Alliance Home Care (Learning Disabilities) Limited

Ashgrange House

Inspection report

9 De Roos Road
Eastbourne
East Sussex
BN21 2QA

Tel: 01323734489
Website: www.alliedcare.co.uk

Date of inspection visit:
10 September 2018
11 September 2018

Date of publication:
16 October 2018

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

We inspected Ashgrange House on 10 and 11 September 2018. The first day of the inspection was unannounced and undertaken by one inspector. We previously carried out an inspection at Ashgrange House in February 2016 where we rated the service good. We undertook this unannounced comprehensive inspection to look at all aspects of the service and to check that the service met legal requirements.

Ashgrange House 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. Ashgrange House provides accommodation for up to eight people in one adapted building. At the time of the inspection there were seven people living at the home.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There was a registered manager at the service. 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.

We found improvements were needed to ensure risks to people in relation to their health conditions were safely managed. Improvements were also needed and to ensure information about people's mental capacity and best interests decision were recorded.

Other risks associated with people's support and care were well managed. Staff were able to tell us about the risks associated with supporting people and what actions were taken to reduce these risks. There were systems to ensure accidents and incidents were well managed.

Staff understood how to safeguard people from the risk of abuse and discrimination. They were aware of their responsibility for reporting any concerns. There were enough staff, who had been appropriately recruited, working at the home. People received their medicines when they needed them because systems were in place to ensure medicines were ordered, stored, given and disposed of safely.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff asked for people's consent before they provided any support.

There was a training programme for staff to help ensure they had the appropriate knowledge and skills to

support people. Staff received regular supervision and felt supported by the registered manager. The registered manager was well thought of and supportive to people and staff. People were supported to eat and drink a choice of food that met their individual needs and preferences. They enjoyed going out for meals and this was included in their daily plans.

People's health and well-being needs were met. Staff supported people to have access to healthcare services when they needed them. They were proactive in ensuring people received the healthcare support they needed.

People received support from staff who knew them well. They were treated them with kindness, respect, understanding and patience. Staff supported people to make their own decisions and choices throughout the day, and maintain their independence. People's privacy and dignity were respected.

People received support that was person-centred and had been developed, with them, to meet their individual needs and choices. They were supported to communicate in ways that reflected their individual needs. Easy-read information was available for people throughout the home. Staff knew people well and understood what support they needed to live fulfilled and happy lives. People took part in a range of activities that were specific to them and that they enjoyed. Complaints had been recorded, investigated and responded to appropriately. Feedback was regularly sought from people and staff and this was used to develop and improve the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe in relation to some people's health needs. Other risks were well managed. Systems were in place to ensure accidents and incidents were well managed.

Staff understood how to safeguard people from the risk of abuse and discrimination.

There were enough staff, who had been appropriately recruited, working at Ashgrange House.

Systems were in place to ensure medicines were ordered, stored, given and disposed of safely.

Is the service effective?

Good

The service was effective.

People were given choice and staff worked within the principles of the Mental Capacity Act 2005.

There was a training programme for staff and they received regular supervision.

People were supported to eat and drink a choice of food that met their individual needs and preferences.

People's health and well-being needs were met. They were supported to have access to healthcare services when they needed them.

Is the service caring?

Good

The service was caring.

Staff knew people well and treated them with kindness, understanding and patience.

People were supported to make their own decisions and choices throughout the day.

People's privacy and dignity were respected.

Is the service responsive?

Good

The service was responsive.

People received support that was person-centred and met their individual needs and choices. Staff knew people well and understood their needs.

People took part in a range of activities that were specific to them.

Complaints had been recorded, investigated and responded to appropriately.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

People's records did not always include information about how best interest decisions had been made. This had not been identified through the quality assurance systems.

The registered manager was well thought of and supportive to people and staff.

Systems were in place to gather feedback from people and staff and this was used to improve the service.

