Akari Care Limited

Ayresome Court

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 20 March 2018 and was unannounced. This meant the registered provider did not know we would be visiting.

Ayresome Court Nursing Home was last inspected by the Care Quality Commission (CQC) on 18 January 2017 and was rated Requires Improvement overall and in two areas, Safe and Well led. We informed the provider they were in breach of regulation 12 regarding the safe management of medicines and the management of risk assessments and regulation 17 regarding governance and monitoring of medicines and risk assessments.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions safe and well led to at least good.

Whilst completing this visit we reviewed the action the provider had taken to address the above breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider had completed actions necessary to meeting the above regulations.

Ayresome Court Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Ayresome Court Nursing Home provides nursing and personal care for up to 43 people. At the time of our inspection there were 37 people living at the home.

There was a registered manager in place. 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.

At the last inspection we found that the service didn't have appropriate arrangements in place for the safe handling of medicines. This was in regard to the preparation of medicines for administration and also incorrect administration of covert medicines (medicines are given disguised in food)

At the last inspection we found risk assessments were not managed or monitored appropriately. At this inspection we found that risks to people were assessed and monitoring had improved. Risk assessments were up to date and individualised. These were in place to ensure people could take risks as part of everyday life and minimise any potential harm by mitigating risks.

Accidents and incidents were monitored by the registered manager to highlight any trends and to ensure

appropriate referrals to other healthcare professionals were made if needed.

The premises and people's rooms were exceptionally clean and tidy and throughout the inspection we saw staff cleaning communal areas. Staff had access to plenty of personal protective equipment.

People who used the service were supported by sufficient numbers of staff to meet their individual needs and wishes.

Staff understood safeguarding issues and procedures were in place to minimise the risk of abuse occurring. Where concerns had been raised we saw they had been referred to the relevant safeguarding department for investigation. Robust recruitment processes were in place.

Staff were regularly supported to maintain and develop their skills through a range of training and development opportunities.

Staff were encouraged to become 'champions' in selected areas to increase their knowledge in a subject area and also share learning with the rest of the team.

We found the registered manager had completed regular supervisions and appraisals with staff, which gave them the opportunity to discuss their care practice and identify further training needs.

People's health was monitored and referrals were made to other health care professionals where necessary, for example, their GP.

People's rights were valued and people were treated with equality, dignity and respect.

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 supported this practice.

Where people lacked the mental capacity to make decisions about aspects of their care, staff were guided by the principles of the Mental Capacity Act to make decisions in the person's best interest. For those people that did not always have capacity, mental capacity assessments and best interest decisions had been completed for them. Records of best interest decisions showed involvement from people's family and staff.

Consent to care and treatment records were signed by people where they were able.

People's nutrition and hydration needs were met and were supported to maintain a healthy diet, and where needed records to support this were detailed.

People enjoyed their dining experience and we received positive feedback regarding the food and the choices on offer.

Throughout the day we saw that people who used the service, relatives and staff were comfortable, relaxed and had a positive rapport with the registered manager and also with each other.

People could access advocacy services if required and this was promoted.

Procedures were in place to provide people with appropriate end of life care.

People's needs were assessed before they moved into the service. Care plans were then developed to meet people's daily needs on the basis of their assessed preferences. Plans were person centred regarding people's preferences and were updated regularly.

A registered manager was in place and understood the importance of monitoring the quality of the service and reviewing systems to identify any lessons learnt. The service regularly consulted with people, relatives and staff to capture their views about the service.

The registered manager notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.

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 has improved to Good.

Improvements had been made to ensure people's medicines were managed, prepared and administered safely.

Risks to people were assessed and improved and up to date individualised plans were in place to minimise them.

Safe recruitment systems were in place.

Staff had an understanding of safeguarding issues and the action they would take to ensure people were safe.

Is the service effective?

Good

The service remains Good.

People's hydration and nutrition needs were supported.

People were supported to access other healthcare professionals as required.

