person who displayed behaviours that challenged had a positive behavioural support plan. This included advice for staff on how to support them. Advice included positive strategies to divert and distract from behaviours, early interventions that could be taken, how to deal with a crisis situation and how to support the person to recover from situations.
- Each person's needs in the event of a fire had been considered and each person had an individual

personal emergency evacuation plan that described the support they needed in an emergency.

- People lived in a safe environment because the service had good systems to carry out regular health and safety checks. These included servicing of gas safety and electrical appliance safety.
- Risks associated with the safety of the environment and any equipment had been identified and managed appropriately. Regular fire alarm checks had been recorded.
- A fire risk assessment had been carried out on 31 January 2019 by the registered manager and this was overseen by an external professional. Any recommendations made had been addressed. Following the inspection, the registered manager confirmed the external professional would take over responsibility for carrying out the fire risk assessment.
- A legionella risk assessment had been carried out to ensure the ongoing safety of water.
- A maintenance tracker was kept that showed when work was needed and when it had been completed. This showed that maintenance tasks were addressed in a timely manner.

Systems and processes to safeguard people from the risk of abuse

- Staff had a good understanding of how to make sure people were protected from harm or abuse.
- Staff had received training and knew how to recognise signs of abuse. A staff member told us, "I have had training and I have read the whistle blowing policy. If I saw anything inappropriate I would tell the manager and if necessary, the safeguarding team."
- Another staff member said, "If I had a problem regarding a person's welfare I would not hesitate to raise a concern."

Using medicines safely

- There were robust procedures to ensure medicines were correctly ordered, stored, administered and recorded. We checked people's medicines administration records (MARs) and found medicines were given appropriately.
- Some people took medicines on an 'as and when required' basis (PRN) for example, for pain relief. There were detailed protocols in use that clearly described when to give these medicines and how people liked to take them.
- People's records clearly stated how they preferred to receive their medicines. For example, one person liked their medicines to be put on their spoon with food. Records stated, 'She will hold her spoon out and wait.'
- Staff had received training in the management of medicines and had been assessed as competent to give them.
- People's medicines were reviewed regularly by healthcare professionals.

Preventing and controlling infection

- All areas of the house were clean. Staff had received training in food hygiene and infection control. There were cleaning schedules that ensured cleaning tasks were completed on a daily, weekly or monthly basis.
- Audits were carried out to ensure tasks had been completed. Aprons and disposable gloves were available for staff use.

Learning lessons when things go wrong

- There were systems to ensure that records were kept of accidents and incidents along with the actions to be taken to reduce the likelihood of the event reoccurring.
- Details of any accidents or incidents were sent to the area manager monthly. We saw that lessons were learned when mistakes were made. For example, the registered manager told us, one person had a fall from their bed in 2018. As a result, a double bed was bought and there were no further falls from bed.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection the rating for this key question has now deteriorated to requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

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.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Applications for DoLS authorisations had been sent and the home were awaiting final decisions for four people. A DoLS had been granted for one person and there were no conditions set. Applications included detailed information about why restrictions were needed. In addition, written assessments had been carried out to demonstrate how these decisions had been reached. However, these assessments had been written in a generic format. Since then the registered manager had recognised each person's capacity to make decisions in each specific area should be assessed separately and they had started the process for one person.
- A relative told us that when their relative needed health checks and treatment a special meeting was held first to make sure it was in their best interests.
- Staff ensured that people were involved as much as possible in day to day decisions about their care. They understood the process that needed to be followed when people were not able to make decisions.
- People were asked for their consent before personal care was undertaken. We saw staff offering people choices of drinks and choices of activities.
- Staff had received eLearning training to ensure their knowledge and practice reflected the requirements set out in the MCA.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Referrals had been made for specialist advice and support. One person had an increased number of falls and problems with their mobility. A physio therapist had assessed their mobility. However, records demonstrated following a recent fall from a dining chair a request should have been made for an occupational therapist to assess if there was any equipment that could assist in the reduction of falls. This had not been done at the time of inspection, but the registered manager confirmed following inspection this had been done.
- Each person had a health action plan that provided details of their individual health needs. They also had a hospital passport that would be used if they needed to go into hospital. This included important information hospital staff would need to be aware of, to provide care in a person-centred way that suited the individual.
- People were supported to attend healthcare appointments or, if assessed as needed, professionals visited them at the service.
- People attended dental appointments. If people had epilepsy they attended annual appointments with a specialist for ongoing review.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had lived at the service a long time. Their needs and wishes were regularly assessed and reviewed to ensure they received appropriate care and support. These include various aspects of people's care needs such as how they communicated, their mobility needs, preferences and information on how they liked to spend their time.