Ashgrange 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 10 and 11 September 2018 and the inspection was announced. This was because staff were often out supporting people and we needed to be sure that someone would be in. The inspection was carried out by one inspector.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. 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 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 two staff recruitment files, training and supervision records, medicine records, complaint records, accidents and incidents, quality audits and policies and procedures along with information in regard to the upkeep of the premises.

We looked at four care plans and risk assessments along with other relevant documentation to support our findings. This included 'pathway tracking' people living at the home. This is when we check that the care detailed in individual plans matches the experience of the person receiving care. It is an important part of our inspection, as it allows us to capture information about a sample of people receiving care.

During the inspection, we met with all the people who lived at the home, and those who could, shared their views. We also spoke with one visitor, one visiting healthcare professional and seven staff members, this included the registered manager. Following the inspection, we contacted three health and social care professionals who visit the service to ask for their feedback.

Some people were unable to speak with us verbally and other people chose not to. Therefore, we used other methods to help us understand their experiences. We spent time observing people in areas throughout the home and were able to see the interaction between people and staff. We watched how people were being supported by staff in communal areas.

Requires Improvement

Is the service safe?

Our findings

One person told us they felt safe living at Ashgrange House. Throughout the inspection people were comfortable in the presence of staff and approached them if they had any concerns. Staff told us one person had expressed to them they did not want to talk with us. This showed us the person felt safe with staff and able to express their concerns. A visitor told us they felt their loved one was safe at the home. However, we found an area that needed to be improved.

Staff had a good understanding of the risks associated with supporting people. There were a range of risk assessments in place to guide and support staff. However, we found risks for a person living with diabetes were not always safely managed. There were no guidelines for what the blood sugar levels should be. There was no information about possible symptoms the person may display if they became unwell due to diabetes. Although the person was independent staff would need this information and the skills to identify if the person became unwell. Staff had started to complete records to obtain a range of blood sugars that was specific to the person and contact with relevant healthcare professionals had commenced. Staff were aware they needed more information and knowledge about how to support the person. They told us they had received diabetes training but this had not included any information about insulin. Following the inspection, the registered manager told us plans had been put in place to ensure staff were able to support the person safely. This included classroom based training for all staff. Further contact had been made with healthcare professionals to help identify specific guidelines for this person. We identified this with the registered manager as an area that needs to be improved and for planned learning to be fully embedded into practice.

Other risks were managed safely. This included risks related to challenging behaviour, nutrition, other health related conditions and safety away from the home. Staff understood the importance of supporting people to take well thought out risks to retain their independence and individuality. Risk assessments identified the risks and provided guidance for staff about how to minimise the risks. They also identified the potential triggers for behaviours that may challenge and included strategies for staff to recognise and divert the person. Where people had recently moved into the home their risk assessments did not contain all the information staff may need. However, this did not impact on the person because staff had a really good understanding of how to keep the person safe and we saw appropriate steps were taken.

Accidents and incidents had been recorded with the actions taken. There was further information which showed the incident had been followed up by the registered manager and any other actions taken which included reporting to other organisations if needed. Analysis helped to identify if there were any themes or trends. The registered manager told us they had identified an increase in behaviours that may challenge for one person and referrals had been made to health and social care professionals to provide appropriate support for the person. Further training had also been identified for staff to help develop the support provided to the person. Triggers for another person displaying challenging behaviour had been identified and changes had been made to the support the person received. Staff understood their responsibilities in identifying, reporting and recording incidents.

People were protected against the risk of abuse and harm. Staff knew what steps to take if they believed

someone was at risk of harm or discrimination. They received safeguarding training, and understood their own responsibilities in reporting concerns. They could tell us what actions they would take if they believed someone was at risk and how they would report their concerns to the most senior person on duty, or if appropriate, to external organisations. Safeguarding concerns were raised when needed and the registered manager worked with relevant organisations to ensure appropriate outcomes were achieved. Information about safeguarding concerns and outcomes were shared with staff. This helped to ensure, where appropriate, they were all aware of what steps to take to prevent a reoccurrence. There was information displayed at the home to remind staff of their responsibilities in reporting concerns. This included the appropriate contact details. Information was also displayed in 'easy read' format to make it accessible to everybody who lived at Ashgrange House.

