

# Alliance Home Care (Learning Disabilities) Limited

## Ashdale House

### Inspection report

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Date of inspection visit:  
13 June 2016  
14 June 2016

Date of publication:  
22 August 2016

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Good 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Requires Improvement 
Is the service well-led?	Inadequate 

# Summary of findings

## Overall summary

We undertook an unannounced inspection at Ashdale House on 13 and 14 June 2016 to check that the provider had made improvements to previous concerns and to confirm that legal requirements had been met.

We had carried out an inspection on the 3 December 2014 to follow up on concerns identified to us. We found the provider had not met the regulations in relation to safe recruitment of staff, supporting staff, quality assurance and records. A further unannounced inspection took place on 14 and 25 September 2015 where we found improvements were still required in relation to quality assurance and records. We also found improvements were required in relation to the safe management of medicines. The provider sent us an action plan and told us they would address these issues by 30 December 2015.

At this inspection we found improvements had been made however not all legal requirements had been met.

Ashdale House provides support and accommodation for up to 11 young people who are living with a learning disability, autism and mental health issues. Ten people lived at the home at the time of our inspection and all required some assistance, including personal care and support to go out. People had a range of care needs, including limited vision and hearing; and some could show behaviour which may challenge themselves and others. Some 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. There was a secure rear garden where people were able to spend time outside.

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 about how the service is run. There was a manager at the home who told us they were in the process of applying to become registered manager.

At the time of this inspection the local authority had a safeguarding plan in place in relation to previous concerns. There was also an embargo on admissions to the home pending improvements in records.

At this inspection we found care plans where information did not reflect people's current support needs and other care plans did not include the level of detail staff may require to provide people with the appropriate level of support. The audit systems had not ensured that actions identified at the last inspections had been addressed. The systems to assess the quality of the service provided were not always effective and had not identified the shortfalls we found. We found some areas of the home were not clean, this included some people's en-suites and skirting boards in the kitchen.

Staff knew people well and they had a good understanding of their personal histories, likes and dislikes and individual needs. They were committed to ensuring people enjoyed their life at Ashdale House. People were given choices about what they would like to do each day. We observed staff supporting people appropriately throughout the inspection.

People's medicines were stored, administered and disposed of and managed safely. People received their medicines when they needed them in a way that suited their individual preferences.

Staff were able to recognise different types of abuse and told us what actions they would take if they believed someone was at risk. There were enough staff working each day to ensure people's needs were met in a way that met their individual needs. The recruitment procedure ensured only staff suitable to work at the home were employed. Staff received the training and support they needed to ensure they had the appropriate knowledge and skills to look after people effectively. The manager and staff had a good understanding of mental capacity assessments and Deprivation of Liberty Safeguards and how this may affect people.

People told us they enjoyed the food. We saw they were given choice about what they wanted to eat and drink and were involved in planning their meals. People were supported to have access to healthcare services to help them maintain good health.

There was an open and supportive culture at the home. The manager was committed to ensuring improvements in the culture were maintained.

The overall rating for this service is 'Requires improvement'. However, we are placing the service in 'special measures'. We do this when services have been rated as 'Inadequate' in any key question over two consecutive comprehensive inspections. The 'Inadequate' rating does not need to be in the same question at each of these inspections for us to place services in special measures.

Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months.

The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures."

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

Ashdale House was safe.

People's medicines were stored, administered and disposed of safely managed safely.

Staff had a good understanding of the risks associated with the people they supported.

Staff understood the procedures in place to safeguard people from abuse.

There were enough staff who had been safely recruited to meet people's needs.

### Is the service effective?

Good ●

Ashdale House was effective

People were supported to maintain a healthy diet and were involved with the planning of menus.

Staff were suitably trained and supported to look after people effectively.

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

The manager and staff understood their responsibilities in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

### Is the service caring?

Good ●

Ashdale House was caring.

Staff knew people well and treated them with kindness and respect.

People were involved in making decisions about what they did during the day.

Staff understood people's needs and preferences and communicated with them in a way that met their individual needs.

### Is the service responsive?

Ashdale House was not consistently responsive.

Most people received support that was responsive to their needs because staff knew them well. However, not all information about people was documented.

People were able to make individual and everyday choices and we saw staff supporting people to do this.

People had the opportunity to engage in activities of their choice and staff supported them to participate if they wanted to.

A complaints policy was in place and people approached the manager or staff with any concerns.

**Requires Improvement** ●

### Is the service well-led?

Ashdale House was not well led.