Staff support: induction, training, skills and experience

- The training programme confirmed that staff received training and refresher training. Essential training included safeguarding, infection control, moving and handling, health and safety and infection control.
- The registered manager confirmed that all staff had been booked to attend training on consent, dying, death and bereavement/end of life care and fire safety.
- Specialist training was also provided that reflected the complex needs of people who lived at Ashlee Lodge. This included training on autism, epilepsy, positive behavioural support and securicare. Securicare training was a way of supporting people who displayed behaviours that challenged. Each person had a care plan that described the support they needed. A staff member told us the training provided advice about calming situations before a hands-on approach was needed. If a situation escalated the next step was a touch approach to guide a person away from a situation. A staff member told us the approach was rarely needed but the training gave them confidence to deal with these types of situations.
- We asked a staff member about their training on autism and how this had supported them in meeting one person's needs. They said, "It helped me recognise (person) doesn't like too much information at once and they don't like blaring music. You can see (person) puts her hands on her ears to block out the sound. When I started working here I waited for her to come to me rather than me approaching her and it worked."
- Staff told us their views were listened to. A staff member told us they had been booked to do a refresher course in Securicare as they had completed similar training in a previous role. However, they did not feel comfortable with this, so they spoke with the registered manager who agreed they could do the beginner's course, and this had been arranged.
- Staff told us they were supported through regular supervisions and records confirmed this. New staff received two weekly supervision during their probationary period and then every six to eight weeks annually. A staff member told us, "I'm definitely supported and, with personal issues. He is definitely a good manager and very approachable."
- New staff completed the provider's induction process. This included working supernumerary to get to know people and understand the policies and processes at the service. A staff member told us they felt well supported throughout their induction. They said, "I had two weeks shadowing more experienced staff and

reading through care plans and policies and procedures. After that, a staff member observed me supporting people before I started to this on my own. It was very supportive."

- All staff that were new to care completed the Care Certificate. The Care Certificate ensures staff that are new to working in care have appropriate introductory skills, knowledge and behaviours to provide compassionate, safe and high-quality care and support.

Supporting people to eat and drink enough to maintain a balanced diet

- People had enough to eat and drink. There was a four-week menu based on people's known likes and dislikes. We discussed the need for this. The registered manager stated there was no need to have a four-week menu as they were close to the shops. They said they would introduce a weekly menu. Staff told us they always had a ready meal available or could prepare an alternative if someone did not eat what was on the menu.
- People were offered and received a choice of drinks throughout the day. Some people had specialist cutlery to assist their independence with eating. One person's care plan stated they should have a plate guard on their plate. We noted this had not been provided but the person was supported by a staff member who periodically turned the plate, and this enabled them to eat independently.

