Ms S J Wright

Ayrshire House

Inspection report

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Tel: 01400281971

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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

Summary of findings

Overall summary

Ayrshire House is a residential care home for people living with a learning disability. They are registered to provide care for up to 15 people. At the time of our inspection there were 12 people living at the home.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

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.

On the day of our inspection staff interacted well with people. People and their relatives told us that they felt safe and well cared for. Staff knew how to keep people safe. The provider had systems and processes in place to keep people safe.

Medicines were administered and managed safely.

We found that people's health care needs were assessed and care planned and delivered to meet those needs. People had access to healthcare professionals such as the district nurse and GP and also specialist professionals. People had their nutritional needs assessed and were supported with their meals to keep them healthy. Where people had specialist dietary needs appropriate arrangements were put in place to support them to manage these.

There were sufficient staff to meet people's needs and staff responded in a timely and appropriate manner to people. Staff were provided with training on a variety of subjects to ensure that they had the skills to meet people's needs. The provider had a training plan in place and staff had received supervision.

People were encouraged to enjoy a range of leisure and social activities. People accessed local resources for leisure and took an active part in the local community. They were supported to maintain relationships that were important to them.

Staff felt able to raise concerns and issues with management. Relatives and people who lived at the service were aware of the process for raising concerns and were confident that they would be listened to. Regular audits were carried out and action plans put in place to address any issues which were identified.

Accidents and incidents were recorded and investigated. The provider had informed us of notifications. Notifications are events which have happened in the service that the provider is required to tell us about.

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 support this practice.

Further information is in the detailed findings below

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 remains Good	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remains Good	**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 checked 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 a comprehensive inspection. This inspection took place on 19 April 2017 and was unannounced. The inspection was completed by an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 looked at notifications which we held about the organisation. Notifications are events which have happened in the home that the provider is required to tell us about, and information that had been sent to us by other agencies.

During our inspection we observed care in the home and spoke with the registered manager and two members of care staff. We spoke with four people who used the service and three relatives by telephone. We also looked at four people's care plans and records of staff training, audits and medicines.

Good

Is the service safe?

Our findings

People who lived in the home told us they felt safe and had confidence in the staff. A person said, "It's nice here, because people are kind to me. Staff are nice here." A relative told us they felt their family member was a 'hundred percent safe'. Another told us, "Yes, I don't have any concerns at all."

Staff were aware of what steps they would take if they suspected that people were at risk of harm. They were able to tell us how they would report concerns externally, for example, to the local authority. Staff told us that they had received training to support them in keeping people safe. The registered provider had safeguarding policies and procedures in place to guide practice and we had evidence from our records that issues had been appropriately reported.

Medicines were administered and managed safely. We looked at medicine administration records (MARs) and saw they were fully completed according to the provider's policy. Protocols for medicines which are given 'as required' (PRN) such as painkillers were in place to indicate when to administer these medicines. Medicines were stored in locked cupboards according to national guidance.

Individual risk assessments were completed on a range of issues such as money, personal care and working in the kitchen area. In addition, where people had specific health needs risk assessments had been completed and care plans put in place to ensure people were cared for safely. Accidents and incidents were recorded and investigated to help prevent them happening again. Individual plans were in place to support people in the event of an emergency such as fire or flood.

When we spoke with staff they told us that there was sufficient staff. They explained that the number of staff varied according to the needs of people and what they were doing on a day to day basis. We observed staff responding to people promptly and were available to provide support to people if they required it.

The registered provider had a recruitment process in place which included carrying out checks and obtaining references before staff commenced employment. They also carried out Disclosure and Barring Service (DBS) checks to ensure that prospective staff would be suitable to work with the people who lived in the home. These checks ensured that only suitable people were employed by the provider.

Good

Is the service effective?

Our findings

People and relatives told us they felt staff had the skills to meet their needs. A relative told us, "My family member seems to be really comfortable in the help they get there." We observed staff had appropriate skills for caring for people, for example, staff had received training about healthy eating and dementia care. Staff also had access to nationally recognised qualifications. Staff told us that they had received an induction and found this useful. The provider was aware of the National Care Certificate which sets out common induction standards for social care staff.

There was a system in place for monitoring training attendance and completion for permanent staff. Staff were happy with the support they received. They told us that they had received support and supervision and that supervision provided an opportunity to review their skills and experience.

The provider acted in accordance with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We observed that people were asked for their consent before care was provided and supported to make complex decisions. For example, one person had recently had an operation which had been carried out at their request following advice and support from staff and health professionals.

One person told us, "All good food." The lunchtime meal was relaxed with people and staff serving the meals and engaging in lively conversation with people. We saw there was a lot of social interaction and friendly banter between staff and people. Staff told us if people did not want the offered meals or the meal they had chosen they were able to provide alternatives. We saw that people had different meals according to their choice.

People had been assessed with regard to their nutritional needs and where additional support was required appropriate care had been put in place. For example, two people required a special diet to maintain their health, we saw that appropriate arrangements were in place to enable this and staff were aware of the person's needs. Where people had allergies or particular dislikes these were highlighted in their care plans.

