

Ms S J Wright

Ayrshire House

Inspection report

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Ratings

Overall rating for this service	Good	
Is the service safe?	Good	
Is the service effective?	Good	
Is the service caring?	Good	
Is the service responsive?	Good	
Is the service well-led?	Good	

Overall summary

This inspection took place on 28 January 2015 and was unannounced.

Ayrshire house specialises in the care of people who have a learning disability. It provides accommodation for up to 15 people who require personal and nursing care. On the day of our inspection there were 13 people living at the home on a permanent basis and one person who was there for a short break.

At the time of our inspection there was a registered manager in post. A registered manager is a person who

has registered with the Care Quality Commission to manage the service. Like registered providers, they are registered persons. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Summary of findings

On the day of our inspection we found that staff interacted well with people and people were cared for safely. The provider had systems and processes in place to safeguard people and staff knew how to keep people safe.

The provider acted in accordance with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). If the location is a care home Care Quality Commission is required by law to monitor the operation of the DoLS, and to report on what we find.

We found that people's health care needs were assessed, and care planned and delivered

to meet those needs. People had access to other healthcare professionals such as an occupational therapist and GP.

Staff were kind and sensitive to people when they were providing support. Staff had a good understanding of people's needs. People had access to leisure activities and excursions to local facilities.

People had their privacy and dignity considered. Staff were aware of people's need for privacy and dignity.

People were supported to eat enough to keep them healthy. People had access to drinks during the day and had choices at mealtimes. Where people had special dietary requirements we saw that these were provided for.

Staff were provided with training on a variety of subjects to ensure that they had the skills to meet people's needs.

We saw that people were involved in making decisions about their care and how their day was managed.

Staff felt able to raise concerns and issues with management. We found relatives were clear about the process for raising concerns and were confident that they would be listened to. People were encouraged to raise issues both formally and informally.

Audits were carried out on a regular basis and action put in place to address any concerns and issues. However it was not always clear from the audits when actions had been completed.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Staff had received training and were aware of how to keep people safe from harm.

Staff were aware of risks to people and knew how to manage those risks.

Medicines were stored and handled safely.

Good



Is the service effective?

The service was effective.

Staff had received training to support them in their role.

People were involved in planning meals and were supported to eat a balanced diet. People were supported to access other health professionals and services.

The provider was meeting the requirements of the Mental Capacity Act 2005.

Good



Is the service caring?

The service was caring.

There was a pleasant atmosphere in the home and staff were kind and caring to people.

People were involved in making decisions about their care.

People's privacy and dignity was protected and staff were aware of people's need for privacy.

Good



Is the service responsive?

The service was responsive.

People had access to leisure pursuits and participated in the local community.

People had their needs regularly assessed and reviewed. People were regularly involved in these reviews. The registered manager told us how they involved people on an ongoing basis to ensure their views were included.

People were supported to raise issues and concerns and be involved in the running of the home for example by participating in recruitment. Relatives told us they knew how to complain and would feel able to.

Good



Is the service well-led?

The service was well led.

Processes were in place to communicate with people and their relatives and to encourage an open dialogue.

Processes were in place for checking the quality of the service.

Good



Ayrshire 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 28 January 2015 and was unannounced.

The inspection team consisted of an inspector and an expert by experience. An expert by experience is a person who has experience of using this type of service, for example, a service for people who have a learning disability.

Before our 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 also reviewed the information we led about this home including notifications. Notifications are events which providers are required to inform us about.

During our inspection we observed care and spoke with the registered manager, the owner, one member of care staff and seven people who used the service. We also spoke with four relatives by telephone. We looked at three care plans and records of training, complaints, audits and medicines.

Is the service safe?

Our findings

People who used the service told us they felt safe living at the home. One person said, “I like living here.” Relatives we spoke with told us that they felt their family member was safe.

Staff that we spoke with were aware of what steps they would take if they suspected that people were at risk of harm. They told us that they had received training to support them in keeping people safe. We saw from the training record that all members of staff had received this training. The provider had safeguarding policies and procedures in place to guide practice. We saw that regular reports were submitted to the local authority regarding any safeguarding issues and concerns.