The provider's systems for audit had not ensured identified actions from the last inspection had been addressed.

Checks and audits had not identified shortfalls found during this inspection or enabled the provider to meet regulatory requirements.

There was an open and positive culture which focussed on people. The staff told us they felt supported and listened to by the manager.

**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 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 was an unannounced inspection on 13 and 14 June 2016. It was undertaken by two inspectors. Before the inspection we reviewed the information we held about the home, including previous inspection reports. We contacted the local authority to obtain their views about the care provided. We considered the information which had been shared with us by the local authority and other people, looked at safeguarding alerts which had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

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

We also looked at four care plans and risk assessments along with other relevant documentation to support our findings. We 'pathway tracked' people living at the home. This is when we looked at their care documentation in depth and obtained their views on their life at the home. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

We met with everybody who lived at Ashdale House; we observed support which was delivered in communal areas to get a view of care and support provided across all areas. As some people had difficulties in verbal communication the inspection team spent time observing people in areas throughout the home and were able to see the interaction between people and staff.

Following the inspection we spoke with the relatives of four people who lived at the home and four health and social care professionals to get feedback about their opinion of support provided at the home.

# Is the service safe?

## Our findings

We carried out an inspection on 14 and 25 September 2015 where we found the provider had not met the regulations in relation to the safe management of medicines. There was no clear system in place for the safe receipt and storage of medicines. An action plan was submitted by the provider that detailed how they would meet the legal requirements by December 2015. At this inspection we found improvements had been made and the provider is now meeting the requirements of this part of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were comfortable in the presence of staff. We observed them approaching staff and engaging with them freely. Family members we spoke with told us their relatives were safe living at the home.

People had been protected against the risks associated with the unsafe management of medicines. Medicines were stored, administered, recorded and disposed of safely and records were in place to reflect this. People's medicines were stored in a locked cupboard in the office. Medicines were administered from the office to people individually. Some people knew when they needed their medicines and approached staff at that time. We observed one person doing this. They told us they knew what medicine they should be taking and what it was for. They said, "I make sure staff give me the tablets I need." Staff took the medicines to people who did not come to the office and made sure they had taken them before signing the Medicine Administration Record (MAR). Some people had been prescribed 'as required' (PRN) medicines which they took if they needed them, for example if they were experiencing pain or were agitated. If people declined medicines staff told us they would leave the person at that time but try again later. If people continued to decline this was recorded and advice sought from the person's GP or on-call doctor. Staff received training and had their competencies assessed to ensure they had the appropriate knowledge and skills to administer medicines. Staff had a good understanding of the medicines that people required and were able to tell us what the medicines were for.

People were protected against the risks of harm and abuse because staff knew what actions to take to protect people if they believed they were at risk. Staff had received training on safeguarding adults. One staff member said, "If something's wrong we report it to the manager or we can contact the safeguarding team. Their number is in the office." They were confident that any abuse or poor care practices would be quickly identified and addressed by any of the staff team.

We looked at the personnel files of five staff. The provider followed thorough recruitment processes that ensured staff employed were suitable to work and had the appropriate skills and qualifications to undertake their allocated role. Records included application forms, interview records, identification, two references and a full employment history. Each member of staff had a disclosure and barring check (DBS). These checks identify if prospective staff had a criminal record or were barred from working with children or people at risk. There were enough staff working each shift to ensure people received the support and care they required. Some people required one to one or two to one support and we observed there were enough staff on duty to ensure this happened. People had access to staff when they needed them and had the appropriate support when they went out.

Staff had a good understanding of the risks relating to the people they supported. There were a range of risk assessments in place and these were currently being reviewed by the manager. The risk assessments identified the risk, who was at risk and what actions were required to minimise the risk. For example the risk assessment for one person demonstrated they were at risk of absconding from staff. Staff were aware of what actions to take and there was guidance within the risk assessment. One staff member said, "If something is wrong, the person is in danger so we must report it."

Following an incident or accident staff recorded what happened and what action had been taken. This was then checked by the team leader and completed by the manager to demonstrate they were aware and whether further actions were required. Some forms did not contain information about what actions had been taken and not all had been signed by the manager. However, the manager and deputy manager were able to tell us what actions had been taken. Some people displayed behaviour that may challenge themselves and others, which on occasions caused an incident to occur. This was recorded on a behaviour chart and included information about any triggers, what had happened and actions taken. Information about accidents, incidents and behaviours was shared with staff at each handover. Staff were aware of their individual responsibilities in completing incident and accident forms and informing senior staff. Throughout the inspection staff supported people who lived with behaviours that challenged in a calm, appropriate and safe way.