People received their medicines as prescribed. There were systems in place to ensure medicines were ordered, stored, administered and disposed of safely. Medicine administration records (MAR's) were completed and showed people had received their medicines as prescribed. There was guidance for staff about how each person liked to take their medicines. Some people had been prescribed 'as required' (PRN) medicine. People only took this when they needed it, for example if they were in pain or anxious. Where PRN medicines had been prescribed there were individual protocols in place to ensure people received these appropriately and consistently. Some people required PRN medicines when they were anxious. These protocols included alternative approaches to try before medicines were given. This included reassurance, comfort and distraction. All staff received medicine training but only those who had been assessed as competent were able to give medicines. They had a good understanding of people and the medicines they had been prescribed. Regular medicine audits were in place to help identify any shortfalls.

People were protected, as far as possible, by a safe recruitment practice. Staff files included the appropriate information to ensure all staff were suitable to work in the care environment. This included disclosure and barring checks (DBS) and references.

People received the support they needed and wanted in a safe and timely way because there were enough staff working each shift. There were five staff working during the day, until 10pm, and two staff at night. Some people required one to one support and this was provided appropriately. The registered manager told us people liked to go out in the evenings and to ensure people were able to do this staffing numbers were increased to accommodate people's needs. The registered manager and deputy manager worked in addition to these five. One of the managers was working at the home most days each week.

Ashgrange House was clean and tidy. Staff were responsible for the day to day cleaning of the home. People were supported to keep their own bedrooms tidy, with staff prompting and encouraging them where appropriate. There was an infection control policy and protective personal equipment (PPE) such as aprons and gloves were available and used when needed. The laundry had appropriate systems and equipment to clean soiled linen and clothing and hand-washing facilities were available throughout the home.

There was ongoing maintenance and servicing contracts were in place, these included gas and electrical appliances. The registered manager was aware of areas where improvements were needed and explained that re-decoration at the home was ongoing. A shower room had recently been redecorated and there were plans to refurbish the kitchen in the near future. Environmental and equipment risks were identified and managed appropriately. This included legionella and fire safety checks. Personal emergency evacuation plans (PEEPs) were in place and included information about people's individual needs in the event of an emergency evacuation. Regular fire checks were completed and this included fire drills for staff.

Good

Is the service effective?

Our findings

People told us staff had the knowledge and skills to support them. One person said, "They look after me."

People's needs were assessed and care and support was delivered in line with current legislation and evidence-based guidance. Staff received advice and guidance from appropriate visiting healthcare professionals which helped ensure care and support was up to date and appropriate. Staff received regular training and supervision to help ensure they were able to support people effectively. When staff started work at the home they completed an induction. This included an introduction to the home, the general day to day running, they read the policies and were introduced to people and completed some training. Staff worked in the home until they were confident and competent to support people. They would then accompany other people on group outings where other staff were present before they were able to support people independently away from the home. The registered manager told us it took time for staff to be able to support people independently. This depended on the staff member's confidence and the length of time it took for people to accept new staff. Staff who were new to care completed the care certificate. This is a set of 15 standards that health and social care workers follow. It helps to ensure staff who are new to working in care have appropriate introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

Staff had a good understanding of how to support people effectively. They were also able to identify their own learning needs, for example, in relation to diabetes. There was a training program which included, infection control, equality, diversity and inclusion and safeguarding. It also included training that was specific to people living at the home, for example autism and mental health awareness. Most training was provided online, but practical training such as first aid and moving and handling was provided face to face. There was a monthly audit to identify what training staff needed to complete. There was evidence that this was ongoing and staff were reminded in supervision and at staff meetings about what they needed to complete. Some staff told us they did not always find online training beneficial. They said it did not give them the opportunity to discuss learning and receive feedback at time. This had been recognised by the provider and following the inspection classroom based diabetes training had been arranged for all staff. The registered manager told us informal competency assessments were currently happening through observation. However, the provider had recently introduced changes to make the process more formal and include documentary evidence to support staff learning. These competency assessments were in the form of a reflective account which staff were required to complete following their training. This would demonstrate that staff had learnt and understood the training. Areas for support and development would be identified and staff would be supported through supervision and further training. Competency checks had been completed for staff who gave medicines. Staff were supported to continue their learning and development through further training. This included Diploma in Health and Social Care in levels, 2, 3 and 5.