Staff were supported by regular training, supervisions, appraisals and opportunities to become champions in chosen subjects.

The service was worked within the principles of the Mental Capacity Act 2005 to protect people's rights while providing care and support.

Is the service caring?

Good

The service remains Good.

People and their relatives spoke positively about the staff and the care and support received at the service.

People were treated with equality, dignity and respect.

People could access advocacy support when required.

People were supported to make choices.

Is the service responsive?

Good

The service remains Good.

Personalised and group activities were on offer for people to access.

Peoples care plans were person centred and contained details on preferences and personal history.

People knew how to make a complaint if needed.

People were supported with end of life care.

Is the service well-led?

Good

This service has improved to Good.

A registered manager was in place. A registered manager is a person who has registered with CQC to manage the service.

There were effective and improved governance systems in place by the registered manager and the registered provider to monitor and improve the quality of the service provided.

Staff were complimentary about the management and the provider.

Staff were supported by the management arrangements and felt able to have open and transparent discussions with them through one-to-one meetings and staff meetings.

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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 20 March 2018 and was unannounced. This meant the registered provider did not know we would be visiting. The service was previously inspected in 18 January 2017 and was not meeting all the regulations we inspected.

The inspection team consisted of one adult social care inspector, a specialist advisor in nursing and an inspection manager.

Before we visited the service we used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we observed how the staff interacted with people who used the service and with each other. We spent time watching what was going on in the service to see whether people had positive experiences. This included looking at the support that was given by the staff, by observing practices and interactions between staff and people who used the service.

At the inspection we spoke with seven people who used the service, six relatives, the deputy manager, the registered manager, the clinical lead, two nursing staff, six care staff, domestic, and the maintenance worker.

We also reviewed records including: three staff recruitment files, five medicine records, safety certificates, five support plans and records, three staff training records and other records relating to the management of the service such as audits, surveys, minutes of meetings and policies.

Good

Is the service safe?

Our findings

At the last inspection in January 2017 the service was rated requires improvement. We found that the service didn't have appropriate arrangements in place for the safe handling of medicines. This was in regard to the preparation and administration of covert medicines. 'Covert' is the term used when medicines are administered in a disguised format, for example in food or in a drink, without the knowledge or consent of the person receiving them. Covert medicines can be used in the person's best interest when a person refuses medicines that they need and are unable to consent to medical treatment.

At this inspection we found that improvements had been made and no one was now receiving covert medicines inappropriately and improved procedures were in place for staff should this type of medicine be given.
We looked at both the electronic and paper recording systems in place for medicines management. We looked at five medicines administration records (MARs). A MAR is a document showing the medicines a person has been prescribed and recording when they have been administered. We also looked at storage, handling and stock requirements. We found that appropriate arrangements for the safe handling of medicines were in place.

The registered manager ensured checks were carried out more regularly to ensure the medicines administration processes were safe. Medicines were stored securely. Controlled drugs were regularly recorded accurately. Controlled drugs are medicines that are liable to misuse. Room and medicine fridge temperatures were recorded daily. This meant they were stored at the right temperature.

Some people were prescribed 'as and when required' medicines. These were included in the records and these were person centred detailing how and where people preferred to take their medicines.

At the last inspection we found risk assessments were not managed appropriately and not in place for people who administered their own medicines and for people who received covert medicines. At this inspection we found that risks to people were assessed and improved. These risk assessments were up to date more individualised. These were in place to ensure people could take risks as part of everyday life and minimise any potential harm by mitigating risks. One example that had improved was regarding a person to be able to take their medicines them self and all the appropriate actions and risks had been assessed.

People were supported to take positive risks safely as part of everyday life there were individual risk assessments in place that covered areas such as moving and handling. These were supported by plans which detailed how to manage the risk. This meant people were protected against the risk of harm because the provider had suitable arrangements in place. These risk assessments were updated and current.

