

The Croll Group

Ayletts House

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

About the service: Ayletts provides care for up to 27 people. The people who use the service are older people, some of whom may have dementia related needs. On the day of inspection there were 19 people using the service.

People's experience of using this service:

The environment had recently been decorated. We have made a recommendation about improving the environment for people living with dementia.

Systems and processes were in place to keep people safe and risks associated with people's care needs had been assessed. There were sufficient staff to meet people's needs and recruitment processes and procedures were robust. Medicines were managed safely.

Staff received appropriate induction, training and supervision to provide safe and effective care. The manager worked in partnership with other organisations to support people's needs. People's nutritional and healthcare needs were met. 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.

Staff respected people privacy and dignity and encouraged people to remain independent. A concern had been identified on the day of inspection about people not being responded to appropriately at night. The manager had taken appropriate action and had started an investigation.

People and relatives could express their views about the running of the home. Complaints and concerns were managed appropriately and outcomes were actioned. People and relatives knew how to make a complaint. A range of activities were available for people to take part in.

Staff said the manager was approachable and listened. There was evidence of effective checks being carried out to assess and monitor the quality of the service provided.

Rating at last inspection: Good (report published 13 August 2016).

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service remained rated Good overall.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Ayletts House

Detailed findings

Background to this inspection

The inspection: We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection team consisted of two inspectors.

Service and service type: Ayletts House is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager was currently absent from the service and an acting manager was overseeing the service until they returned.

Notice of inspection: This inspection was unannounced. Inspection site visit activity started on 06 February 2019 and ended on 08 February 2019.

What we did: Prior to the inspection, we reviewed the information we held about the home, including notifications of events the service is required by law to send us.

On the day of the inspection we observed the way people interacted with the management team and staff. During our inspection visit we spoke with the manager, and six members of staff and a visiting professional. We also spoke with eight people, and one relative. We checked three people's care records, and a sample of medication records and health and safety records. After our visit, the manager sent us copies of rotas and resident meeting records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding systems were in place to safeguard people from abuse. Staff we spoke with had a good understanding of safeguarding procedures.
- A concern had been raised with the manager and to us during the inspection in relation to people's care at night. The manager took the appropriate action and had started an investigation.

Assessing risk, safety monitoring and management

- Staff understood the risks associated with people's health and care needs. Care records provided information about each person's risks and gave guidance to staff about how to reduce such risks. For example, if a person was at risk of falling, staff had guidance to help reduce those risks.

Staffing and recruitment

- There were sufficient numbers of staff on duty to meet people's individual needs.
- One family member told us the service could do with more staff at night. The manager was investigating a concern two people at the service had raised in relation to night support. However, most people told us there was enough staff.
- One person told us, "Yes there is enough staff and they come when I want them."
- The provider had an effective recruitment and selection procedure in place.

Using medicines safely

- People were receiving their medicines when they should. The provider was following safe systems for the receipt, storage, administration and disposal of medicines.
- One person had recently been admitted and told us they previously did their own medicine and assumed this would not be possible in the care service. We fed this back to the manager who told us they would discuss this with the person straight away.

Preventing and controlling infection

- The home was clean, tidy and odour free. Staff understood the importance of wearing protective clothing such as disposable aprons and gloves when providing personal care to reduce the risks of transferring infection from one person to another.

Learning lessons when things go wrong

- The manager discussed information about incidents and accidents with staff. The manager monitored these events to help prevent further occurrences. We noted there were very few falls occurring at the service.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care and support was delivered in line with good practice guidance. A comprehensive assessment was carried out before people moved into the service.

Staff support: induction, training, skills and experience

- Staff had received induction and training in a range of topics. These included, safeguarding, first aid, medication, manual handling and dementia.
- Staff were positive about the training they received. One staff member said, "Training is very good and I receive supervision from [named manager]. I feel supported here."
- During our inspection we observed staff supporting people to move position with and without equipment. Staff communicated in a caring manner, giving clear instruction and reassurance.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported with their dietary needs. Support plans were in place and where necessary included guidance from relevant healthcare professionals, such as speech and language therapists (SALT). Records were regularly reviewed and up to date.
- People told us they were encouraged to choose what they wanted to eat and drink and could make their own choices. One person told us, "The food is excellent." Another person told us they had put on weight since living here.
- We observed the meal experience for people and could see it was a relaxed and sociable occasion. People were offered a choice of food and drinks that included wine. Vegetables were served in tureens that encouraged people to serve themselves.

Staff working with other agencies to provide consistent, effective, timely care

- The service had clear systems and processes for referring people to external services, which were applied consistently.
- A consistent staff team knew people well and understood their health needs.

Adapting service, design, decoration to meet people's needs

- Communal areas were very homely and comfortable for people.
- Some areas had recently been decorated and we found a lack of signage or orientation clues in corridors, although bedrooms were personalised there was very little to support people to find their rooms or orientate themselves to find their way back to communal areas.
- We recommend that the service finds out more about current best practice, in developing a more supportive environment in relation to the specialist needs of people living with dementia.