There was a supervision program and staff received regular supervision. This helped identify any areas where further support or development was required. We saw staff, who required it, had received extra supervision and support. Staff told us they felt supported and could discuss any concerns with the registered manager.

People were supported to eat and drink a wide variety of food that met their individual needs and preferences. There was a weekly menu planner which had been chosen by people. If they did not like what was on offer they were able to choose alternatives. People chose their own breakfasts and lunches each day and were supported by staff to prepare these. People had their breakfast and lunch at times that suited them and fitted in with their individual plans. However, most people chose to eat their main meal together in the evening. The provider had recently agreed that they would provide meals for staff to eat with people. Staff ate the same meals as people. This helped to make mealtimes a more sociable occasion.

Staff encouraged people, as far as possible, to make healthy choices in relation to their meals. One person had lost a lot of weight, through healthy eating, since our last inspection. They were rightly proud of their achievement and the support they had received from staff. Staff were aware of people's dietary needs, choices and preferences and supported them accordingly. One person liked to drink a lot throughout the day, staff supported this person to ensure their need to drink was met, whilst ensuring their fluid intake was not excessive. Care plans contained guidance about how to support this person.

Eating out, and going out for drinks and snacks, was an important part of people's lives and something they clearly enjoyed. This was documented in their care plans and built into people's daily activities. One person told us they liked to go out for a coffee each day, they told us how they chose to go to a different café each day with the support of staff.

Staff worked well within the service to ensure people's needs were met. It had been identified that people liked to go out in the evening therefore changes to staff shift patterns had been made. Staff now worked until 10pm which enabled people to go out in the evening and take part in activities they enjoyed.

People were supported to maintain and improve their physical and mental health. People were able to see their GP whenever they wished and staff supported them to attend their healthcare appointments. From discussions with people and staff and records, we saw that people were supported by a range of healthcare professionals. This included the mental health team, diabetic clinic, chiropodist and dentist. The registered manager and staff were aware of possible health inequalities that may occur in support provided to people living with learning disabilities. They were passionate about ensuring each person received the healthcare support they needed and were not discriminated against because of their learning disability.

There were a range of documents in place that were used to support people to meet their health needs. Each person had a health action plan. This contained information about the person's health needs, what they needed to do to remain healthy, how they may express themselves when unwell and who was involved in their health care support. Hospital passports were in place and people took them with them if they needed to go into hospital. Hospital passports are communication booklets which provide important information about the person and provide hospital staff with a straightforward guidance about supporting the person. Each person had a pain profile. People with learning disabilities may not say they are in pain. The pain profiles described how the person may present if they were in pain. This included facial expressions and what they might say. These profiles can be used by staff and healthcare professionals to support people. All these documents had been produced in an easy-read format. An easy-read format makes the written word easy to understand because it uses simple, jargon free language, shorter sentences and supporting images.