Adapting service, design, decoration to meet people's needs

- People's bedrooms were personalised with photographs and individual furniture.
- A new shower had recently been fitted to assist people who may have difficulty getting in and out of the bath. The registered manager told us this was more about planning for the future. Grab rails had been fitted and a shower stool was also available.
- Two people had computer tablets for their individual use. One mainly used this to listen to music via head phones and the other liked to play computer games.
- There was sensory lighting in the lounge area and in one person's bedroom. Staff told us they were gradually increasing the range of lights and equipment available. The registered manager said they had requested additional funding to increase the sensory equipment for one person.
- In addition to the house car, one person now had their own Motability car. This ensured they could go out more regularly as long as there were enough staff on shift.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by staff who knew them well. They were caring in their approach and checked regularly with people to make sure they were meeting their needs and wishes.
- Staff told us about people's needs, choices, personal histories and interests. They knew what people liked doing and how they liked to be supported.
- Staff communicated well with people and in a way they could understand; people responded warmly to them. For example, some people needed time to process what was said to them and we saw staff did not rush people and gave them time to respond to questions.
- We asked staff about their training in equality and diversity and how this supported the care provided. A staff member told us, "What works for one person, doesn't always work for another. We respect people and staff's cultures and beliefs, and we understand individual needs and work with them."
- One person's care plan stated they did not like cold drinks. We saw that they were always offered warm drinks. It was also noted that this included when giving the person their medicines, the person's care plan said they should be supported with a warm drink.

A relative told us, "Staff are fantastic. They help us out with visits. A staff member will come in a taxi with (relative) and then we take her back."

Supporting people to express their views and be involved in making decisions about their care

- People and families were involved in agreeing how care should be provided.
- One person's relatives told us they were invited to reviews. They told us staff kept them up to date with all changes and if there were decisions to be made they were part of that process.
- Staff told us that even though two people could not communicate verbally they were still able to make their views known. For example, if they did not want to go somewhere or do a particular task they would just refuse to join in.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity. We saw before and after mealtimes, staff took people to their rooms to ensure their dignity was maintained by changing clothes, where appropriate and ensuring people's face and hands were cleaned.
- A staff member told us, "We always knock on people's doors before entering. If we take someone to the toilet we wait outside to give them privacy and only enter again when the person is ready." We saw this

happened in practice.

- The service promoted people's independence. People were encouraged to take part in activities around their home. For example, records showed one person had helped to Hoover and to take the rubbish out and another had helped to make dinner. We saw one person, without prompting, had put the placemats on the table for the lunchtime meal.
- Staff were given advice about how to encourage independence. For example, one person's care plan stated they could help with dressing as long as clothes were handed to them the right way around.
- Bedrooms were decorated and reflected people's individual tastes and personalities. One person liked their room to be minimalist and this was respected.
- Each person had a one page, 'Get to know me' guide. This included brief details of how to support the person with information about their individual likes and dislikes. The purpose of the guide was to assist new and agency staff to meet people's needs. The guides were easily accessible and were on the inside of each person's wardrobe door to ensure the person's dignity.

Is the service responsive?

Our findings

when people's needs changed, and were up to date.

- Staff knew people well, and knew their likes, dislikes and background.
- We observed staff supporting people in a person-centred way; they adapted their approach from person to person.
- A relative told us their relative used to have regular holidays but now she was older she preferred days out. They told us, "She can go out when she wants. She is less frustrated now and is easier to support."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff knew people well and how they communicated their needs. Each person had a communication passport that gave information about how they presented when they were happy, sad, bored or frustrated. These documents helped staff to get to know people and provide appropriate care. For people who did not communicate verbally there was information on the sounds, facial expressions, or behaviours a person could display and what this could mean. For one person who could communicate it stated, 'If I say 'wet' or 'go then' it may mean I need to go to the toilet, but I will not get up to go. I need to be asked to use the toilet.'
- We were told one person used Makaton (a form of sign language). They only knew a couple of signs and we saw these used when they communicated with staff. We asked the registered manager if there were systems to increase the number of signs used. This had not been tried but they said they could look to slowly increase additional signs.
- Two people used objects of reference to support communication. One person made definite choices and staff told us they would go to their box and pick out a toy car if they wanted to go out in the car.
- There was easy read documentation available about how to make complaints.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to take part in activities. People's activities varied from person to person.
- One person attended a sensory session every other week. We were told this trip was generally treated as a day out with lunch incorporated.
- Three people went to 'Calm Farm' (a music and sensory group) one morning a week to participate in music and movement activities and art.
- One person had a music and movement session one to one in the home once a week.
- One person told us, "I like going out for breakfast and lunch and car rides."
- We observed one person's sensory session. The lounge was blackened out, incense was burned and there were sensory lights, laser lighting and a water effect feature. These features created a very relaxing

environment, whilst soft music was played. We were told the person using the lounge spent most of their time in their bedroom, but they appeared very relaxed throughout their time in the lounge.