Regular health and safety checks included water and fire safety checks. An update to the fire risk assessment and a fire drill had been booked to take place following our inspection. Staff we spoke with were aware of what actions to take in the event of a fire. There were systems in place to deal with emergencies which meant people would be protected. There was guidance for staff on what action to take and there were detailed personal evacuation and emergency plans in place for everybody. The home was staffed 24 hours a day with an on-call system for management support and guidance. There was regular servicing for gas and electrical installations. The provider owned two vehicles which were used by staff to support people. These were regularly serviced and maintained to ensure they were safe and roadworthy. Day to day maintenance was recorded and signed when completed.



# Is the service effective?

## Our findings

People received support from staff who knew them well and had an understanding of how to support them appropriately. People told us the food was good and they had a choice of what they wanted to eat and drink.

When staff started working at the home they completed an induction and 'shadowed' experienced members of staff for two weeks to ensure they were competent to work unsupervised. Staff spoke positively about the induction which included training, the opportunity to observe best practices and to get to know people to provide safe and high quality care. One staff member said, "I learnt so much, just from working and observing other staff."

There was an ongoing training programme in place and training updates were identified by the manager and completed by staff as necessary. Staff received training in relation to infection control, first aid and moving and handling. In addition they received training specific to peoples' needs, for example learning disability awareness, autism, Asperger's and Positive Behavioural Support (PBS). PBS training ensures that staff can effectively deliver person-centred support for people whose behaviour may challenge themselves or others. Some people used Makaton to help them communicate and staff told us they received training to support them before they worked with them. Staff told us the training they received supported them to provide people with the support they needed. We saw future training updates had been booked and minutes from staff meetings showed reminders to staff to complete their online training.

Staff supervisions were completed every two months and provided staff with the opportunity to discuss any concerns, workloads and personal development with their line manager. Records of the supervisions showed that they were also used to evaluate the training received by staff and highlight any further training that may be required or staff felt was necessary. One staff member told us they would like to undertake their lifeguard training. They told us they supported people to go swimming and whilst lifeguards were in place the staff member identified people would benefit from the additional safeguard of a person who was familiar with their individual needs. We were told this was being considered by the provider. Staff told us they were supported by the manager, deputy manager and team leaders. One staff member said, "I can go to anybody for support, staff that have worked here a long time are so helpful. They know people really well."

Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). 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. The application procedures for this in care homes and hospitals are 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 were being met. There was currently DoLS authorisation and applications in place for people as they were under constant supervision by staff. There was information in people's care plans about their mental capacity and how the support they received may deprive them of their liberty. Care plans also included information about decisions people could make for themselves. For example people were able to make decisions about everyday events such as what to eat and what to do. However, they required support from others to make other decisions. Staff told us where specific decisions were required they involved relatives, health and social care professionals to support this process to ensure people's rights were fully considered. Care plans reminded staff to ensure people were given choice and involved in making decisions and this is what we observed throughout the inspection. One staff member told us, "We can't assume people are not capable of making their own decisions." Another staff member said, "If people are unable to make their own decisions then we will hold a best interest meeting."

People had a choice of food and drink throughout the day and were encouraged to eat meals that were nutritious and healthy. They were supported to choose and prepare their own breakfast and lunch with staff who were supporting them. This included people shopping with staff for what they had chosen to eat for lunch. We saw people having breakfast and lunch at times that suited them. The main meal was eaten in the evening, we saw there was one choice. The manager explained there had been meetings when meals were discussed and people had developed a four week menu plan of meals that most of them enjoyed. The menu for the day was displayed on the wall. Some people had very specific choices, for example one person preferred very spicy foods and another person liked to have mashed potato. These choices were respected and people were supported to eat food that they preferred. Some people enjoyed eating out during the day and this often included 'fast food.' However, staff told us they ensured meals provided at the home were freshly made and as far as possible healthy. Staff told us they used innovative ideas to include vegetables into meals.

There was no cook at the home and meals were cooked by staff. The manager told staff who were able to and enjoyed cooking were supported to cook the meals. People told us, or indicated that they enjoyed their meals. Staff were aware of how people, who were unable to communicate verbally, let them know they needed something to eat or drink, for example standing by the kitchen. For other people staff were aware they needed to remind them to have a drink, especially in the warmer weather. Nutritional plans were in place and these provided staff with guidance about people's dietary needs and choices. Staff knew people well and understood these needs and preferences. Some people had specific dietary needs. One care plan reminded staff the person should not eat or drink too much sugary food. Another person liked to drink a lot throughout the day and there was guidance in place about how staff should support this person. Some people had choking risk assessments in place because they were prone to eat their food too quickly. There was guidance for staff to remind people to eat slower and for others to ensure food was cut into bite size pieces.