The people who used the service and their relatives told us they felt safe at the Ayresome Court Nursing Home and that there were enough staff to meet their needs safely. One person commented, "I feel very at home and safe here." Another told us, "Our medicines are always bang on time and all taken care of safely."

We looked at staffing levels and rotas and found the service had sufficient staff employed. We received positive feedback from people and their relatives about staffing levels. One relative told us, "There is always someone available." Another told us, "I never struggle to find anyone, always busy but plenty around."

We found that the registered manager monitored accidents and incidents and checkedfor any trends in order to reduce any repeat incidents. Actions were recorded and any referrals to the falls clinic were documented.

We looked around the home and found that areas were exceptionally clean and well presented. All staff we spoke to were aware of how to prevent and control cross-infection. They gave examples of good hand washing techniques, wearing protective clothing such as aprons and gloves and disposing of laundry in the correct coloured bags and bins. Personal protective equipment (PPE), paper towels and liquid hand sanitizer were available throughout the home. We also witnessed care staff using PPE appropriately, for example when serving food and administering medicines.

We observed cleaning being carried out and regular cleaning schedules were in place. We spoke to domestic staff who told us; "We clean all communal areas daily and peoples bedrooms, we take a real pride in our work, we treat and respect the home, like we would our own."

Staff had received training in respect of abuse and safeguarding. They could describe the different types of abuse and the actions they would take if they had any concerns that someone may be at risk of abuse. We saw records that demonstrated the service notified the appropriate authorities of any safeguarding. One member of staff told us, "I haven't had to yet but if I saw anything untoward then I would definitely report it, we all know what to do."

We looked at maintenance of the building and saw that the appropriate checks had been made to ensure the building was safe including, fire systems, emergency lighting, electrical testing, gas safety checks and water temperatures.

Staff files we looked at showed the provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, requesting two previous employer references and a Disclosure and Barring Service (DBS) check, which was carried out before staff commenced employment and periodically thereafter. The DBS carry out a criminal record and barring check on individuals who intend to work with children or vulnerable adults. This helps employers make safer recruiting decisions and also reduces the risk of unsuitable people from working with children and vulnerable adults. We saw proof of identity was obtained from each member of staff, including copies of passports and birth certificates and nursing staff registrations.

Good

Is the service effective?

Our findings

People were supported by enough skilled and experienced staff to meet people's needs. We found that there was an established staff team, and people who used the service and their relatives felt that staff knew them and their care needs well. One person told us, "The staff are nice and they know I like eggs for my breakfast, I can't fault them."

People were supported by staff who received regular support and development opportunities, through supervision and training. Supervisions and appraisals are important in helping to reflect on and learn from practice, personal support and professional development. One member of nursing staff told us, "We are all up to date and the senior care staff are very knowledgeable and well trained." Another member of the staff team told us, "I love the job, every day is different and the challenge of change is rewarding and fulfilling. My supervision and appraisal are done by the manager and both are up to date. I do get enough training to enable me to do my job and am being supported to train further."

Staff received mandatory training in areas including manual handling, safeguarding, health and safety, infection control, pressure ulcer care, fire training, equality and diversity, the Mental Capacity Act 2005 and nutrition. Mandatory training is training the provider thinks is necessary to support people safely.

In addition to training staff were able to become champions in their chosen area which involved extra training to support colleagues. The champion roles included; continence management, diabetes, care planning, falls, infection control, medicines, nutrition, mental capacity act and deprivation of liberty and nutrition.

People were supported to maintain a healthy diet. Systems were in place to ensure people who were identified as being at risk of poor nutrition were supported to maintain their nutritional needs. Where people's hydration and nutrition required monitoring we saw that records were up to date.

We spoke with the kitchen staff that were knowledgeable of peoples dietary needs and were able to tell us how they adapt the menu to suit individual needs such as diabetes and under nutrition. When we asked the kitchen staff if they supported any one with cultural dietary needs, they told us, "Not at the moment, but it wouldn't be a problem, we could make arrangements. I would even prepare food in a separate area if that was a cultural need."