Individual risk assessments were completed for people who used the service and included guidance on their care needs in order to manage the risk and facilitate their independence. For example risk assessments were in place for people accessing the local community and for carrying out household tasks such as ironing and cooking. One person enjoyed going for walks in the village and a risk assessment was in place to ensure the person was kept as safe as possible. The provider consulted with external healthcare professionals when completing risk assessments for people, for example the GP and occupational therapist. Staff were familiar with the risks

and were provided with information as to how to manage these risks and ensure people were protected. Accidents and incidents were recorded and investigated to prevent reoccurrence.

There were sufficient staff to meet people’s needs. In the PIR the provider told us that they, “Assess staffing requirements depending on daily requirements.” At the inspection the registered manager confirmed this and said that they varied the staffing on a daily basis in order to meet people’s needs and facilitate people to do activities. The home did not have any vacancies currently and the owner told us that they did not usually have any problem recruiting to them when they did.

The provider had a recruitment process in place which included carrying out checks and obtaining references before staff commenced employment. This was in place to ensure that staff were suitable to work with vulnerable people.

People received their medicines on time. We saw that medicines were handled safely. Medicines were stored in locked cupboards according to national guidance. Processes were in place to ensure that medicines were disposed of safely and records maintained regarding stock control. Checks were made on a regular basis to ensure that medicines had been administered appropriately and documentation completed.

Is the service effective?

Our findings

People received care from staff who had the knowledge and skills to carry out their roles and responsibilities effectively. One relative commented, “There is real concern for the happiness and wellbeing of service users.” Another said, “Staff are enthusiastic, caring, kind and attentive.”

Staff told us they were happy with the training that they had received and that it ensured that they could provide appropriate care to people. They said that they had received training in areas such as moving and handling, food hygiene and infection control. The registered manager told us that if people had specific needs for example diabetes or specific communication needs they would ensure that staff accessed appropriate training in order to meet people’s needs. Training was provided via both a computer based system and face to face training. We saw a training plan was in place and had been updated to reflect what training had taken place and what training was required. We spoke with a member of staff who had recently started employment and they told us that they had received an induction. They told us that the induction included both training and shadowing shifts in order to prepare them to care for people appropriately.

A communication book and a record of phone calls and messages was kept in order to ensure that staff were changes to people’s care and health. For example records were kept of appointments and changes to medicines.

People who used the service told us that they enjoyed the food at the home. One person said, “Very good food.” Another person told us that staff were supporting them with a low fat diet.

During our visit people were involved in assisting with the ordering of the shopping online. One person told us that they enjoyed doing this because they could choose what they liked. Where people had specific nutritional needs we saw that plans and assessments were in place to ensure that their needs were met, for example people with diabetes. We observed people had access to drinks and snacks during the day. Staff provided support and assistance to people in a sensitive manner in order to ensure that people received sufficient nutrition.

We found that people who used the service had access to local healthcare services and received on-going healthcare support from staff. We saw that people had accessed health screening and the provider made appropriate referrals when required for advice and support. We saw records of appointments and intervention from other professionals in the care records such as occupational therapy and dentist.

Where people did not have the capacity to consent, the provider acted in accordance with the Mental Capacity Act 2005 (MCA). The MCA protects people who might not be able to make informed decisions on their own about their care or treatment. Where it is judged that a person lacks capacity a person making a decision on their behalf must do this in their best interests. We observed the MCA had been used to support a person to access health screening and another person to manage their diabetes with support.

The service was applying the Deprivation of Liberty Safeguards (DoLS) appropriately. These safeguards protect the rights of people using services by ensuring that if there are restrictions on their freedom and liberty these are assessed by professionals who are trained to assess whether the restriction is needed.

Is the service caring?

Our findings

People who used the service and their families told us they were happy with the care and support they received. One person told us they were happy at the home. Another person said, "I like it here. I am happy here." Another person told us, "Staff are always there to help, they've made a difference to me."

A relative told us, "Staff are receptive and there is a lovely relaxed atmosphere". Another relative said, "My [relative] is very happy there, the staff are very kind and we are lucky to have them"

There was a lively and energetic atmosphere in the service. We saw people being involved in the running of their home laying tables, cleaning cupboards and ironing. This provided an opportunity for people to feel of value and have a meaningful life.