People were supported to maintain good health and received on-going healthcare support. We saw from records people were supported to maintain good health from the appropriate healthcare professionals. People saw the doctor, dentist, optician and chiropodist. Where people had specific health needs they received regular checks and advice. During the inspection we saw people had been supported to visit the doctor or attend appointments for blood tests. Where people's health changed they were supported to obtain appropriate care and treatment. Visiting healthcare professionals told us staff responded appropriately to ensure people maintained good health.

People had hospital passports in place which they took with them if they needed to go into hospital. Hospital passports are communication booklets which provide important information about the person. They include important information and provided hospital staff with a straightforward guidance about

supporting the person.

## Is the service caring?

### Our findings

Throughout the inspection we observed staff treated people with kindness and understanding. Interactions and conversations between staff and people were positive and supportive.

Staff were friendly and supported people with good humour. It was clear staff knew people well but equally people were familiar with staff and happy to approach them if they needed support or had concerns or worries. Staff told us the focus of their job was about people. One staff member said, "The main point is to make sure people enjoy their life." A relative told us their loved one was very happy at the home. They said, "He is very settled, even when he's away on holiday he's secure in the knowledge he will come back to Ashdale."

People were supported to maintain their independence as far as possible and choose what they did during the day. There was a daily timetable which showed people what they were going to do each day. People planned their week together with the staff and were involved in making decisions and planning what they did. We saw people attended college and took part in a range of activities. People's days included activities that were important to them for example, going for a walk or to the pub.

Staff had a good understanding of people as individuals; they were able to tell us about their support needs, choices, personal histories and interests. People were involved in decisions about their day to day care and support and were able to decide what care and support they required. Where appropriate staff reminded, prompted and encouraged people to participate in their own support.

We observed people getting up at a time that suited them. People were dressed in clean clothes and were supported by staff to dress according to their individual tastes. People looked well-presented and well cared for. We observed staff treating people with kindness they respected people and helped them to maintain their uniqueness and individuality. Where possible people's bedrooms were decorated in their own style and furnished with people's own possessions. However, due to the nature of their learning disability some people's bedrooms contained minimal possessions to prevent them from injuring themselves or others. One person's room which was minimal was in the process of being decorated in the colour the person had chosen. Another person told us about the colours they had chosen to redecorate their room.

People were treated with dignity and their privacy was maintained. Staff knocked before they entered people's bedrooms and spoke to them privately and quietly when they needed to. Staff supported people who displayed behaviour that may challenge themselves or others with kindness and understanding which enabled the person to maintain their dignity and reduce their distress.

Staff knowledge of people enabled them to communicate effectively. We observed staff chatting with people throughout the day. Where people were unable to communicate verbally, staff were able to communicate in a way that met their individual needs. Some people used an adapted form of Makaton to suit the individual. Makaton is a language programme which uses signs and symbols to help people to communicate. We observed staff speaking quietly to one person, they explained this person responded well

when staff spoke to them in 'whispers.' Another person required staff to speak using single words or very short sentences. Communication passports were in place and included information about how people communicated. Communication passports are a tool which clearly explains the unique ways in which a person communicates. They are used to assist any staff member or professional to communicate effectively with them and are a person-centred way of supporting people who cannot easily speak for themselves.

People told us they were able to continue relationships with those who mattered to them. We saw people received visits from their family and friends and some people spent time away from the home with family. One person told us about their friends and how they looked forward to seeing them. Family members we spoke with told us they were welcomed at the home by staff at any time.

## Is the service responsive?

### Our findings

People received support that met their needs and was personalised to their individual choices and preferences. Staff knew people well and had a good understanding of the support they needed. People chose how they spent their day, what time they wanted to get up and what they wanted to do. We saw staff involved people in decisions about their day to day support. Relatives we spoke with told us they were kept updated about any changes in their loved ones health or support needs. However, we found aspects of the service were not responsive.

At the previous inspection on 14 and 25 September 2015 we identified activities were not flexible and seemed to be repetitive. At this inspection staff gave us examples of how they were working with people to introduce new activities and ideas. We saw that some people went out for drives in the car. Staff explained this was important for some people who benefitted from the experience of the drive. However, for other people it was not clear what the drive involved, where people went or the benefit. We identified this as an area that needed to be improved.