People who lived at the home had access to local and specialist healthcare services and received on-going healthcare support from staff. Where people had specific health needs such as diabetes and epilepsy information was available to staff to ensure that they provided the appropriate care. Health Passports had been put in place, these are documents which detail people's health needs in the event they required admission to hospital so they can receive the appropriate care. Staff received daily updates where they discussed what had happened to people on the previous shift and their health and wellbeing.

Good

Is the service caring?

Our findings

A relative told us, "They're really helpful, really caring." Comments from relative and professional surveys included, "A real home" and "Real concern for the happiness and wellbeing of the service users."

People who used the service and their families told us they were happy with the care and support they received. All the people we spoke with said that they felt well cared for and liked living at the home. They told us when they were poorly they stayed in bed and staff looked after them.

Staff engaged with people using positive social interactions, by taking time to engage in beneficial conversations with people and sharing fun and obvious pleasure. Even when the interactions had to be centred on a task, for example, when serving meals, staff took the opportunity to engage with people.

We observed that staff were aware of respecting people's needs and wishes. For example, when speaking with a relative about taking their family member out the registered manager emphasised they would check what the person wanted to do rather than agreeing on their behalf. Care records detailed how people preferred their care to be provided. A care record stated, "I like to choose my own outfits every day, sometimes changing my outfits during the day."

People who lived at the home told us that staff treated them well and respected their privacy. A person began to speak inappropriately in a communal area and we observed a member of staff explained that it would be better to speak about this later in a private area, in order to preserve the person's privacy. We saw that staff addressed people by their preferred name and that this was recorded in the person's care record. We observed records were well maintained and kept in a locked cupboard in order to protect people's confidentiality. People and staff were aware of the need to maintain people's confidentiality.

We noted that there were arrangements in place to support someone if they could not easily express their wishes and did not have family or friends to assist them to make decisions about their care. People had allocated social workers who regularly attended reviews.

Good

Is the service responsive?

Our findings

People were supported to follow their chosen leisure pursuits and activities. For example, some people volunteered at local charities. On the day of our inspection ten people had gone swimming at the local leisure centre. People also attended the leisure centre for other sports activities for example, indoor bowls. Staff told us they felt there was a good level of activities for people.

People were encouraged to follow their interests and participate in meaningful activities. One person had a bus pass and regularly went to Grantham independently to have a cup of tea. In order to facilitate this arrangements were in place to safeguard the person for example, they carried an information card to use in the event of an emergency.

People told us how they were supported to maintain contact with their parents. For example, one person was looking forward to going out the following day with their relative. Relatives told us that they felt welcome at the home and that they were encouraged to visit so that relationships were maintained. A relative told us, "It's an extended part of the family." We observed a relative who wanted to attend an external health appointment with their family member was supported to do so by the registered manager.

Arrangements were in place to ensure that staff were kept updated and able to respond to people's changing needs. We saw where people's needs had changed the home had tried to meet their needs. For example, one person had required regular injections and the home had supported them to manage this themselves rather than depending on district nurse visits which could have been disruptive to their routine.

Care records were personalised and included detail so that staff could understand what things were important to people and their preferences. Information such as this is important because it helps staff to understand what is important to people and why. For example a care record detailed which GP a person preferred to see. Care plans had been reviewed and updated with people who lived at the home. A staff member explained how they involved people and went through the care plans step by step ensuring people understood what was in them. Each person who lived at the home had 'Personal Plans' which detailed how they wanted their care to be provided. These were provided in both a words and pictures format so that people could use them more easily. The relatives we spoke with were not sure about care plans but said that they were invited to talk about their relative at the yearly review meetings when they were asked for their views about their relatives' care.

Where people had difficulties communicating verbally we saw staff were aware of this and ensured they understood people's needs. Care records included guidance about how to support people with communication, for example, a record stated, "I have a good range of vocabulary but I do need a lot of time to express myself."

People were supported to raise concerns. For example at three monthly reviews people were asked if they had any complaints or concerns and these were recorded. A complaints policy and procedure was in place. At the time of our inspection there were no ongoing complaints. Complaints were monitored for themes and

learning.

Good

Is the service well-led?

Our findings

The provider had put a process in place to carry out checks on the service and actions to improve quality of care. For example, checks had been carried out on care records, infection control and medicines on a regular basis to ensure that care was provided at an appropriate level and improvements made to the service. Action plans were in place however they did not consistently include dates for completion.

Staff understood their role within the organisation and were given time to carry out their role. They said they felt supported in their role and that staff worked as a team in order to meet people's needs. Staff and relatives also told us that the registered manager was approachable and supportive. Staff said that they felt able to raise issues and felt valued by the registered manager. We observed the registered manager had a flexible approach to resolving issues. Staff said there was a caring approach to staff and people who lived at the home and described it as a 'big family'.

We looked at records of staff meetings and saw issues such as training and safeguarding had been discussed. Residents' meetings had also been held. People we spoke with were aware of the meetings. We saw from the minutes of a meeting held in 24 March 2017 people had been encouraged to comment about the running of the home. For example they had been asked if they were happy with the staff and also if they were happy about people coming to the home for short stays. People were also involved in the recruitment of new staff to ensure they were comfortable with their approach. Surveys had been carried out with relatives and visiting professionals. Responses had been positive.

The service had a whistleblowing policy. 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.

A registered manager was 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.

The provider had informed us of notifications. Notifications are events such as accidents which have happened in the service that the provider is required to tell us about.