

Mr Peter Hubert Oxley

Ar-Lyn Residential Home

Inspection report

Vicarage Lane

Lelant

St Ives

TR26 3JZ

Tel: 01736 753330

Website: www.ar-lynreshome@hotmail.com

Date of inspection visit: 30 June 2015

Date of publication: 01/09/2015

Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires Improvement



Overall summary

We carried out this unannounced inspection of Ar-Lyn on 30 June and 6 July 2015. Ar-Lyn is a care home that provides residential care for up to 13 people. On the day of the inspection there were 13 people using the service. The service was last inspected on 8 July 2013. At that time we found no concerns.

The service does not have a condition to have a registered manager as the registered provider manages

the service on a day to day basis. 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.

We found people were not always kept safe due to unsafe medicines storage and recording procedures. The registered person did not ensure people were protected against the risks of unsupervised access to medicines, because medicines were not stored securely and appropriately. We found a number of people's medicines left in areas which people had access to, including an

Summary of findings

open and accessible office and two bathroom cabinets. People received medicines which had been dispensed twice. Initially by the pharmacist to the service and secondly by the registered person placing medicines into a monitored dosage system for staff to administer. This meant people's medicines were not administered in accordance with medicine regulation and good practice guidance. Locking systems for keeping medicines safe were not suitable as recommended by the Royal Pharmaceutical Society recommendations for handling medicines in social care.

Some audit systems did not minimise the likelihood of future risk. For example a gas installation servicing certificate was over twelve months out of date. The registered person confirmed they would act on this issue with immediate effect. However it showed not all servicing certification was monitored to ensure the safety of people using the service. In another instance medicines no longer in use had not been returned to the pharmacy when they had been stopped or the person was no longer at the service. This showed not all medicine audits were complete.

The registered person was working towards developing staff training needs to meet the new care certificate. This sets standards for the induction and training for staff working in health and social care roles. Two staff members said they had recently attended health and safety, food hygiene and first aid training. The registered person agreed some training required updating and said they would take action to address this.

Our findings were that people were being cared for by competent and experienced staff, people had choices in their daily lives and their mobility was supported appropriately. Staff working at the service understood the needs of people they supported, so they could respond to them effectively. We observed care being provided and

spoke with people who lived at the service, their families and healthcare professionals who visited the home regularly. All spoke positively about the staff and the registered person and felt they were meeting people's needs. One person told us, "It's just like one big family here, everybody gets along well". A family member told us, "They (staff) are the best. We could not wish for more kindness and care for our (relative)."

People living at the service had the mental capacity to make informed decisions for themselves. The registered person had systems in place to act in accordance with legal requirements under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards, should a person require an application to be made. However, the procedures associated with this were currently under review in order to update the guidance for staff.

People were protected from the risk of abuse because staff had a good understanding of what might constitute abuse and how to report it. All were confident that any allegations would be fully investigated and action would be taken to make sure people were safe.

The service had an effective recruitment process in place to ensure new staff were safe to work with people requiring care and support. Pre-employment checks had been completed to help ensure people's safety. There were enough skilled and experienced staff to help ensure the safety of people who used the service.

People told us they knew how to complain and would be happy to speak with the registered manager if they had any concerns.

There were a variety of methods in use to assess and monitor the quality of the service. These included a satisfaction survey, informal meetings with people living and working at the service and care reviews. Overall satisfaction with the service was seen to be very positive.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not entirely safe.

Medicine practices' did not ensure people were protected from possible harm.

There were sufficient numbers of suitably qualified staff on duty to keep people safe and meet their needs.

Staff knew how to recognise and report the signs of abuse. They knew the correct procedures to follow if they thought someone was being abused.

Requires Improvement



Is the service effective?

The service was effective.

People were positive about the staff's ability to meet their needs. Recently reviewed training opportunities were providing staff with the opportunity to develop their skills and knowledge in order to provide effective care to people.

People had access to healthcare professionals including doctor's, chiropodists and opticians.

Staff supported people to maintain a balanced diet appropriate to their dietary needs and preferences.

Good



Is the service caring?

The service was caring.