Most people went out during the morning to participate in various activities. One person, who had limited ability to communicate verbally, had a structured routine and undertook regular activities. Staff told us this person had declined to continue with these activities. They told us the person refused to get out of the car on arrival. Staff said they had continued to take the person for a number of occasions to ensure this was the person's choice, they had also communicated with the person through the use of pictorial cards. Staff told us they were working with the person to identify new activities for them to participate in. Where people had particular interests and hobbies they were supported to continue. We saw one person played football with a local team and a number of people enjoyed going swimming. Staff told us how they had identified a private pool and approached the owners to hire it specifically for people who lived at Ashdale House. Staff told us people enjoyed it more when they were with people and staff they knew.

Care plans were in place and contained information about the support people needed. Although not all information staff required to support people had been recorded this did not impact on people's support because staff knew people, their individualities and needs well. Each person had a detailed person-centred history about themselves. This informed staff about the person's past life and their individual choices and preferences. Staff told us they were updated about people's needs at each handover. Support was personalised in terms of an appropriate mix of female and male staff, to ensure people's preferences were met.

People had complex needs and required support of one or two staff throughout the day. Routines were an important part of people's day. Staff were aware of people's routines and how they needed to be followed to ensure consistency. One person's care plan stated they required predictability and structure and could become upset if their schedule was changed. People had activity planners and the information from these was recorded on a board each day. One person had a pictorial planner and this was used to show what they were doing during the day. Where people required support of two staff the care plans reminded staff that one of them should take the lead when supporting the individual. We observed this throughout the inspection.

Some people lived with behaviours that may challenge themselves and others. Staff had identified one person would display behaviours regularly each day. Therefore staff had worked to support the person and other people during this time. The manager explained, "This is something that happens each morning, it's now part of a routine and that is how we manage it." Staff told us, "It's part of their sensory need, once it's happened it's over." Staff were aware of why people may display certain behaviours for example if they were anxious or tired. We observed staff responded to people and supported them appropriately. Staff told us it was their knowledge of people that helped them provide appropriate support. One staff member said, "We know what the triggers are, we are constantly aware and on the lookout. We can then try and divert their (the person) attention and be ready to intervene if necessary."

People were supported to take part in college courses and social opportunities. One person told us they were due to start a new college course later in the year and were looking forward to it. We saw people were busy throughout the day. When staff went shopping they asked people if they would like to accompany them. Staff supported people where appropriate to develop skills such as making a simple meal and cleaning their bedroom. People were supported to enjoy a social life and were able to visit a number of local venues and clubs. At the time of inspection two people had gone away for a holiday and holidays were planned for other people. These had been arranged with the person's key-worker to ensure it was something they would enjoy.

There was a complaints procedure in place. Through observation and discussion with people it was clear they would approach the manager and staff if they had any concerns. Relatives we spoke with told us they were happy to raise any concerns with the manager and staff. One person told us, "I talk to the staff if I'm not happy." Relatives told us they could contact the home at any time and any concerns would be addressed.

## Is the service well-led?

### Our findings

We had carried out an inspection on the 3 December 2014 where we found the provider had not met the regulations in relation to quality assurance and records. A further inspection took place on 14 and 25 September 2015 where we found improvements were still required in relation to quality assurance and records. The provider sent us an action plan and told us they would address these issues by 30 December 2015.

At this inspection we found although improvements had been made the provider was still in breach of the regulations in relation to records and quality assurance.

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 about how the service is run. There was a manager at the home who was in the process of applying to become registered manager. This is a breach of the provider's registration conditions.

This was the third inspection where we identified breaches in the quality assurance systems and that people's records were not always accurate. The quality assurance system in place had not identified all the shortfalls we found. Areas of concern highlighted during the inspection had not been identified within the service's quality monitoring processes.

The home had undergone a long unsettled period where the culture at the home had been poor and management oversight had not been consistent. The current manager had been in post for a year, the deputy manager had worked at the home for a number of years but had recently been appointed to the role of deputy manager. At the time of this inspection the local authority had a safeguarding plan in place in relation to previous concerns. There was also a local authority embargo on admissions to the home pending improvements in records. The manager explained a tremendous amount of work had taken place to ensure enough staff with the appropriate knowledge and skills were in post. Work had also taken place to ensure a positive culture was sustained.