We saw that staff interacted in a positive manner with people and that they were sensitive to people's needs. People were treated as individuals and allowed to express their views as to how their care was provided. For example when we arrived at 10 am one person had just got up and was considering what they were going to have for breakfast. There was a pleasant atmosphere in the home and people were keen to tell us about their care and share their experiences.

The service had a stable staff team, the majority of whom had worked at the service for a long time and knew the needs of the people well. We observed that people asked staff for support with daily tasks and advice and that staff responded in a positive manner. People were encouraged to maintain their independence by being responsible for managing aspects of their daily life for example, assisting with preparing meals, shopping and visiting the local community.

We observed lunchtime and found this to be a pleasant and enjoyable experience for people. People appeared relaxed and chatted with each other. The daily menu was on display in the kitchen area however the registered manager told us that this often varied if people chose something different or if they decided to have a takeaway that evening. They told us that the menu was a guide as

they liked to be flexible to people's needs and what people wanted to do on a daily basis. We observed that staff asked people what they would like to eat at lunchtime and observed people making different choices.

We saw that caring relationships had developed between people who used the service and staff. We observed staff reassuring a person whose GP appointment had been cancelled. The staff member explained to the person the reason and showed them that they had another appointment in the diary to replace this appointment.

Relatives that we spoke with told us they visited the service regularly and found that staff welcomed them. One relative told us, that they felt involved in the care of their relative and were kept informed about their care. We found that the care planning process centred on

individuals and their views and preferences. Care plans include a booklet entitled "This is me" which detailed how people liked to receive their care.

Reviews of care plans were carried out with the person and their keyworker on a three monthly basis to ensure that care plans were reflecting the care people wanted. The home also held annual reviews which involved other professionals and relatives if people wished.

We observed staff knocked on people's bedroom doors before entering and asked if it was alright to come in. Bedrooms had been personalised with people's belongings, to assist people to feel at home. The registered manager told us that the bedrooms were regarded as people's personal space and staff would only go in when invited to do so. The home was spacious and there were areas for people to spend time with their families if they wanted to. Staff we spoke with understood what privacy and dignity meant in relation to supporting people with personal care. Staff spoke discreetly to people and asked them if they required assistance. We saw that staff addressed people by their preferred name and that this was recorded in the person's care record.

There were two double rooms which had double occupancy, The people occupying these rooms told us that they had chosen to share and liked doing this. Another person showed us their room and told us that they had chosen the decorations and been supported to purchase them.

Is the service responsive?

Our findings

The people we spoke with told us that they had their choices respected. We observed occasions when people were given choices by staff about their care for example during our visit people were asked what they wanted to do in the afternoon and were encouraged to choose a variety of activities such as going for a walk, knitting and watching a film. People told us that they were looking forward to a trip to a local pantomime and we saw that people were given a choice as to whether or not they wanted to go.

One person we spoke with told us that they went to the local pub and the village hall on a regular basis and could do so whenever they wanted to.

A relative told us, "My [family member] is given plenty of encouragement – he does as much or as little as he wants."

Staff that we spoke with were knowledgeable about people's likes, dislikes and the type of activities they enjoyed and supported people to access these as they chose. For example people told us that they went to the leisure centre to swim and access keep fit classes. Two people also volunteered in local charity shops on a regular basis.

The home had access to transport and used this to maintain links with the local community. We saw that people accessed both the village facilities and the local town. For example people told us that they went to the local pub and accessed events in the local church and village hall.

Relatives we spoke with told us that they felt welcomed at the home when they visited their family member and that people were supported to keep in regular contact if they wished to by telephoning or visiting their relative. People told us about their visits to their family with members of staff to support them. During our inspection we contacted relatives by telephone and before doing this people were asked if they were happy with this. One person whose relative we spoke with was supported to speak with them first to explain about our visit.

The registered manager told us that people were involved in compiling and reviewing their care plans. They told us that staff supported people to revise and review their care plans regularly by checking with them that their care plans reflected their needs. They explained that this didn't need

to wait for a formal review and could be prompted by either staff or people. We looked at care records for three people who used the service. Before we looked at the records we asked people if they were happy for us to look at them and people brought them to us and sat with us whilst we reviewed these. They were clear that these were their care records which were about them and said, "This is about me".