- The registered manager told us people did not like going on holidays. However, day trips were taken instead. Two people had been to theatre trips in London and one had a second trip planned.
- The registered manager told us birthdays and special occasions were always celebrated and people and their families were invited. People's relatives knew each other and enjoyed coming to these events. A relative confirmed this, "We are invited to parties twice a year, often barbeques and buffets. We all know each other, and it is lovely to meet up and chat."

Improving care quality in response to complaints or concerns

- The complaints procedure was displayed in the entrance hallway of the home. The procedure was also available in an easy read pictorial format.
- Some people were unable to verbally communicate concerns, but staff knew people well and understood how people expressed their emotions of sadness, anger and anxiety. Some people expressed these emotions through the behaviours they displayed and where incidents occurred these were recorded.
- There was a suggestion box in the dining room so that anyone could share their views, compliments or complaints.
- There was one complaint recorded and this was under investigation at the time of our inspection.

End of life care and support

- Most of the people living at Ashlee Lodge were not able to express their wishes in relation to end of life.
- Staff had completed assessments based on people's known likes/dislikes and, where appropriate, relatives had been consulted for their views.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection the rating for this key question has now deteriorated to requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There are certain incidents, events and changes that registered providers and managers of adult social care services are legally required to notify CQC about. These are called statutory notifications. Notifications must be made without delay.
- Three incidents had been referred to the local safeguarding team for investigation. Two involved minor altercations between two people and all were logged for information only. None of the incidents had been reported to CQC. The registered manager was reminded of his responsibility to report any allegations of abuse to CQC without delay.

The failure to submit these notifications is a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

- The provider was aware of the statutory Duty of Candour which aims to ensure providers are open, honest and transparent with people and others in relation to care and support. The Duty of Candour is to be open and honest when untoward events occurred.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The quality assurance system was not robust enough to identify all the shortfalls we found in record keeping. For example, documentation related to the management of epilepsy lacked detail and left the potential risk of harm occurring. One person had a risk assessment in relation to epilepsy. The assessment stated all staff should follow the epilepsy training should the person experience a seizure. However, there was no specific advice about what action to take. Another person's care plan referred to what action to take if a person had a seizure but there was no risk assessment. Both people's epilepsy was well controlled using medicines, so the impact was low but potential risks were still present. Following the inspection two risks assessments were sent to us. However, both required further additions and the registered manager agreed to take further advice from a suitably qualified professional.
- One person's health needs were changing, and referrals had been made to various professionals for advice. The person had suffered an increase of unwitnessed falls. It was not clear if these were behaviour related or the result of seizure activity or other health matters. Record keeping was not sufficiently detailed

to help assess each situation to determine a likely cause.

- The quality assurance system had not identified that there was no detailed monitoring to ensure people's one to one hours were met and that there was always enough staff on duty to meet people's individual needs.
- The quality assurance system had identified that record keeping in relation to monitoring how people spent their day was not sufficiently detailed. For example, records did not always state where people went and what they had done. If they listened to music or watched a film, it did not always state what music or what film, and this left the potential for repetition of activities rather than demonstrating people had a choice in what they did. This area had yet to be addressed.
- A complaint had been raised by a staff member and although investigated, this had not been recognised as a complaint. Records for the investigation were not clear in terms of dates and actions taken. During the investigation process, further concerns were identified from other staff and these were all grouped together rather than investigated separately.
- The home's fire policy stated that two fire drills would be carried out annually. To date one drill had been carried out but this only included two staff and records did not state which staff. Whilst staff received fire safety training annually there was no system that demonstrated all staff had been tested and knew what to do in the event of a fire.
- In relation to staff employment, whilst staff employment histories were recorded these included the year of employment and not dates. This left the potential for not exploring any gaps in employment.