Staff were kind and compassionate and treated people with dignity and respect.

People told us they were able to choose what time they got up, when they went to bed and how they spent their day.

People told us they felt the staff were very caring and respectful towards them and their relatives.

Good



Is the service responsive?

The service was responsive.

People received personalised care and support which was responsive to their changing needs.

People were able to choose how they wanted to spend their time.

Information about how to complain was readily available. People and their families told us they would be happy to speak with the management team if they had any concerns.

Good



Summary of findings

Is the service well-led?

The service was not always well led

Systems and procedures to monitor and mitigate risks were not in place.

Staff said they were supported by management and worked together as a team, putting the needs of the people who lived at the service first.

Staff were motivated to develop and provide quality care.

Requires Improvement



Ar-Lyn Residential 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 unannounced inspection took place on 30 June and 6 July 2015. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has experience of using or caring for someone who uses this type of care service.

During the inspection we spoke with twelve people who were able to express their views about living at Ar-Lyn and one visiting relative. We looked around the premises and observed care practices on the day of our visit. Prior to our visit we spoke with a Local Authority commissioner of the service and the district nursing service who delivers healthcare support to people living at Ar-Lyn.

We looked around the service and observed care and support being provided by staff. We looked at three people's records of care. We looked at three staff files, medication records and records used in relation to the running of the service.

Is the service safe?

Our findings

The registered person did not ensure people were protected against the risks of unsafe medicines, because the way medicines were being stored was unsafe. The registered provider stored medicines in three separate locked facilities within an office. One facility was a filing cabinet, which was used to store other items in addition to medicines. The Royal Pharmaceutical Society guidance for the handling of medicines in social care states, "Filing cabinets are not suitable for the storing of medicines". When we discussed this issue with the registered person, they began taking immediate steps to replace the current facilities to ensure they were safe and met professional guidance. We found several prescribed medicines for people on top of filing cabinets, in view and accessible to people. The office door was open and people had unrestricted access to this area. In addition prescribed creams for two people were being stored in unlocked bathroom cabinets. The senior member of staff on duty immediately removed the medicines to a locked facility. By not securely storing medicines there were potential serious consequences for people's health and well-being.

Medicines were being received into the service from the pharmacist on a monthly basis, or as required. Medicines were delivered in packaging or containers with directions from the prescriber printed on the labels. Medicines were checked in by the registered person and all were accounted for when we looked at the most recent delivery. However, the registered person then went on to dispense medicine for each person into a separate box and set up daily dosette boxes containing the medicines to be administered each day. This is called 'secondary dispensing'. It is not a safe system for the registered provider to use and is not in line with Royal Pharmaceutical Society guidance and breaches The Human Medicines Regulations 2012.

There were several medicines which were not in use but had not been returned to the pharmacist. This included medicine prescribed for a person who no longer lived at the service. There were prescribed eye drops for one person dating back to February 2015 that were no longer required. Another was for a prescribed medicine which had been stopped in May 2015.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt safe living at the service and with the staff who supported them. One person said, "I chose this home. Yes, I feel safe here. I find them very good at answering my call bell I don't have to wait very long". Families said they felt the service was a safe place for their relatives to live. They told us, "I knew about this home and we waited until (relative) got a place here. Couldn't have asked for more. Been very happy ". Also, "It is a family unit and they make everybody here feel part of it. Have no complaints". There were enough skilled and experienced staff on duty to keep people safe and meet their needs. Staff were available to support people by providing the care and support they needed.

People's care records contained risk assessments which were specific to the care needs of the person. For example, there was clear guidance that directed staff on how many people and what equipment was needed to move a person safely. Risk assessments were being reviewed monthly or where required should there be a change of risk level. For example one person's health needs had changed. Staff had sought advice from health professionals to ensure skin pressure care was increased.

Staff were aware of the different types of abuse and were clear on how they would raise any concerns they had with senior staff and management. Staff also knew they could raise any concerns with the local authority or the Care Quality Commission if necessary. The safeguarding policy contained information about the various types of abuse, the process for raising concerns and whistleblowing policies. Staff were confident that any allegations would be fully investigated and action would be taken to make sure people were safe. Staff received safeguarding training as part of their initial induction. However there had been no updates in relation to changes in guidance for some time. The registered person was aware updating safeguarding training was necessary for the staff team and said they were committed to implement this in the near future.