We observed regular snacks and drinks being given out. We saw at lunch time a pleasant relaxed dining room and people told us that they enjoyed their dining experience and the food on offer. One person told us, "The food is lovely, I am always warm and clean, I am happy, they listen to me and ask how I am and are very kind, I get visits from my family and am very happy here, no worries at all and the food is very nice." A second told us, "The food is good, but could do with a little more sometimes." A third told us, "The choices are good there is always something I like."

People were supported by a range of community professionals including, social workers, GPs, speech and

language therapy. People were also supported to attend medical appointments.

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.

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 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. Clear records of people who were subject to DoLS were kept, which contained evidence of the involvement of external professionals and people's families. However we found that in some peoples care plans they had best interest decisions recorded regarding medicines for example and others didn't have any in place for the use of equipment such as bed rails. We discussed this with the registered manager who ensured these were put in place immediately and provided us with the evidence.

Consent to care and treatment records were signed by people where they were able. We observed interactions between people and saw that consent was requested from people before supporting them.

Good

Is the service caring?

Our findings

People who used the service and their relatives told us the staff were caring, supportive and attentive at all times. People told us, "The girls are all so nice." Another told us, "I am being cared for as I can't look after myself and the staff are all nice."

People were treat with dignity and respect and we observed how staff protected people's dignity. Staff explained things to people and asked for permission for example when supporting people to eat, take medicines or supporting with moving and handling. One person we spoke with told us, "The staff respect me and give me privacy, very much so. I have never had any cause to say anything different."

People were supported to be independent and were encouraged by staff to maintain this. We observed staff during activities and support with mobility and staff were encouraging people to be more independent by offering reassurance and guidance rather than doing things for each person. We also saw that supporting independence was part of people's care plans.

At the time of the inspection no one at the service was using an advocate. Advocates help to ensure that people's views and preferences are heard to be able to exercise their rights. There was information readily available for people, staff and relatives regarding local advocacy options. We asked staff about advocacy and they were knowledgeable.

People were supported to make choices and we observed staff offering individual's choices at meal times and during activities. We saw that people's bedrooms were personalised and their choices had been reflected within their bedroom décor.

We discussed with people and staff how individual's religious beliefs were supported and they told us about the local places of worship that people could access. One person told us, "Church is a big part of my life, I have made some really good friends and still attend, and I am supported."

Staff we spoke with were genuinely interested in people's wellbeing and happiness. They spoke with warmth as they told us about people and their families. Staff were knowledgeable about people's likes and dislikes, interests and the relationships that were important to them.

People were supported with personal relationships, friends and relatives could visit at any time and told us they were welcomed. We spoke with relatives on the day who praised the staff for the care and support they gave to their family members. One relative told us, "I have been nothing but impressed by the home and the staff, my relative is a character and this is encouraged. We have excellent communication, when I visit and when I am at home, we have regular phone calls." Another relative told us, "There is a sign in the reception that says 'come as strangers, leave as friends' and that's true. We visit every day."

Good

Is the service responsive?

Our findings

People were supported to take part in a varied range of activities if they wished. We saw people taking part in a range of activity during our inspection. People who used the service told us, "There are always lots to do. I don't always get involved as I love my music but there are entertainers and quizzes. I have my nails painted pink, I though why not – I don't have any housework to do."

The service had an activities co-ordinator who organised various activities and trips out. Care staff were also involved in activities and we saw them getting people involved in a quiz and also some pampering activities were taking place, hand massage and manicures. A weekly planner on the wall had pictures of activities coming up in the week.

People were encouraged to get involved in various events including visits from local schools and themed events. People were also encouraged to take part in regular 'residents' and relatives' meetings where activities were discussed as well as the menu and these meetings were an opportunity to share ideas and information.

