

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

Ayrshire House

24-26 Main Road, Long Bennington, Newark,
NG23 5EH

Tel: 01400281971

Date of Inspection: 06 November 2013

Date of Publication:
November 2013

We inspected the following standards to check that action had been taken to meet them. This is what we found:

Meeting nutritional needs	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Staffing	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Ms S J Wright
Registered Manager	Miss Michele Hoyes
Overview of the service	Ayrshire House is situated in the village of Long Bennington in Lincolnshire and offers accommodation for up to 15 men and women with learning disabilities. On the day of our inspection there were 13 people living at the service.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

	Page
<hr/>	
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	5
<hr/>	
Our judgements for each standard inspected:	
Meeting nutritional needs	6
Cleanliness and infection control	8
Staffing	9
Assessing and monitoring the quality of service provision	10
<hr/>	
About CQC Inspections	12
<hr/>	
How we define our judgements	13
<hr/>	
Glossary of terms we use in this report	15
<hr/>	
Contact us	17

Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Ayrshire House had taken action to meet the following essential standards:

- Meeting nutritional needs
- Cleanliness and infection control
- Staffing
- Assessing and monitoring the quality of service provision

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 6 November 2013, talked with people who use the service and talked with staff.

What people told us and what we found

The registered manager was not present on the day of our inspection but we spoke with the provider who was present at the service, a member of staff and two people who used the service. We checked service records, policies and procedures and did a tour of the building.

People who used the service confirmed the menu had been reviewed since we last visited in May 2013. We saw the menu provided a choice of well-balanced, nutritious meals that met people's needs. Comments received from people who used the service included, "We have a new menu, we always get a choice of what to eat and can have an alternative if we don't like the choice." And, "If you are hungry and want a snack, you can ask the staff."

People were protected against the risk of health care related infections. We saw the prevention and control of infections policy and procedure had been updated. We also saw the cleaning schedules had been amended.

The provider told us two part time staff had been appointed since we last visited in May 2013. We saw the dependency needs of people had been assessed and the rota showed required staffing levels.

We found the manager had introduced monthly audits to enable regular monitoring of the service. We also saw people who used the service and other people, such as professionals had been asked for their views about the quality of the service provided.

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

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

Meeting nutritional needs

✓ Met this standard

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

We issued the provider with a compliance action for this outcome area, following our last inspection on the 22 May 2013. We found people who used the service could not be assured that they would receive a daily well-balanced diet that met their nutritional needs.

The provider sent us an action plan setting out the steps they would take to become compliant. We followed this up during our visit. At this inspection we spoke with the provider, one member of staff and two people who used the service.

People were supported to be able to eat and drink sufficient amounts to meet their needs. People we spoke with told us they could ask the staff for a drink or snack at any time. Comments included, "If you get hungry you can ask the staff for a snack." We saw people had access to the kitchen at all times, we saw some people independently made themselves drinks.

Staff told us some people had dietary requirements due to their health needs and that staff supported people to receive well-balanced and nutritious meals. They told us they felt there had been improvements since we last inspected in May 2013. Comments included, "Some people have issues with their weight, so we have to support them to eat healthily. Other people are either diabetic or need a gluten free diet." And, "People can ask for a snack if they're hungry, we always have biscuits and fruit available. The meals are timed well."

People were provided with a choice of suitable and nutritious food and drink. We saw the manager had reviewed the menu since we inspected in May 2013. We saw there was a three week menu in place that was changed in the winter and summer. We saw people received a choice at breakfast, lunch and the evening meal provided a choice between two hot meals. We also saw people received a choice of supper and that this included fruit.

We saw there were monthly 'resident meetings' arranged to enable people to talk about the service. We looked at the meeting records for October 2013 and saw on the agenda of what to discuss was 'Meals'. We saw people were asked for their views about the variety, choice, portion size, presentation and the times of meals. Comments made by people

included, "I like the food." And, "There is a good choice and variety, and plenty to eat."
This showed the provider consulted with people about the menu choice, enabling people to share their views and wishes.

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed and people were cared for in a clean, hygienic environment.

Reasons for our judgement

We issued the provider with a compliance action for this outcome area, following our last inspection on the 22 May 2013. We found the infection prevention and control policy did not include what would be expected within a policy document. Staff did not have clear procedures or guidance about how to ensure people received safe and effective care.