The registered provider completed a thorough recruitment process to ensure new staff had the appropriate skills and knowledge needed to provide care to meet people's needs. Staff recruitment files contained the relevant recruitment checks, to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks.

Is the service safe?

Accidents and incidents that took place in the service were recorded by staff in people's records. This meant that any patterns or trends would be recognised, addressed and would help to ensure the potential for re-occurrence was reduced.

Is the service effective?

Our findings

People were able to make choices about what they did in their day to day lives. For example, when they went to bed and got up, who they spent time with and where, and what they ate. A person told us they chose to get up later in the morning and staff supported this by not disturbing them. Another person said, "I like to spend my time in the lounge, there is always someone to have a natter with and on days like today we go into the garden".

People were cared for by staff with the appropriate knowledge and skills to support them effectively. People told us, "They (staff) know just how to get me comfortable because my legs play me up so much" and "They (staff) have kept us informed about (our relative)". Families felt the service was effective in meeting their relatives needs they said, "I can leave my (relative) and know they are being well looked after" and "My (relative) is well supported by staff who know their needs very well".

Staff completed an induction programme when they commenced employment. The service was introducing a new induction and training programme in line with the Care Certificate framework. This system replaced the Common Induction Standards with effect from 1 April 2015. New employees were required to go through an induction programme which included training identified as necessary for the service and familiarisation with the service's policies and procedures. Included in the induction programme was a period of working alongside more experienced staff until the new staff member received a satisfactory competency level. Staff said they felt supported and they had the opportunity to discuss their performance and development. Two staff members said they had recently attended health and safety, food hygiene and first aid training. The registered person agreed some training required updating and was taking action to address this.

Staff told us they felt supported by management and while they did not receive formal individual supervision, they had regular daily contact with the registered person. Staff told us, "The manager is always here and we get to talk things through". Also, "We are a small team and the owners work here with us every day so we do get the support we need".

People gave us examples of when they had been involved in their care planning and reviews. One person said, "They (staff) sit down with me and we have a good chat about

how things are going". A family member told us, "They have kept us informed of everything all the way through. We know exactly what's going on and if (relative) needs the doctor or any other help".

People told us they had been asked for their consent before care was provided. However, the care plans we reviewed had not been signed by the person, or their representative, to show they agreed with the content. The registered provider acknowledged the need to demonstrate where people have been involved and agreed to take action to demonstrate this.

The Mental Capacity Act 2005 (MCA) provides the legal framework to assess people's capacity to make specific decisions, at a specific time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. The legislation regarding Deprivation of Liberty Safeguards (DoLS) provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. A provider must seek authorisation to restrict a person for the purposes of care and treatment. Following a court ruling in 2014 the criteria for when someone maybe considered to be deprived of their liberty had changed. There were no applications for authorisation when the service was inspected.

Some staff had received training in the Mental Capacity Act 2005 and staff we spoke with demonstrated an awareness of the MCA and told us how they cared for each individual. Some staff were not clear on the related legislation laid down in the MCA, regarding the Deprivation of Liberty Safeguards (DoLS). However, staff knew they were not able to restrict anyone who had the ability to make decisions for themselves. The registered person was aware of the need to extend staff training for staff to gain a better understanding of MCA and DoLS legislation.

Care records showed people had access to health care professionals to meet their specific needs. This included liaison with doctors and district nurses as well as specialist services when required. For example a hospital bed was being prepared for a person whose risk of pressure sores had increased. In another instance a community psychiatric nurse (CPN) was working closely with a person and their family to meet their mental health needs. Staff made referrals to relevant healthcare services quickly when

Is the service effective?

changes to health or wellbeing had been identified. On the day of the inspection visit staff were liaising with a person's GP. This was due to deterioration in their health and this was being shared with their family, so they were informed of the situation. A family member told us, "It is a difficult time for us but the staff are doing their very best for (our relative) as well as keeping us informed. It all helps".