People's needs were met through the design and adaptation of the home. Ashgrange House was designed very much as a home for people. People were not living with physical disabilities that needed specific adaptations. They could move freely around the home and outside space as they wished. There was a large lounge and dining room which people were able to use and were supported to use the kitchen to make

themselves drinks and snacks. Some people required staff support to do this. There was outside space with seating areas which people could use. The registered manager had purchased a large basketball net which some people enjoyed using.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The registered manager and staff were able to tell us about people's mental capacity but formal assessments had not been recorded. Throughout the inspection the registered manager and staff told us how decisions made were made in people's best interests, and as least restrictive as possible. However, these also had not been recorded. We were told about one person, who lacked capacity, had seemed unhappy at a work placement. Discussions had taken place with the person, their family, social worker and staff. The decision had been made, in the person's best interest, to stop the work placement to identify if this improved the person's level of happiness. This had been successful and the person no longer attended the placement. This lack of recording did not impact negatively on people because staff had a good understanding of how to support them appropriately and there was other evidence, through records and emails, that discussions had taken place. Throughout the inspection we saw staff ask people's consent before they provided any support. People were consistently offered choices and these choices were respected.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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. DoLS applications had been submitted for people who did not have capacity and were under constant supervision. There were three DoLS authorisations in place and copies of the applications and authorisations were available to staff.

Good

Is the service caring?

Our findings

People who were able told us they were treated with kindness and care. One person told us about staff and said, "They're not my carers, they're my friends, that's how I see them." Another person, who was unable to communicate verbally, indicated to us, through facial reactions and hand gestures, that staff were kind and caring. Throughout the inspection we saw people approaching staff for reassurance. Some people were happy to talk with us but we were aware they needed reassurances and support from staff. During our discussions people included staff in the conversations. Staff supported and encouraged people to speak with us. We saw this gave people confidence to be in our company.

When people were distressed or upset they approached staff. Equally, staff were aware when people may be feeling upset or distressed. One person appeared uncomfortable when we were in the lounge. Later they told staff they did not wish to talk with us. We explained to the person they did not have to talk with us but we would be happy to do so if they changed their mind. This demonstrated people could approach staff for support and were comfortable in their presence.

There was a warm, relaxed and homely atmosphere at Ashgrange House. There was friendly conversation and interactions throughout the day. Staff spoke with people in a way they could understand and continually offered reassurance and support. Staff knew people as individuals. They recognised people's different personalities, personal histories and the different choices they made. Throughout the inspection we observed staff offering people choices and supporting them to make decisions. Decisions people made were respected. People were able to get up and go to bed when they liked. One person chose to have a lie in one morning during our inspection. People could make their own decisions about what they did each day, where they went and what they had to eat and drink. Staff supported and encouraged people to maintain their independence.

People's achievements and successes were celebrated. There was an achievement tree in the dining room. When people wanted to share their achievements, these were written on a leaf and added to the tree. One person had celebrated learning to write their name, another person had travelled independently to a barbeque and others were celebrating holidays they had recently enjoyed.

People's privacy was respected. The registered manager explained to people who we were, and that we were looking around the home. One person indicated that they wished to speak with the registered manager which they did. The registered manager explained this person did not wish us to look in their bedroom and this was respected.

Staff had a good understanding of dignity, equality and diversity. They were aware of the need to treat people equally irrespective of age, disability, sex or race. This was demonstrated throughout the inspection. Following a recent residents meeting people had asked for an evening where staff from different cultures would bring in foods from that culture. This demonstrated recognition of people's differences across the resident and staff teams.

People's dignity was maintained, staff knocked at bedroom doors before entering and ensured doors and curtains were closed when supporting people with personal care. People were dressed in clothes that were of their own choice. Staff supported people to maintain their own personal hygiene and complimented them on their appearances. Where people required support to maintain their appearances, staff spoke discreetly with the person and asked if they would like help. People's bedrooms were personalised with their possessions such as personal photographs and mementos and arranged in a way that suited each person. People were supported by staff to keep their bedrooms clean and tidy in a manner and style that was acceptable to each person.

People were supported to maintain relationships with those who were important to them. There were systems in place to ensure people were able to maintain contact. This included visits to family homes, visitors to Ashgrange and telephone contacts. Some people needed structure to their contact times and this was clearly planned and arranged to help people meet their needs. People had developed their own friendship groups within the home. Staff supported people to maintain these friendships, for example, by arranging activities and trips out that people enjoyed together.

