

Rajesh Nair & Pooja Nair

Ailsa House Residential Care Home

Inspection report

64-66
Genesta Road
Westcliff-on-Sea
Essex
SS0 8DB

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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

The inspection was completed on 14 December 2015 and there were 16 people living in the service when we inspected.

Ailsa House Residential Care Home provides accommodation and personal care for up to 18 older people and people living with dementia.

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 about how the service is run. This is the service's first inspection since being newly registered on 5 November 2015.

People and those acting on their behalf told us the service was a safe place to live. There were sufficient staff available to meet their needs and appropriate arrangements were in place to recruit staff safely.

Staff were able to demonstrate a good understanding and knowledge of people's specific support needs, so as to ensure their and others' safety. Care plans accurately reflected people's care and support needs. People received appropriate support to have their social care needs met.

Medicines were safely stored, recorded and administered in line with current guidance to ensure people received their prescribed medicines to meet their needs. This meant that people received their prescribed medicines as they should and in a safe way. People had support to access healthcare professionals and services when required and people's healthcare arrangements were managed well.

Staff understood the risks and signs of potential abuse and the relevant safeguarding processes to follow. Risks to people's health and wellbeing were appropriately assessed, managed and reviewed.

Staff received opportunities for training and this ensured that staff employed at the service had the right skills to meet people's needs. Staff demonstrated a good understanding and awareness of how to treat people with respect and dignity.

The dining experience for people was positive and people were complimentary about the quality of meals provided. People who used the service and their relatives were involved in making decisions about their care and support.

The registered manager understood and complied with the requirements of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). Staff employed within the service were aware of their role in relation to MCA and DoLS and how to support people so not to place them at risk of being deprived of their liberty.

People and their relatives told us that if they had any concern they would discuss these with the management team or staff on duty. People were confident that their complaints or concerns were listened to, taken seriously and acted upon.

There was an effective system in place to regularly assess and monitor the quality of the service provided. The registered manager was able to demonstrate how they measured and analysed the care provided to people, and how this ensured that the service was operating safely and was continually improving to meet people's needs.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

The provider had suitable arrangements in place to ensure people were safeguarded against abuse and to manage risks for the safety of people living in and working in the service.

There was enough staff available to meet people's care and support needs.

People's medicines were safely managed.

Is the service effective?

Good ●

The service was effective.

People were cared for by staff who had the knowledge and skills required to meet their needs.

Guidance was followed to ensure that people were supported appropriately in regards to their ability to make decisions and to respect their rights.

People were supported to eat and drink sufficient amounts and people enjoyed their meals. People had access to healthcare professionals as and when they required them.

Is the service caring?

Good ●

The service was caring.

People were treated with care and kindness. People were included in planning care to meet individual needs.

People's privacy, dignity and independence were respected and they were supported to maintain relationships with others.

Is the service responsive?

Good ●

The service was responsive.

People's care plans were reflective of their care needs and their

care was planned so that staff had guidance to follow to provide people with consistent person centred care.

People undertook social activities and interests they enjoyed and that met their needs.

The service had appropriate arrangements in place to deal with comments and complaints.

Is the service well-led?

Good ●

The service was well-led.

Appropriate arrangements were in place to ensure that the service was well-run.

Systems were in place to gather information about the safety and quality of the service and to improve these.

Opportunities were available for people to give feedback, express their views and be listened to.

Ailsa House Residential Care Home

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 14 December 2015 and was unannounced.

The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of caring for older people and people living with dementia.

We reviewed the information we held about the service including safeguarding alerts and other notifications. This refers specifically to incidents, events and changes the provider and manager are required to notify us about by law.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with 13 people who used the service, five relatives, three members of staff, the registered manager and the registered provider.

We reviewed four people's care plans and care records. We looked at the service's staff support records for three members of staff. We also looked at the service's arrangements for the management of medicines, complaints and compliments information and quality monitoring and audit information.

Is the service safe?

Our findings

People living at the service and those acting on their behalf told us that they felt safe and secure. One person who used the service told us, "There's nothing I can think of that they [service] could do better here. I think it's wonderful and yes, I feel very safe here and I'm looked after." One relative told us that following an incident whereby their member of family experienced a fall and the emergency services were called; they were impressed by the care and support provided by staff. The relative told us that as a result of this, "I don't worry about [relatives] safety whilst I'm not here." Another relative told us that their relative was kept safe and this gave them piece of mind to go on holiday. This showed that people's feedback about the safety of the service described it as consistently good and that they felt safe.

People were protected from the risk of abuse. All staff had received safeguarding training within the last 12 months. Staff were able to demonstrate a very good understanding and awareness of the different types of abuse, how to respond appropriately where abuse was suspected and how to escalate any concerns about a person's safety to a senior member of staff or the registered manager. One member of staff told us, "If I had any concerns or suspected abuse I would report it immediately and if I remained unsatisfied that my concerns had been taken seriously, I would notify the Local Authority or the Care Quality Commission. I would not hesitate." Staff were confident that the provider and the manager would act appropriately on people's behalf.