The lunchtime meal was served in the dining area. People who chose to eat in the dining room sat together. The table was laid with a cloth tablecloth. There were napkins, table mats, glasses and seasoning condiments. People were

offered water and several juice options. The meal was a sociable occasion with people chatting happily to each other and with the staff who were serving lunch. People told us, "Meals are very good, if we don't like what is on offer we can choose an alternative". The cook understood the dietary needs of people including suitable foods for diabetics. Throughout the day people had access to drinks of their choice including tea, coffee, water or squash. The service prepared all food on the premises including homemade cakes.

Is the service caring?

Our findings

People told us they were happy living at Ar-Lyn. They found it to be a good place to live where staff knew what people's needs were and were responding to them in a kind and caring way. They told us, "I would say that the staff are patient, caring and kind" and "It's like one big home, everybody is happy. The staff are really good. I can't fault them they treat me with respect". Also, "It's more than a residential home, it's more like a family home". Families we spoke with told us, "It meets everything we wanted for our (relative). I don't think we could have found anywhere better". Also, "They (staff) keep us informed all the way along. I have every confidence in them all (staff)".

People were cared for by attentive and respectful staff. We saw staff showing patience and providing encouragement when supporting people. People's choices were respected and staff were sensitive and caring. During the day people moved freely around the service without restriction. Staff were available to support people when they needed it. For example one person wanted to stay in bed until later. Staff supported them (the person) to get up when they were ready. The person told us, "I like to do things my way and they (staff) let me get on with things the way I like to". Another person wanted to sit in the garden in the sunshine. A staff member supported them but advised them to wear a sun hat and sunscreen. The person responded by saying, "You always know what's best for me".

The day of the inspection visit was exceptionally hot and sunny. People had chosen to sit in the garden after lunch.

Staff took precautions and encouraged people to wear hats and sit under shades put in place on the patio area. Staff made sure people had access to plenty of fluids to make sure they were hydrated.

Some people had limited mobility but staff encouraged them to move around with the use of hand rails and personalised walking aids. This showed people's independence was supported. Some people used the lounges and dining room and others chose to spend time in their own rooms or the garden area. Families told us, "Staff are all patient and caring" and "I come here nearly every day and can see the staff at work. There is no problem at all". Visitors told us they were always made welcome and were able to visit at any time. People could choose where they met with their visitors, either in their room or in a lounge area.

Staff were respectful and protected people's privacy and dignity. When people were being supported to move to the dining table staff spoke with them in a low voice and assisted them with the minimum of fuss, reassuring them throughout. People responded positively to this support. People's bedroom doors were closed when care was being provided for them. Staff assisted people in a sensitive and reassuring manner throughout the inspection visit. People were dressed in clean and coordinating clothes and appeared well cared for. Some women wore jewellery and their nails were manicured and painted. One person said, "I love to get dressed up and have my nails done, it just makes you feel so much better".

Is the service responsive?

Our findings

People told us they felt their needs were being well met at Ar-Lyn. One person told us, “I am very independent and like my own space, they (staff) respect this”. Another person told us, “I go to a coffee morning twice a month and they collect me in the car. I would like to have an exercise class here with some of the other resident’s”. Family members told us, “My (relative) has got everything they need living here. They have really been good at meeting (my relative) needs”.

People said they were happy living at the service and were able to spend the days doing what they chose to. Some people liked reading and daily newspapers were delivered. There was no formal approach to activities. Staff said most people liked to chat and ‘sit around’. Some families took their relatives out. One person told us they appreciated regular visits from the clergy. They told us, “A vicar comes once a month for communion”. Another person told us they had enjoyed a lifetime of exercise. Another person joined in the conversation and said they would also enjoy something like that. We shared this with the registered person so they could consider and share the idea with other people.

Staff members were familiar with people’s interests. Most people could vocalise their likes and dislikes and wanted to share their life experiences with staff. Staff said they found that when people shared their interests and backgrounds it helped them to have relevant and meaningful conversations with people. People were supported to maintain contact with friends and family. Visitors were always made welcome and were able to visit at any time which we saw during the inspection visit.