The provider had not ensured good governance had been maintained and records were not up to date and accurate. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Annual surveys were carried out in January of each year to seek views of people, relatives, staff and professionals. No survey was carried out for people in 2019 as it had been recognised the format used in 2018 was not appropriate. The registered manager told us the organisation was working on developing a variety of formats to seek people's views.
- There was no response from the survey for professionals. Two relatives responded. Both were positive. One relative stated their relative had, 'Grown in confidence' and, 'She enjoys living at Ashlee Lodge and this can only be achieved by the support, care, friendliness and attention shown to her by the staff.'
- There were six responses to the staff survey dated February and April 2019, but the results of the survey had not yet been made known to staff. It was noted several staff had raised an issue. The registered manager told us this issue had been raised individually with each staff member in supervision and actions had been taken to address the matter. It was noted that the response to the 2018 staff and relative surveys had been reflected in chart form only and there were no written records of the actions taken to address matters raised at that time.
- Staff said they had been able to raise concerns and felt any suggestions or concerns were listened to and acted on.
- Staff told us some people were well known in their local area and were often referred to by locals and people they met in town by name.
- Staff meetings were held regularly, and minutes demonstrated staff had opportunities to share any concerns, to talk about people's changing needs and to be updated on any changes in care practices. Detailed minutes were kept which meant any staff not in attendance had a record of discussions and agreed actions. A staff member told us staff views were listened to. For example, a staff member said, "It was suggested that one person needed a bigger television, and this was bought for them as they like to watch TV

in their room."

- Another staff member said, "We don't always agree but (the manager) takes on board our views and we meet in the middle."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager or the deputy completed a quality monitoring tool on a monthly basis. This included details such as accidents and incidents, complaints, health and safety checks, audits and staff meetings. These reports were sent to the area manager who visited regularly to check up on any outstanding matters and to check on the running of the service.
- The area manager visited the service weekly to assess the running of the service. In addition, the organisation's quality assurance team visited unannounced on a quarterly basis. Records showed that in addition to speaking with staff and people, a different area was assessed on each visit. Areas assessed throughout the year included, the environment, health and safety, finances and care plans and risk assessments. Where shortfalls were identified the actions taken in response to these were checked on the subsequent visit. However, some of the matters raised in relation to the breach above had not been assessed.
- Staff had clearly defined roles and were aware of the importance of their role within the team.

Continuous learning and improving care

- Audits and checks were carried out in relation to a range of areas including medicines, infection control and health and safety.
- There were systems to analyse accidents and incidents to monitor for trends and patterns and learn from them.
- The registered manager told us they were in the process of introducing a new electronic care plan system. At the time of inspection care plans were being transferred to the new digital format. Staff had yet to have training on the new system, but it was hoped it would be up and running by the end of the year.
- A staff member who had worked at the service for a long time told us, people, "Used to be very challenging and there were lots of incidents. It's very rewarding to be part of a team where consistency has created changes in a very positive way."

Working in partnership with others

- The registered manager and staff worked closely with health care professionals, including GPs, dentists, physiotherapist, opticians and chiropodists.
- The registered manager had also recently joined a behaviour support network across East Sussex. The forum was set up with support and funding from Skills for Care. Skills for Care offers advice and guidance for organisations to recruit, develop and lead their staff." They were looking forward to developing these links and the impact this could bring for people and staff.
- The registered manager had signed up to STOMP (Stopping the over medication of people with a learning disability, autism or both). We asked what benefit this had for people who used the service. Two people had medicines reduced to date. We were told the process of reduction was being taken very slowly but so far there had been no adverse effects.
- The registered manager told us they used a social media managers network, and this had been helpful in gaining advice on the setting up of the digitalised care plan system.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The provider had failed to ensure statutory notifications were submitted in a timely manner. 18 (2)(e)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not assured appropriate systems and processes were in place to fully assess, monitor and improve the quality and safety of the service provided. 17(1)(2)(a)(b)(c)(d)(e)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had not ensured there were always enough staff to meet people's assessed needs. 18 (1)