Care plans were person-centred and gave in depth details of the person's needs. Person centred is when the person is central to their support and their preferences are respected. Care plans contained one page profiles that reflected people's preferences, how they liked their support, their needs and background information. These care plans gave an insight into the individual's personality. Care records also contained daily notes and these were detailed. The care records gave valuable insight to the staff team about developments in people's care. One relative told us, "[Name] has always been very proud of their appearance and this is very important to them and I like that the staff respect and encourage this."

People were supported to receive information that was appropriate and accessible to them. We saw that the activities were displayed in pictures. We saw that menus were displayed on a chalk board for people to read if they could and staff would offer support so let people know what choices were available. When we asked the registered manager what changes they put in place f to help people access information they were able to give examples and told us, "We do what we can, we use the talking books service for people who are visually impaired so they can still enjoy their books."

Handover records showed that people's daily care was communicated to staff when shifts changed over, at the beginning and end of each day. We saw these covered areas including how the person had slept, their activities that day and any visits received by external professionals. Information about people's health, moods, behaviour and appetites were shared. This meant staff were aware of people's current health and well-being needs.

People and their relatives told us they were able to complain if they wished. There was a complaints policy in place, and where issues or complaints had been raised these had been investigated, recorded accurately and the outcomes were communicated to the people involved. People told us they were confident they could raise issues if they wanted to and that they would be addressed.

People and their relatives were asked for their views about the service. One person told us, "Yes, we get a questionnaire but we can raise things whenever we like." And we saw people at lunch time give feedback regarding their food. We saw that when one person was given something they didn't like, this was quickly resolved. One relative told us, "We have filled in a questionnaire recently but whenever we have wanted to resolve any issues it is sorted immediately. If [name] has an issue it is quickly picked up and things get seen to, just as it should be, we have no concerns here."

No one was receiving end of life care at the time of our inspection. However people were supported to make advanced end of life care plans in preparation if they wished and we saw that these where detailed, appropriate and contained personal preferences and wishes.

Good

Is the service well-led?

Our findings

The home had a registered manager in post. A registered manager is a person who has registered with CQC to manage the service. We saw that the registered manager had an open door policy to enable people and those that mattered to them to discuss any issues they might have.

At our last inspection in January 2017 we found that monitoring and audits in place were not robust enough to pick up issues that we found during our inspection in regard to medicine administration, preparation, covert medicines and risk assessments for this. At this inspection we found that the registered manager had implemented changes to audits and made improvements to the medicines administration procedures, provided further training for staff and took other appropriate action with staff. External audits by the provider were also now more robust to support the registered manager to identify concerns or issues with staff or their practice. These audits were in line with our key line of enquiry.

These audits had also identified areas for improvement within medicines and the registered manager had an improved process in place to address issues raised from their own findings and from the registered provider. We could see from the records that issues were addressed by the registered manager, for example they had highlighted when additional information on allergies was required in people's medicines records.

At this inspection we found that significant improvement had been made in all areas of concern we found at the last inspection and the service was now compliant with the regulations.

People who used the service and their relatives were complimentary about the registered manager and one person told us, "Whenever I have raised anything with the manager it has been quickly resolved, very quick to act."

Staff felt supported by the registered manager, who they said was approachable and would help them resolve any issues they had. One member of staff told us, "The manager is great, has high standards which we all share and is very committed. I have no concerns about the service." Another staff member told us, "The manager is very supportive and hands on, a very good person."

There were clear lines of accountability within the service and external management arrangements with the registered provider. Quality monitoring visits were also carried out by the commissioning local authority and actions identified by them had been carried out.

The registered manager ran meetings to regularly communicate with staff which included regular staff meetings and daily information meetings.

The most recent quality assurance survey results were available. These were collected regularly using a questionnaire. The results contained positive feedback from people who used the service, visiting professionals, staff and relatives. These were displayed for people to see.

Policies, procedures and practice were regularly reviewed to ensure any changes in legislation and the latest good practice guidance were reflected. All records observed were kept secure, up to date and in good order and were maintained and used in accordance with the Data Protection Act.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service in the form of a 'notification'. The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.