Care plans were informative, easy to follow and accurately reflected the needs of the people we spoke with and observed. People’s weight was monitored regularly to

ensure their nutritional intake was sufficient. However, in some instances people were unable to use the domestic type scales. This resulted in staff being unable to monitor their weight other than visual observation. We discussed this with the registered person who said they would source ‘sit on’ scales and make them accessible to all those living at the service. Care staff wrote informative daily notes about how people had spent their time, as well as recording the care that had been provided to them. Some people were self-caring, but staff still checked to ensure there was nothing the person needed and recorded this along with how they spent their time. This meant a daily record was kept for each person in how the service met their individual health and social needs.

People were supported by staff who were experienced, and had a good understanding of the person’s individual needs. They were reviewed monthly or earlier if people’s needs changed. Some people were not aware of whether they had been involved in their care planning and review. However two families told us the registered provider and staff members frequently kept them informed of any changes of care and support for their relatives. A family member said, “I have been invited to my (relatives) reviews and feel we are always kept updated and informed”. The registered provider agreed records would be updated to show the level of involvement in people’s care planning and review.

People and families were supported with information on how to raise any concerns they might have and were provided with details of the complaints procedure when they moved into the service. We saw details of previous concerns that had been raised with the service. The records showed they had been investigated and the person raising the issue had been contacted to tell them of the action that had been taken to resolve the issue.

Is the service well-led?

Our findings

Audits took place at the service to identify if systems were operating effectively and were safe. The audits included equipment checks for lifting equipment and fire tests were carried out weekly and emergency lighting was tested monthly. A gas installation service certificate was over twelve months out of date. The registered person confirmed they would act on this issue with immediate effect. However this showed not all service certificates were being monitored to ensure the safety of people using the service. Audits for the management of medicines were taking place however, there were a number of medicines which had not been returned to the pharmacy when they had been stopped, or the person was no longer at the service. This showed not all medicine audits were complete.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People who lived at the service spoke positively about the registered person and the staff and felt they could approach them with any issues and that they would be heard. Staff felt well supported by the registered person. A Local Authority commissioner told us they had no concerns regarding the management of the service. One said, "I deal with this service a lot and they listen and always act on my advice. It's a good service".

The registered person lived at the service and was accessible to people. People told us they felt it was a homely environment. One said, "very relaxed. We are like one big family". A family member told us, "We have every confidence with the owner and all the staff. It is run for the people who live here".

The registered person and their deputy manager worked in the service every day providing care and supporting staff. Staff told us the philosophy of the service was to make it as

homely for people as possible. Staff said that due to this, "We feel valued and we value and respect the people we care for". It was important to all the staff and management at the service that people who lived there were supported to be as independent as possible and live their life as they chose.

There were systems in place for the registered person to monitor the quality of the service provided to people. This included an annual survey. The most recent in March 2015 showed people were very satisfied living at the service. They made comments on all aspects of living there including, food, care, premises, daily living and management. Comments included, "Food is wonderful. Restaurant quality" and "I love my room and the way it's kept so clean. Very good standards here".

There were no formal meetings taking place for staff or people using the service. However everybody we spoke with told us that due to the registered provider living and working in the service daily there was always an open dialogue. Staff said they shared information every day and between shifts. Families told us each time they came into the service the registered provider always updated them about what was going on.

Policies and procedures were in place for all aspects of how the service should deliver a service to people. Most had recently been updated to reflect current legislation and best practice. For example the health and safety policy, however the current safeguarding information had not been updated for a number of years and therefore did not reflect all the information relating to Mental Capacity Act 2005 information specifically the Cheshire Ruling of 2014 relating to DoLs.

We recommend the service seeks the most recent published guidance on safeguarding protocols, so that the service responds to issues of mental capacity and protecting people using best practice.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>We found that the registered person had not ensured safe and effective systems were in place to manage medicines. This was in breach of Regulation 12 (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>We found that the registered person did not have an effective system to monitor and mitigate risks when auditing medicines and equipment servicing certificate. This was in breach of Regulation 17(2) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>