Supporting people to live healthier lives, access healthcare services and support

- People had access to healthcare services and received ongoing healthcare support. Care records contained evidence of visits to and from external specialists including GPs, district nurses and SALT.
- A visiting healthcare professional said, "Staff are proactive in contacting me and they follow my advice. There are staff available to help me."

Ensuring consent to care and treatment in line with law and guidance.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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 Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

- Systems were in place to assess people's capacity to make decisions about people's care. The manager told us currently everybody that lived at the service had capacity to consent to their care and treatment.
- People were supported to be involved in daily decisions about their care. During our inspection, we observed staff sought people's consent before carrying out care tasks or involving them in activities. People told us staff always asked for consent. This meant the service was meeting the requirements of the MCA
- The manager told us they were aware there were some people living at the service they needed to review regularly as their capacity was variable. The manager told us they would refer to other professionals if they needed advice.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People were relaxed in the presence of staff and the management team. Staff knew people well including their preferences for care and their personal histories. Staff were caring and respectful in their interactions and people were seen talking and engaging with them.
- People enjoyed living at Ayletts House. One person told us, "I am treated kindly." Another person said, "The staff are really nice and I like living here."
- Staff understood people's needs and knew what was important to them. One staff member said, "It is like a family here."
- We saw the manager was providing ways to support people to receive information to support communication. For example, one person with a hearing impairment was given information they needed in writing.
- Church services were held at least monthly and some people attended church services in the local community.

Supporting people to express their views and be involved in making decisions about their care

- People told us they made their own decisions about their care. One person said, "I still have choice and I am always asked. Another person told us, "It is my choice to spend time in my room." A staff member said, "We always ask people what they want to wear or to eat. It is their decision."
- Residents meeting were held regularly and people were asked for their views. One person said, "I am listened to."
- People's friends or relatives could visit when they wanted.

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful when speaking with people and they knocked on people's bedroom doors and asked them for their permission before entering.
- Records were stored securely and were only accessible to those staff who required that information.
- People were encouraged to maintain their independence. The manager told us some people had their own section of garden and looked after this with their families.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans were personalised and contained information about people's care needs and preferences.
- The provider had introduced a wellness programme for people that used the service. This started by providing mindfulness sessions for staff, so they could then cascade the mindfulness principles to people that used the service. (Mindfulness helps people to focus on being aware of what they are sensing and feeling in the moment, without interpretation or judgment).
- Staff completed health and wellness journals with people to promote individual memories related to their life in the service.
- Staff told us people were encouraged to choose what interesting things they would like to do. The activities co-ordinator said, "We have quarterly meetings to gain feedback and ideas from residents." The programme included armchair exercises, music therapy, bell ringing, archery, mindfulness, ball target, skittles and church services.
- People told us there was enough to do. One person said, "Yes there are activities available and they are good." Another person said, "Something happens every day."
- The service had access to a minibus so people could go out into the community.
- From 31 July 2016, all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard. This means people's sensory and communication needs should be assessed and supported. We found care plans contained information related to people's communication needs and could provide information in different formats if required. As recorded in the effective domain improvements were needed to the environment.

Improving care quality in response to complaints or concerns

- People confirmed they would feel comfortable speaking with the management team or staff if they had any concerns. One person told us, "I would be happy to complain and would go straight to [named manager]. I think they do take us seriously and I am confident something would be done."
- A recent concern had been raised by people in relation to their care at night. The manager was investigating and had taken the appropriate action.

End of life care and support

- Arrangements had been made to respect people's wishes at the end of their life. Care plans included information about how people wanted to be supported and receive care at the end of their life.
- The service could gain advice and support from other professionals and a local hospice when they identified a person at the end of their life.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Staff we spoke with were very complimentary about the manager and spoke highly of their management style. One staff member told us, "The managers help on the floor and are supportive. We have great teamwork and we all muck in."
- The manager understood their responsibility under the duty of candour is to be open and honest and take responsibility when things go wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- A schedule of audits was in place to enable the provider and manager to monitor different aspects of the service. These included medicine audits, health and safety, accidents and incidents and complaints.
- Staff had a clear understanding of their role and responsibilities.
- The manager had only just started overseeing the service in the absence of the registered manager but was receiving support from the provider.
- Regular staff meetings were held to keep staff informed about all aspects of the service.
- The rating from the previous inspection was displayed at the service and on the providers website as required by law.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives were asked to complete a survey yearly. Positive comments from the most recent survey included "More than satisfied, the food looks so good I often think of moving in."
- Positive relationships had been formed with external health and social care professionals. Staff sought advice and worked in partnership with others such as commissioners and social workers to ensure the best possible support for people. A visiting healthcare professional commented, "The staff are good and listen to patients."

Continuous learning and improving care

- All accidents and incidents which occurred in the service were recorded and analysed to identify any patterns or trends.
- The manager attended meeting with other managers from their organisation to share good practice.
- The provider had looked for innovative ways to improve care for people that used their services. For example, their mindfulness programme.

Working in partnership with others

- The service had developed relationships with local churches and primary schools who now visited the service. The service had also developed relationships with community businesses and the Alzheimer's society.