Staff knew the people they supported. Where risks were identified to people's health and wellbeing, such as poor mobility and falls, poor nutrition and hydration and at risk of developing pressure ulcers; staff were aware of people's individual risks. Risk assessments were in place to guide staff on the measures to reduce and monitor those risks during delivery of people's care. Staff's practice reflected that risks to people were managed well so as to ensure their wellbeing and to help keep people safe. Environmental risks, for example, those relating to the service's fire arrangements and Legionella were in place.

People told us that there was always enough staff available to support them during the week and at weekends. One person told us when asked if there were sufficient staff available to support them, "Yes, I think they've got plenty of staff. There's always someone here to help." Staff told us that staffing levels were appropriate for the numbers and needs of the people currently being supported. Our observations during the inspection indicated that the deployment of staff was suitable to meet people's needs and care and support was provided in a timely manner. For example, people were able to sit in one of the two communal lounge areas, in the dining room or in the comfort of their own bedroom. No-one was observed being told where to go or to sit down when they stood up and; when people needed assistance staff were quick to notice, and to provide help and support.

Suitable arrangements were in place to ensure that the right staff were employed at the service. Staff recruitment records for staff appointed since our last inspection showed that the provider had operated a thorough recruitment procedure in line with their policy and procedure. This showed that staff employed had had the appropriate checks to ensure that they were suitable to work with people.

We found that the arrangements for the management of medicines were safe. The temperature of the area where medicines were stored was monitored and recorded each day and noted to be within recommended guidelines. People received their medication as they should and at the times they needed them. There were arrangements in place to record when medicines were received into the service and given to people. We looked at the records for six of the 16 people who used the service. These were in good order, provided an account of medicines used and demonstrated that people were given their medicines as prescribed. Observation of the medication round showed this was completed with due regard to people's dignity and personal choice. Records showed that staff involved in the administration of medication had received appropriate training.

Is the service effective?

Our findings

Staff were trained, which enabled them to deliver appropriate care to the people they supported. Staff confirmed that they received regular training opportunities in a range of subjects and this provided them with the skills and knowledge to undertake their role and responsibilities and to meet people's needs to an appropriate standard. Staff told us that the training provided by the registered manager at a 'sister' service was very good and ensured that their knowledge was current and up-to-date. The staff training matrix provided by the registered manager confirmed what staff told us.

The registered manager confirmed that the provider's arrangements for newly employed staff to receive an induction included an 'orientation' induction of the premises and training in key areas appropriate to the needs of the people they supported. The registered manager was aware of the new Skills for Care 'Care Certificate' and how this should be applied. Records showed that staff had received a robust induction. Additionally, the registered manager told us that opportunities were given to newly employed staff whereby they had the opportunity to shadow a more experienced member of staff for several shifts so as to ensure that they were comfortable and competent to work independently and as an effective member of the staff team. Staff told us that they received day-to-day support from work colleagues and formal supervision at regular intervals. Staff told us that they felt supported by the registered manager and other senior members of staff. Records were available to confirm this.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Records showed that all staff employed at the service had received Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training. Staff were able to demonstrate a basic knowledge and understanding of MCA and DoLS, how people's ability to make informed decisions can change and fluctuate from time to time and when these should be applied. Where people did not have capacity appropriate records to evidence this were in place. People were observed being offered choices throughout the day and these included decisions about their day-to-day care and support needs. People told us that they could choose what time they got up in the morning and the time they retired to bed each day, where they ate their meals and whether or not they participated in social activities. Appropriate Deprivation of Liberty applications had been made to the Local Authority for their consideration and authorisation.

Comments about the quality of the meals provided were positive. People living at the service and those acting on their behalf told us that they liked the meals. One person told us, "The meals here are very good." Two relatives told us that their member of family's nutritional and hydration requirements were met to an appropriate standard. For example, where one person had a small appetite, a meeting was held with the service's chef so as to ensure that their personal preferences relating to smaller portions was recognised and

adhered to. The relative told us, "[Relative] has gained weight since being here. They [relative] are doing much better now." Another relative told us a similar story and stated, "When [relative] came in they were not eating and had lost a lot of weight. Now they are eating better and look healthier." Another relative told us that where their member of family did not like what was offered on any given day, alternatives to the menu were available. This was confirmed by the service's chef.

Where people required assistance from staff to eat and drink, this was provided in a sensitive and dignified manner, for example, people were not rushed to eat their meal and positive encouragement to eat and drink was provided. On the day of the inspection relatives had been invited to join their member of family for a Christmas meal and it was positive to note that four relatives had taken up the offer. The tables were appropriately laid with floral decorations and Christmas crackers. People had a choice of two meals and in addition to the usual hot and cold drinks, where appropriate people were offered a glass of wine.