Care records included risk assessments and personal care support plans. Records detailed what choices people had made as part of their care and who had been involved in discussions about their care. We saw that care records had been reviewed and updated on a regular basis which ensured that they reflected the care and support people required. People and their relatives were involved in the reviews. When we spoke with staff they were able to tell us about the changes and the choices people had made.

The service encouraged feedback from people, for example people were involved in the recruitment of staff. The registered manager told us that they felt this was important to ensure people were comfortable with the staff who were providing care for them. They said that people were invited to meet people on an informal basis and to give feedback at the end of the probationary period. They told us that only one person had wished to be involved in formal interviews but that this was always available to people and discussed beforehand.

A survey had been carried out with people who used the service. The registered manager told us that when people completed the surveys if they required assistance they could choose who they wanted to support them to do this so that they felt comfortable raising issues. To assist people to understand about complaints people's three monthly reviews included discussion about whether people wanted and knew how to complain. Two of the records we looked at recorded that people didn't understand the question. The registered manager told us that if this was the case people would be asked on a regular basis about their opinion of their care and encouraged to take part in the house discussions. One person we spoke with told us that they understood how to complain and would be comfortable doing so if they needed to. They said, "They [staff] would try and sort it out." Details of the process for

Is the service responsive?

complaining was included in the provider's statement of purpose, however the information regarding the role for ourselves was incorrect. We spoke with the provider who told us that they would address this.

Relatives told us that they would know how to complain if they needed to but that they hadn't had cause to do so. The manager kept a log of complaints and reviewed this on a regular basis in order to identify and trends. At the time of our inspection there had been no recent complaints.

Is the service well-led?

Our findings

Staff told us that they thought there were good communication arrangements in place which supported them in their role, for example the communication book which all staff could write in to ensure that staff were aware of issues. Staff understood their role within the home and were aware of the lines of accountability. Staff told us that they would feel comfortable raising issues with the registered manager and the provider.

The provider encouraged regular feedback and used a variety of methods to ensure that people, relatives and visitors were able to comment on the service. Methods included questionnaires and a comments book. The registered manager told us that they encouraged informal feedback and would often gain people's opinions of their care during a day to day conversation. All the relatives we spoke with told us that they get asked for regular feedback and it is acted upon.

One relative told us, "Both [the manager] and [owner] are very approachable." Another said, "If we have any concerns we speak with [the manager] or [the owner] and they always sort things out."

Staff received supervision and appraisals to support them in their role. We saw that the provider had an arrangement in place with an external organisation to provide policies and processes to support staff. For example when staff commenced with the provider they received an information pack which told them about policies and procedures and the vision and values for the home. The registered manager told us that this was updated on a regular basis with the external organisation.

Surveys had been carried out with people who used the service, relatives and professionals. Meetings were also held for people who used the service to enable them to be

involved in the running of the home. We saw that at previous meetings issues such as keyworkers and menus had been discussed. The registered manager told us that they tried to hold these on a monthly basis but that people were always asked if they wanted to hold one.

The registered manager told us they were responsible for undertaking regular checks of the home. Checks had been carried out on areas such as medicine records, cleaning and accident reports. We saw the records of the checks identified when action were required however the checks lacked detail as to what had been reviewed and when actions were complete. It was therefore difficult for the registered manager to identify improvements that had resulted as a result of the checks.

The service had a whistleblowing policy and contact numbers to report issues were displayed in communal areas. Staff told us they were confident about raising concerns about any poor practices witnessed. They told us they felt able to raise concerns and issues with the registered manager.

The relatives we spoke with told us that they would be happy to raise any concerns they had. They said that they would go to the registered manager and were confident that they would sort it out quickly. We observed that the registered manager and provider took an active role in the running of the home and had a good knowledge of the people who used the service and the staff. We saw that people appeared very comfortable and relaxed with the management team.

In their PIR the provider told us that they had developed links with the local community and supported people to use the local amenities. The registered manager told us that this included the village facilities such as the village hall and doctors surgery and also the local town facilities such as the leisure centre.