Information about people was treated confidentially. The registered manager and staff were aware of the new General Data Protection Regulation (GDPR); this is the new law regulating how companies protect people's personal information. Care plans were stored securely in locked cupboards.

Good

Is the service responsive?

Our findings

People received care and support that was person-centred and responsive to their individual needs, preferences and choices. Before moving into the home, the registered manager completed an assessment to ensure people's needs could be met and also ensure they would enjoy living with the people who were already at Ashgrange House. As far as possible, people were invited to visit the home and spend time with people and staff before they moved in. A detailed assessment was completed with the person, and where appropriate their representatives. This assessment was used to develop care plans and risk assessments. Care plans included information about what people liked to do each day and their hobbies and interests. There was information about people's needs in relation to their mental and physical health, personal care and nutrition. These were regularly reviewed with people and updated when needed. Care plans were also developed in an 'easy-read' format which made them accessible to people.

Care plan reviews were completed with people by their key worker. A key worker is a person who co-ordinates all aspects of a person's care and, has responsibilities for working with them to develop a relationship to help and support them in their day to day lives. These reviews also included setting goals with people and recording their achievements. For example, one person's goal had been to decorate their room and this had been achieved.

Staff knew people really well, they understood their needs. They were able to tell us about the support people needed, their interests and choices. Staff responded appropriately to people's needs. One person had a change in needs. Staff were working with them and appropriate professionals to understand the changes and develop an appropriate care plan. This person no longer enjoyed going out. During the inspection the person told staff they would like to go out. Staff immediately responded and this person was able to go out. Staff told us it was important to be able to respond to what people wanted to make sure they received the support they needed. Staff told us about one person who liked to keep busy and had a full program of what they done each day. On occasions the person displayed challenging behaviour and staff recognised this was when the person was tired. Therefore, changes were made, following discussions, to the person's program. This gave the person some free time which they could spend at the home doing what they wanted to, for example playing games or doing puzzles. The person was happy with the changes and episodes of challenging behaviour had reduced. There was information in people's care plans related to end of life wishes. This was not something people wished to discuss and their wishes were respected by staff.

Each person had a program of what they done each day, some people made decisions on a daily basis and others required more structure. There was an emphasis at the home to encourage people to have enough to do. One person went to work four days a week. They told us what they done and how much they enjoyed this. Another person had recently finished college and staff were working to help the person choose what they would like to do next. Staff told us, and the person indicated, they were currently enjoying their time discovering new interests and friendships at Ashgrange House. People participated in a wide range of activities that they enjoyed and were meaningful. This included swimming, bowling, Special Olympics and farm trips. Some people liked to support staff such as assisting with shopping, carrying in bags and putting the shopping away. One person really enjoyed car rides, therefore in addition to their own activities would

often accompany staff, when appropriate, on other journeys. The staff had identified people liked to go out in the evenings and this had been made possible by the change in staff hours. People told us they enjoyed going out to the pub and discos in the evenings. The registered manager tried to encourage people to try new activities and this included a trip to the boot fair on Sunday mornings, we were told this had proved successful. Some people, had recently been on holiday. They told us what they had done and how much they had enjoyed themselves. One person told us they had chosen the staff member they wished to accompany them and were looking forward to planning their next one.

The registered manager had identified that some people were less able to make choices about where they would like to go. Therefore, photographs of venues were being taken to help people make their decisions.

From 1 August 2016, all providers of NHS care and publicly-funded adult social care must follow the Accessible Information Standard (AIS) in full, in line with section 250 of the Health and Social Care Act 2012. Services must identify, record, flag, share and meet people's information and communication needs. Staff had a clear knowledge of how to communicate with people. Some people were unable to communicate verbally and staff were able to communicate in a way that met their needs. This included the use of Makaton or an adapted form of Makaton to suit the individual. Makaton is a language programme which uses signs and symbols to help people to communicate. Each person had a communication passport which included details of how each person communicated. Communication passports are a tool which describe the unique ways in which a person communicates. It is used to assist any staff member or professional to communicate effectively with them. They are a person-centred way of supporting people who cannot easily speak for themselves. Care plans and other information around the home had been developed into an 'easy-read' format. This meant the information was accessible to people.