The manager acknowledged there was still work to be done. She had identified that care plans and risk assessments did not all reflect people's current support needs. However she said, "We've turned a corner, we have been fire-fighting but now I would say we are working 'normally'."

Previously people's records had been spread across four folders which meant information was difficult to access and get an overall view of people's needs. Care plans had been simplified and were now in one folder plus a second folder for daily notes. The manager told us care plans and risk assessments were being re-written 'from scratch' to ensure they reflected people's individual needs. The manager had identified areas of some care plans which needed to be updated; these were marked with post-it notes to highlight where information was missing.



We found care plans where information did not reflect people's current support needs and other care plans did not include the level of detail staff may require to provide people with the appropriate level of support. For example one care plan informed staff if the person became anxious to 'do breathing exercises' however, there was no details of what these were and how they should be used. When care plan reviews and family involvement took place this was not recorded within the care plans. Care plans were not always dated and care plan and risk assessment reviews had not regularly taken place. This meant staff could not be sure care plans reflected people's current support needs and risks.

The daily records did not fully reflect the support provided. For example there were gaps in several areas, such as activities, meals, personal hygiene, and people's mood. One person's daily records stated they had been for a 'group drive' but did not include further details. The handover document had not been fully completed to show that essential fire checks and room cleanliness checks had been completed, or that the document had been checked by a team leader. There was a folder which contained details of people's daily activities but these were not reflected in people's care plans. At the time of our inspection people were going on holiday and other people had holidays planned. Staff were able to tell us how these decisions had been made however there was no evidence of any discussions or best interest meetings having taken place. The manager and staff had a good knowledge of the care and support people required and received. However, the lack of records and guidance leaves people at continued risk of receiving inconsistent or inappropriate support.

The providers audit system was not effective as it had not identified the shortfalls we found. It had not identified areas of the home that were dirty. We found some areas of the home were not clean. One person had a bath seat in their en-suite bathroom to enable them to use their bath with support. We saw the bath underneath the bath seat was very dirty, the bath seat itself was stained and not very clean. We found the hand basins in a further two en-suites were dirty. We observed the skirting boards in the kitchen were not clean. Staff were responsible for cleaning all areas of the home and these responsibilities were allocated each day. Records had not been completed to show these areas had been cleaned and the level of cleanliness had not been monitored. The audit system had not identified the gaps on the daily notes and handover document. Although the provider was aware of the shortfalls in the records there was limited evidence of robust action being taken to ensure these were updated to reflect people's needs. Accident and incident forms did not always contain information about what actions had been taken and not all had been signed by the manager. The manager had good oversight of accidents and incidents. She told us how she had checked with staff because one person had not had any recorded incidents. Although she completed a record of individual accidents and incidents there was no overall analysis of to identify themes and trends across the home to prevent reoccurrence and drive improvement.

The quality assurance framework was ineffective because the provider failed to have effective systems and processes to ensure they were able, at all times, to meet requirements in other parts of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The failure to provide appropriate systems or processes to assess, monitor and improve the quality and safety of services and was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Relatives we spoke with told us there had been improvements at the home and it was a much nicer place for their loved ones to live. One relative said, "Things have settled down, key staff really understand people's needs and encourage them to do more things." Relatives spoke highly of the manager. One told us, "She is brilliantly dedicated," another said, "She is really switched on." One relative expressed concern about the future of home and wished for it to continue to provide the current level of support and care to their loved one. They said, "Continuity is so important, I know staff changes happen but I want the service to continue."

Staff told us the manager and deputy manager were supportive and open. They said they could approach them with any concern and know they would be taken seriously. One staff member said, "I have full support in my job," another staff member said, "We are a really good team, we get on well." There were regular team meetings where staff were updated about changes at the home and reminders of their individual responsibilities.

Relatives, healthcare professionals and staff were asked for their feedback through surveys each year. The survey for 2016 had just been sent out. The staff survey for 2015 showed that six out of eighteen staff who responded felt that teamwork was a problem. At the time of the inspection 21 staff had responded and were currently satisfied with working at Ashdale House.

The manager worked at the home each day, she was visible and known by people and staff. She told us how she was working to ensure the positive culture remained by encouraging and reminding staff of their roles and responsibilities. Staff we spoke with were aware of their responsibilities and were clear who they should report concerns or changes to.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>People's personal records were not accurate and up to date.</p> <p>The provider did not have an effective system to regularly assess and monitor the quality of service that people receive.</p>

### **The enforcement action we took:**

Warning notice