

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Ayrshire House

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NG23 5EH

Tel: 01400281971

Date of Inspection: 05 October 2012

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November 2012

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✗ Action needed
Management of medicines	✓ Met this standard
Supporting workers	✓ Met this standard
Records	✓ Met this standard

Details about this location

Registered Provider	Ms S J Wright
Registered Manager	Miss Michele Hoyes
Overview of the service	<p>Ayrshire House is registered to provide the regulated activity "Accommodation for persons who require nursing or personal care" for up to 15 people.</p> <p>Ayrshire House is a care home for people with learning disabilities.</p>
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 5 October 2012, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

We spoke with three people who used the service and two relatives of people who used the service.

One person told us, "I've lived here a long time, I have lots of friends." Another person said, "I like all the staff, they listen to me and help me."

We asked if the staff showed dignity and respect, one person told us, "We get a choice of when we go to bed and get up, the staff knock on our bedroom doors to see if we are awake." Another person said, "The food is lovely, you have a choice of something different if you don't like what there is."

We spoke with two relatives of people who used the service, comments included, "We are always welcomed, it's top class and we have no concerns." And "Communication is good, we are kept in the picture of what's happening. We get invited to attend review meetings."

We saw some people had gone out either to their voluntary work placement or into the community independently. We saw other people assisting with domestic jobs around the house, for example supporting staff with the preparation of lunch. We saw a person sweeping up outside and other people doing different activities in the games room.

You can see our judgements on the front page of this report.

What we have told the provider to do

We have asked the provider to send us a report by 17 November 2012, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected and people's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

We spoke with three people who used the service, and two relatives of people who used the service. We also spoke with the registered manager, owner, three members of staff and looked at people's files and service information.

One person told us, "I've lived here a long time, I like it and I'm happy." Another person said, "I can invite my friends round." and "You can choose what time to go to bed and the staff knock on the door in the morning."

People were supported in promoting their independence and community involvement. One person told us they did voluntary work a few days a week. They told us they used public transport independently and said how important their job was to them.

We saw a person go out for a coffee and a visit to the shops independently. They told us, "I like to go out on the bus, have a coffee and a look around the shops before I come home for lunch."

Another person told us they liked to assist with jobs around the house and that they got paid for doing some of the ironing. We saw this person helping with domestic jobs, they appeared very happy and took great pride in the work they did. We also saw some people assist with preparing lunch. This meant people were encouraged to maintain and develop their independence.

The home had an activity room and we saw there were plenty of activities available for people. We saw people doing arts and crafts, knitting, listening to music and watching the television. We saw staff interact well with people using the persons preferred name and staff spoke in a caring and warm manner. This meant staff showed people dignity and respect in care delivery.

We looked at three people's files and saw people had been involved in three monthly reviews of the service they received. People's views and wishes had been recorded and

we saw how some people's daily activities had been changed as a response to what they said in their review meeting. This demonstrated the provider enabled people to participate in making decisions relating to their care and support.

We saw the service user guide for people who used the service and this included the complaints procedure. The information was in easy read language with photographs to support people's communication needs. This showed the provider had provided appropriate information and support for people who used the service.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was not meeting this standard.

People did not experience care, treatment and support that met their needs and protected their rights.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

During our last inspection of the service in September 2011 we identified there were some areas of concern in relation to care and welfare of people who used services. We found there were still some concerns and actions required.

We spoke with three people who used the service, and two relatives of people who used the service. We also spoke with the registered manager, owner, three members of staff and looked at four people's files.

We looked at four people's files and saw assessments completed by the Local Authority but there was not a pre assessment completed by the home. We discussed this with the registered manager and owner who confirmed they relied on assessments from the Local Authority and did not have their own pre assessment. This meant there were not systems in place for the provider to assess a person's need prior to moving in ensuring assessed needs could be met appropriately.

We looked at four people's files and saw a document called "All about me" This provided person centred information about a person but was limited in detail. In all three files there were no care plans in place that advised staff how to meet people's assessed needs.

For example, in one person's file the document "All about me" identified the person had assessed needs in relation to their skin care. There was not a care plan in place detailing the support required.

We saw in another person's daily records an incontinence nurse had advised the person needed to be encouraged to go to the toilet every four hours but there was not a care plan in place advising staff this was required.

This meant people were at risk of not receiving the care and treatment they required, as staff did not have a care plan detailing how to meet people's needs.