Staff had a good understanding of each person's nutritional needs and how these were to be met. People's nutritional requirements had been assessed and documented. Where people were at risk of poor nutrition, this had been identified and appropriate actions taken. Where appropriate, referrals had been made to a suitable healthcare professional, such as, dietician or the Speech and Language Team [SALT].

People's healthcare needs were well managed. People were supported to maintain good healthcare and had regular access to health and social care professionals as and when required, for example, District Nurse Services, GP, Falls Prevention team and Dementia Nurse Specialist. The registered manager confirmed that no-one was able to attend healthcare appointments independently and were either supported by a member of staff or a relative. Relatives told us they were kept informed of the outcome of healthcare appointments for their member of family and that in general communication was good. One relative told us, "There is good communication and I am always kept informed of what is happening." Four completed quality assurance questionnaires were completed by visiting healthcare professionals. No negative comments were recorded. Records showed that everyone who used the service had received a medication review in the last 12 months.

Is the service caring?

Our findings

People who used the service and their relatives spoke positively about staff's kindness and caring attitude. One person told us that as a result of the loss of the ability to move or feel anything down one side of their body, a hoist was used to help them mobilise in and out of bed. They told us that all staff was consistent in their approach and although they often experienced pain, this was not due to staff but owing to their medical condition. They confirmed, "They [staff] try to move me as gently as possible." Another person told us, "The staff here do a good job. They're always kind and friendly. We'll often have a laugh and a joke together and that's always nice. I don't think I'm too badly off here, the staff work very hard for us." One relative told us, "[Relative] is as happy here as they can be. I'd give the staff ten out of ten for their care."

Staff interactions with people were positive and the atmosphere within the service was seen to be warm and calm. We saw that staff communicated well with people living at the service, for example, staff were seen to kneel down beside the person to talk to them or to sit next to them and staff provided clear explanations to people about the care and support to be provided in an appropriate way, for example, when assisting people to mobilise using their walking frame or when they were having their manual handling needs attended to.

On the day of inspection a Christmas carol service was held in one of the two communal lounge areas by the local church. People were brought in and staff took care to ensure that everyone was able to join in without blocking people's views. Staff were observed to respond to people's care and support needs when required and so as to ensure people were treated with respect and dignity. For example, one person was noted to require a tissue so as they could blow their nose. This was quickly noted and a tissue was given to them discreetly. Another person during the carol service became a little anxious and tried to get up. Immediately a member of staff approached them and after a quiet discussion the person was helped to leave the lounge as they found the occasion overwhelming. Another person became a little tearful towards the end of the carol service. A member of staff sat alongside them, gently chatting to them in a positive and caring way. The outcome was encouraging as the person gradually recovered their composure, became relaxed and was able to enjoy the rest of the carol service and the rest of the day.

Our observations showed that staff respected people's privacy and dignity. We saw that staff knocked on people's doors before entering and staff were observed to use the term of address favoured by the individual. In addition, we saw that people were supported to maintain their personal appearance, so as to ensure their self-esteem and sense of self-worth. People were able to wear clothes they liked that suited their individual needs and staff were seen to respect this. People wore clothes that were colour co-ordinated, included jewellery and appropriate to the occasion and time of year. This attention to detail showed that staff took great care when helping people to get ready for the day. Spectacles, where worn, were always clean and smear-free. People's hands and fingernails looked clean and well-manicured, with several female people who lived at the service having polished nails. One person told us, "I really enjoy having my nails done. It makes me feel good."

People were supported to maintain relationships with others. People's relatives and those acting on their

behalf visited at any time. Relatives confirmed that there were no restrictions when they visited and that they were always made to feel welcome. One relative told us, "We are always welcomed here. We come at all times, even sometimes at bedtime because of work commitments. We have never been made to feel unwelcome, which means a great deal to us, and to our relative."

Is the service responsive?

Our findings

Appropriate arrangements were in place to assess the needs of people prior to admission. This ensured that the service were able to meet the person's needs. One relative told us about their experience when they first visited Ailsa House to consider residential care for their relative. They told us, "We were very impressed, I was shown round on a Friday night and had various questions for the registered manager who was not here. I was called back with all the answers before I'd even got home!"

People's care plans included information relating to their specific care needs and how they were to be supported by staff. Care plans were regularly reviewed and where a person's needs had changed the care plan had been updated to reflect the new information. Staff told us that some people could become anxious or distressed. Clear guidance and instructions for staff on the best ways to support the person were recorded. Staff were able to demonstrate a good understanding and awareness of the support to be provided so as to ensure the individual's, staffs and others safety and wellbeing at these times. One relative told us that the staff were very responsive when their member of family became distressed or anxious. They told us, "The staff will soon pick up if someone is agitated or angry. It's dealt with very well." Another relative told us, "[Relative] gets very anxious when I'm not here. They [staff] understand that, and work hard to reassure them."