The provider sent us an action plan setting out the steps they would take to become compliant. We followed this up during our visit. At this inspection we spoke with the provider and a member of staff.

There were effective systems in place to reduce the risk and spread of infection. We saw the prevention and control of infections policy and procedure had been updated. We found this information easy to read, understand and follow. We saw the guidance for staff was based on the National Institute of Clinical Excellence (NICE) and described what procedures staff should follow to minimise the risk of infections.

We also saw within the infection policy fact sheets provided by the Health Protection Service and the National Health Service (NHS). This included additional information on infection protection and diseases. The provider may wish to note that the prevention and control of infections policy and procedure did not include the contact numbers to report an outbreak such as norovirus. Notifications should be reported to the Infection Control Matron of Public Health and Public Health England.

The provider told us that they were due to attend meetings with the local authority infection protection control link practitioner. These were support and information meetings available for nursing and care home providers. The provider said that they would ensure information was shared with the staff team. This showed that the provider was committed to ensure staff were supported to provide safe care and support.

We did a tour of the building and looked in all the communal bathrooms. We saw hand hygiene notices were on display advising people who used the service, staff and visitors on the importance of good hand hygiene care. We saw antibacterial liquid soap and paper towels were available.

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

We issued the provider with a compliance action for this outcome area, following our last inspection on the 22 May 2013. We found the provider could not show us how they had assessed people's dependency needs. The staff rota did not always show that there were sufficient staffing levels available to meet people's needs. We had concerns about the management time available to the registered manager.

The provider sent us an action plan setting out the steps they would take to become compliant. We followed this up during our visit. At this inspection we spoke with the provider, a member of staff and looked at service records including the staff rota.

The provider told us a person who used the service who had high dependency needs had transferred to another service, and that this had reduced some of the pressure on staff. We saw the provider had completed an assessment of people's dependency needs. This meant the provider was able to clearly know the staffing levels required to meet people's assessed needs and keep people safe.

The provider told us and staff confirmed that two part time staff had been employed since our last inspection in May 2013. We looked at the staff rota and saw the minimum staffing levels were two staff on throughout the day with a waking night and sleep in staff on duty. We saw at least twice a week additional staff worked to support people to participate in community activities.

The provider told us and staff confirmed that staffing levels increased by one or two, dependent on activities and appointments. The provider told us they worked in the service most days and supported the manager with administrative tasks. The rota confirmed the provider was on duty most days. This showed the service was responsive to people's needs and was well led.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people received.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who used the service and others.

Reasons for our judgement

We issued the provider with a compliance action for this outcome area, following our last inspection on the 22 May 2013. We found people who used the service had not been asked for their views about the service provided. There was little evidence that learning from incidents and investigations took place and appropriate changes implemented.

The provider sent us an action plan setting out the steps they would take to become compliant. We followed this up during our visit. At this inspection we spoke with the provider and a member of staff.

People who used the service, their representatives and staff were asked for their views about their care and support and they were acted on. We saw records that showed ten people had been asked for their views and wishes about the service they received. Another person was due to receive their questionnaire in December 2013. We saw one person had said they were not happy with their bedroom. The provider told us that the bedroom carpet had been replaced and that the handyman was in the process of providing additional shelf space. This demonstrated the service was responsive to people's needs and requests.

Comments received from professional who visited the service included, "The home has a lovely vibrant, relaxed feel. All of my visits have been pleasurable, and at times entertaining," And, "The home is very efficient, friendly and listens to feedback."

There was evidence that learning from incidents / investigations took place and appropriate changes were implemented. We spoke with the provider about how incidents were analysed and action taken to reduce further risks. The provider gave us an example where due to an incident involving a person who used the service, the manager contacted the community learning disability team healthcare professionals for support and advice. As a result the individual had met with this team and a meeting with the staff team had been arranged.

Staff confirmed what we were told and also gave a further example. They told us, "I have some concerns with a person's mobility, I'll discuss this with the manager and we will consider all the options and make a decision together of what action to take."

We saw the manager had introduced additional monthly monitoring and audits procedures. This demonstrated the provider had effective systems in place to continually monitor the quality and safety of the service.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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.

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.