The registered manager told us they used the care plan details within the assessment report provided by the Local Authority. We found this information out of date, for example one Local Authority assessment report we saw was dated 2010. This showed there were

not adequate plans in place to ensure people's needs and delivery of care were planned, safe and appropriate. This meant people were at potential risk of their needs not being met.

We saw health action plans within the four files we looked at. Three out of the four health action plans were either out of date or not completed. This meant people's health needs were not accurately recorded or reflected their current health needs. People were at potential risk of their health needs not being met. The registered manager told us they were in the process of updating all health action plans.

In the four files we looked at we saw within the "All about me" document a persons choice about whom they wished to be involved in their care was recorded. However, the provider had not considered the persons Mental Capacity to consent to care and treatment or followed legislation about making best interest decisions. This showed the provider did not promote the rights and choices of people who used the service by enabling them to get the right support to make decisions.

We did see risk assessments in the three files we looked at and in one file we saw these had been regularly reviewed and amended to reflect a person's changing need.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

We spoke with the registered manager and owner, three staff members and looked at medication records and storage. We did not speak direct to people who used the service about this outcome.

We looked at the medication administration arrangements and saw medicines were kept safely, medication was securely stored in a locked cupboard. We saw the temperature of the cupboard was monitored. This demonstrated people were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

We saw records for recording medication (MAR) sheets. Each person who received medication had an individual form with their name, date of birth and a photograph. Medication details included the name of the drug, the dose required and the times to be administered. This meant a safe procedure for the administration of medication was in place.

The MAR sheets we saw were completed with staff initials for the medication given. Where we saw additional medication on a MAR sheet, for example antibiotic medication, this had been recorded with two staff signatures. This meant correct procedures were being followed to protect people from unsafe medication being given.

We saw staff training records and saw staff had received training in the safe administration of medication. This showed the provider had ensured staff had relevant training and people received medication from trained and competent staff.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

We spoke with three people who used the service, and two relatives of people who used the service and a visiting professional.

One person we spoke with told us, "The staff are alright, I have someone I can talk with." Another person said, "I get on well with the staff, they listen to me and help me."

A relative of a person who used the service told us, "I have full confidence with the owner and manager, I can't praise the staff enough, they are all willing and caring." Another relative said, "My relative is very happy, it's the best thing that happened, them living here."

A visiting professional told us, "The staff are always welcoming and it's a nice relaxed atmosphere. Communication is good, we discuss things thoroughly. The registered manager is good they know the people here very well."

We spoke with three staff who all talked positively about working at the home. They told us they had confidence in the registered manager and owner. They said they received an induction when they started at the home and they receive regular opportunities to discuss and review their practice with the registered manager.

One member of staff told us, "I have only been here a few weeks, I worked previously in another care home but this is great, I'm really enjoying it, the staff group and the manager are really supportive."

There were effective recruitment and selection processes in place. We saw from the three personnel files we looked at staff had completed a job application and had attended a formal interview.

We saw appropriate checks were undertaken before staff began work. Criminal records bureau (CRB) checks had been completed and reference checks were present. This demonstrated proper and safe recruitment procedures had been used.

We saw the training programme developed for 2012. Systems were in place to monitor when staff required refresher training.

Six out of twelve staff had received Mental Capacity Act training within the last 18 months and plans were in place for the remaining staff to complete this training before the end of 2012. All staff required training on the Deprivation of Liberty and the owner told us plans were in place for staff to receive this training before the end of 2012. This legislation safeguards people's human rights. People could be at potential risk of not being safeguarded or protected if staff were untrained.

The training record showed staff had completed training in a range of areas that reflected their job role such as, safeguarding, health and safety, infection control and dementia care. We saw training certificates held on individual staff files to confirm this.

Records

✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

We spoke with the registered manager, owner and three staff members and looked at records. We did not speak direct to people who used the service about this outcome.

We saw people's files were kept in a locked cupboard in the kitchen that was easily accessed by staff. This demonstrated people's records were kept securely and could be located promptly when needed.

We saw staff members personal files were stored in a locked filing cabinet in the registered manager's office which we observed to be locked when not in use. This meant confidential information was stored securely.

We looked at three people's review records and saw people who used the service and the staff member involved in the review had signed and dated the records. These demonstrated accurate review records were maintained.

This section is primarily information for the provider

✘ Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services
	How the regulation was not being met: Ayrshire House did not have care plans in place. People were at risk of not receiving the care and treatment they required. Mental Capacity assessments had not been completed. People rights were not protected or safeguarded. Regulation 9 (1) (a) (b) (i) (ii)

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 17 November 2012.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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