Where life histories were recorded, there was evidence to show that where appropriate these had been completed with the person or those acting on their behalf. This included a personal record of important events, experiences, people and places in their life. This provided staff with the opportunity for greater interaction with people, to explore the person's life and memories and to raise the person's self-esteem and improve their general wellbeing.

People confirmed to us that they could spend their time as they wished and wanted. A relative told us that often their member of family did not like all of the activities provided but was happy to observe them.

Although the service had employed a specific person to undertake activities, all staff were responsible to ensure that people's social care needs were met. Staff told us that there was a good range of social activities undertaken at the service, for example, manicures, arts and crafts and games. People also expressed that there were parties throughout the year to recognise special occasions, such as, Halloween and Christmas. It was evident from our discussions that staff recognised people's individuality and one staff member told us, "We understand people's needs. They don't all like the same thing." The member of staff then proceeded to tell us about the social care needs of the people sitting in one of the communal lounge areas and involved them in the conversation with us. The member of staff explained to us that one person enjoyed undertaking craft activities, whilst another person was a talented artist. It was clear that this member of staff knew a great deal about those in their care, and could talk to them about their lives, and their interests. Within the home environment photographs were observed having been taken at significant events throughout the year. On the day of inspection a member of staff was noted to use a camera during the Christmas carol service and during the lunchtime meal so as to capture the occasion.

Information on how to make a complaint was available for people to access. People spoken with knew how to make a complaint and who to complain to. People and those acting on their behalf told us that if they had any worries or concerns they would discuss these with the management team or staff on duty. One relative spoken with provided an example whereby a minor worry was raised. They confirmed that a meeting had been set up and carried out and this had resulted in a positive outcome. The relative told us that their member of family's views had been considered important enough for a meeting to be planned and they were very grateful. A person using the service told us that if staff were concerned about them, staff telephoned their next of kin. The person told us, "I think they're very good at keeping them informed." The relative confirmed this by saying, "Communication between us all is very good." Staff told us that they were aware of the complaints procedure and knew how to respond to people's concerns. The registered manager confirmed that since the service had been newly registered on 5 November 2015, there had been no complaints. A record of compliments was in place identifying and capturing the service's positive achievements.

Is the service well-led?

Our findings

The service had a registered manager in post. The registered manager had an understanding and awareness of the new fundamental standards and our new approach to inspecting adult social care services, which was introduced in October 2014. People's relatives told us they had confidence in the registered manager and staff team to ensure the welfare and safety of their member of family. They also told us that in their opinion the service was well run and managed since newly registered on 5 November 2015.

The registered manager was able to demonstrate to us the arrangements in place to regularly assess and monitor the quality of the service provided. This included the use of questionnaires for people's relatives and visiting healthcare professionals. In addition to this the management team monitored the quality of the service through the completion of a number of audits at regular intervals, for example, medication, health and safety, infection control and clinical audits relating to pressure ulcers and skin tears, falls, people's weight loss and gain, incidents and accidents.

The registered manager demonstrated that they were aware of all aspects of the service and knew the people who lived there, and the staff supporting them, well. Records and documents relating to the running of the service and the care people received were clear and well organised.

People benefited from a staff team that worked together and were clear about their roles and responsibilities. The registered manager told us that they had delegated specific responsibilities to some members of staff according to their strengths and abilities; for example, one member of staff was responsible for the completion of the service's infection control audits and another member of staff had responsibility for the service's medicines management. The registered manager confirmed that these responsibilities were rotated so that all senior members of staff had the opportunity to familiarise themselves with the audit processes and procedures. Staff told us that regular staff meetings were held at the service to enable the management team and staff to discuss topics relating to the service or to discuss care related matters. Records were available to confirm this. In addition to this people using the service had opportunities to express their views and to have a voice on aspects of the service. For example, the last meeting was undertaken at the beginning of December 2015 where the Christmas party, carol service and lunch invite to relatives was discussed.

Staff told us that the overall culture across the service was open and inclusive. Staff told us that they received very good support from the registered manager and that they felt valued. One member of staff told us, "The manager is very supportive and very approachable. I know I can go to them and that they will listen and act upon any issues raised." Another member of staff stated, "This is a really good place to work. The manager is there and you can always go to them."

The registered manager confirmed that the views of people who used the service, those acting on their behalf and visiting professionals had been sought in 2015. All of the comments received were noted to be positive and complementary about the service. Comments included, 'The staff are excellent. They work very hard and aim to please' and, 'The staff are kind and considerate. You [staff] deserve a medal.'