There was a complaint's policy and this had been produced this in an 'easy- read' format to help promote people's understanding. Records showed complaints raised were responded to and addressed appropriately. Staff spoke with people throughout the day to identify if they had any concerns or worries. If they did they were addressed immediately. People told us if they had any concerns they would speak to staff. A relative told us they were happy to raise any concerns and were confident they would be addressed appropriately.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection in February 2016 we asked the provider to make improvements to ensure the information in people's care plans was consistent. We found improvements had been made in relation to people's care plans. However, not all information about people had been recorded. The registered manager and staff told us about decisions that had been made in people's best interests and how these decisions had been made. This included discussions with people, their relatives and relevant professionals. However, mental capacity assessments and best interest discussions had not been recorded to demonstrate people's views or how the decisions had been made. Some people had consent forms in place which had been signed by relatives, however, they did not have legal authority to consent on behalf of the person. The registered manager was aware of this and told us these had been signed as in agreement and in the person's best interest. However, this again, was not reflected in the documentation. The care plans for one person who was new to the home were not as detailed as other people's. Staff told us they were still getting to know the person and care plans would develop over time. We raised these issues with the registered manager as areas that need to be improved.

Following the inspection, we were sent a copy of the care plan audit that had been completed a few days before our inspection. This had identified that mental capacity assessments may be needed for some people and an action plan was in place to address this. It also identified areas in care plans where further improvements were needed and timeframes when these should be addressed by.

There was a monitoring system which included audits and checks by the registered manager, area manager and quality assurance department. Where areas for improvement and development were identified there was an action plan about what was required. These were signed when completed.

A handover took place at each day and this helped to ensure information about people's needs were shared and discussed and staff had up to date and accurate information to meet people's changing needs. There was a handover document which included information about who was the shift leader, who staff were supporting and what people had planned for that day. This was updated throughout the day to include any incidents, accidents or complaints and any changes to people's needs. Information about changes to people's needs was also recorded within a communication book. Staff told us they would look at this to identify any changes

People knew the registered manager and approached her for chats and reassurance throughout the inspection. It was clear that she knew people well and had an open and friendly relationship with them. Visitors told us she was approachable and they could discuss any concerns with her.

Staff spoke highly of the registered manager. They told us she was supportive and they could discuss any concerns with her. The registered manager took an active role within the running of the home and had good knowledge of the staff and the people who lived there. There were clear lines of responsibility and accountability within the management structure. There was an open culture at the service. The registered manager told us this was something they had worked hard to improve since they started work at the home.

They told us staff had improved in confidence and would challenge any areas of bad practice identified.

The registered manager had a good overview of what was needed to improve and develop the home. For example, supporting some staff, whose first language was not English, to improve their speaking, writing and understanding skills. This included specific support from the deputy manager as their point of contact.

Feedback was sought from people and used to improve and develop the service. Feedback was obtained through meetings, satisfaction surveys and regular contact with people and their relatives. A recent survey had been completed by people but this had not yet been analysed by the area manager. There were regular resident's meetings and people had monthly meetings with their key worker where they were asked for feedback.

Staff views were also sourced through satisfaction surveys and regular meetings. Staff meetings were used to inform staff of changes at the home and across the organisation. The meetings were also used as an opportunity to share information about incidents, safeguarding's or complaints. To ensure all staff were aware of the outcomes and what steps had been taken to prevent a reoccurrence.

The registered manager told us they felt supported in their role. There were two other homes nearby within the provider group and the managers from these three homes supported each other. This included regular meetings with the managers and area manager. The registered manager engaged with local stakeholders and health and social care professionals to ensure they were up to date with changes in legislation and best practice.

The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations. There was a procedure in place to respond appropriately to notifiable safety incidents that may occur in the service.