

Airmyn Residential Ltd

The Old Vicarage at Airmyn

Inspection report

75 High Street
Airmyn
Goole
Humberside
DN14 8LD

Tel: 01405763699

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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

The Old Vicarage at Airmyn is a residential care home providing personal care for up to 22 older people, some of whom may be living with dementia.

People's experience of using this service and what we found

People told us they were safe, happy and well cared for. Staff were aware of the importance of keeping people safe and demonstrated a clear understanding of people's diverse needs and how to support their independence.

People received assessments of their needs which were used to formulate care records. Care records included information to provide person centred, safe care according to people's individual preferences. Where people were able to, they were fully involved in their care plans.

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. We received positive feedback from people and our observations confirmed staff were attentive and responsive to their needs.

Staff followed best practice guidance to ensure medicines were managed and administered safely. People received support to take their medicines as prescribed. People had good access to other health professionals who provided additional support to maintain their wellbeing.

The provider completed checks on staff prior to commencing their duties to ensure they were suitable to work in the service. All staff completed an induction to their role and were provided with ongoing training, supervision and appraisal. Staff confirmed they were well supported to have the right skills and knowledge to support people safely in line with best practice guidance.

Staff spoke with enthusiasm about their roles and the people they supported. It was evident from discussions and observations staff had a very clear understanding of people's needs and people were responsive and settled in their company.

The registered manager and staff were passionate about the service and responsive to any concerns. Staff spoke positively about the way they were managed and the support they received. Everybody told us the management team were approachable and listened to them when they had any concerns.

A range of audits and checks were completed to maintain standards and identify improvements. Evaluation and review of external checks was being carried out to ensure the environment and equipment checks remained certified and safe. Completed and planned improvements had ensured the environment was suitable, and followed best practice, for people living with dementia.

For more details, please see the full report which is on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 9 December 2016). Since this rating was awarded the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

This was a first planned inspection in response to the change of provider for this location.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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.

The Old Vicarage at Airmyn

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was completed by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

The Old Vicarage at Airmyn 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who lived at the home, two visiting relatives, and a visiting health professional about their experience of the care provided. We spoke with six members of staff including the nominated individual, the registered manager, three care workers, and the chef. We reviewed a range of records. This included three people's care records, and records associated with people's medicines. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were protected from abuse. Staff received training in safeguarding people and were able to discuss how they reported any concerns. One person said, "Yes, very safe, always plenty of staff around."
- Systems and processes were in place to ensure any concerns about people's safety were reported and fully investigated.
- The registered manager had oversight of incidents and accidents. Information was evaluated with actions and outcomes. A staff member said, "We work well as a team now and discuss any events to improve the way we do things."

Assessing risk, safety monitoring and management

- Staff understood where people required support to reduce the risk of avoidable harm.
- Care plans were routinely updated and contained good explanations of the control measures for staff to follow to keep people safe from known risks.
- The provider completed certified checks to ensure equipment and the environment remained safe.

Staffing and recruitment

- The provider was responsive to people's changing needs and staff numbers were adjusted to support this.
- Staff responded to people in a timely way; attending to their personal needs and providing one to one reassurance. One staff member said, "Staffing has really improved which means we have more opportunity to spend quality one-to-one time with people. It's like a family."
- Staff received appropriate checks to ensure they were suitable for the role.

Using medicines safely

- Medicines were received, stored, administered and disposed of safely.
- Staff involved in handling medicines had received associated training and checks to ensure they followed best practice to support people to take their medicines as prescribed.

Preventing and controlling infection

- Infection control was well managed. A robust cleaning schedule ensured the home was clean and fresh. One person said, "[Staff] say, 'are you ready? we're having a spring clean,' and pull everything out."
- Staff had access to and wore protective gloves and aprons to help prevent the spread of infection.
- Clear guidance was available for staff to follow to ensure any known risks with hygiene and infection were well managed and reported to the appropriate agencies.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance; Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

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 can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Care and support was always provided in the least restrictive way for people which helped to promote any areas of independence. Care records were under review to ensure they reflected the signed input of the decision makers. Where restrictive practices were in place staff had applied for these to be legally authorised.
- Staff understood how to support people according to their preferences.
- Records included input from people's relatives, other professionals, carers and advocates.
- Where people were able to, care plans included their consent to demonstrate their understanding, input and agreement to the care and support they received.
- People's needs were routinely evaluated and where required referrals were made to other health professionals.

Staff support: induction, training, skills and experience

- Staff were supported to fulfil their role. Regular supervisions and annual appraisals took place, and these were being monitored. Staff told us, "I receive regular supervision and the manager is always available to support us in our job."
- People were supported by staff with the right skills and experience to meet their needs. Staff training was managed and recorded with oversight from the registered manager. Where training required completing or updating, this was scheduled.

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

- People were supported as assessed during meal times. Staff were available to assist help people to cut up their food where this was required and to provide meals to people in their rooms.
- Where people had any dietary needs for their health and wellbeing or for religious purposes this was recorded. The cook told us, "For people with dementia, their tastes can change and can invoke memories. I made a corned beef hash the other day, and it got people talking about the war."
- The cook confirmed a good understanding of people's meal time requirements and catered to everybody's needs. They said, "Dietary needs, diabetes, known allergies etc are all completed before people come here and details passed on by the manager to the kitchen. I go around and speak to people and families, ask people their preferences."
- People had a choice at meal times, and drinks and snacks were available throughout the day. One person said, "I find the food alright; I wouldn't fault it. Staff will always fetch us a snack when I ask; just like I would at home."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Guidance and support from healthcare professionals was obtained and followed. Information was shared with other agencies if people needed to access other services such as hospitals.
- Records confirmed people had appointments with a range of health professionals to support their needs. A relative said, "Staff are very quick to get doctor out, chiropodist visited last week, and the dentist comes."
- The service had forged dental links via an external health organisation to ensure people were supported with oral hygiene. One person said, "The manager has made an appointment for me to see a dentist. I have dentures but struggle to eat with them."

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

- People were able to navigate around the home easily. Where required equipment such as wheelchairs and a lift was provided to help people mobilise.
- Planned improvements were in progress with an emphasis on best practice options to support people living with dementia. For example, access to the outside courtyard area had been made accessible to everyone and old pattern carpets were being replaced with plain, hygienic flooring.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

- People were supported by staff who understood how to support people equally according to their assessed needs. One person said, "I think they [staff] are kind and caring; they are all nice to me."
- Where people required emotional support and showed signs of distress staff made the time to offer reassurance and to lend a listening ear. A staff member said, "It's a small home so we can focus on individual needs; people are living good lives."
- Staff were attentive and cared about people as individuals. Records included a summary of information for staff to use to form the basis of meaningful conversations.

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

- Where people were able and choose to, they had signed to their care planning and associated reviews. Where people required support, people who knew them well were invited to contribute to decisions about their care to ensure their preferences and choices were respected.
- People had access to advocacy support. Advocacy is independent support to help people to understand information about decisions they need to make. A visiting relative said, "I sort all [person's name] care, the home always ring me if they are calling the doctor out, always send me minutes when we have a review. I always attend reviews."
- People told us their wishes were recorded and respected. One person told us, "They [staff] ask me what I want to do; [for example] would I like a shower."

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of taking measures to protect people's privacy and promote their dignity when supporting them with their personal care. One person said, "They do respect my privacy, shut the toilet door, ask me if I'm okay, all very respectful."
- Records included information about outcome-based support for people and how staff should support them and encourage their independence.
- People told us staff were helpful and supportive but did not take over. One person said, "Support is good, [staff] always do as I ask."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Everyone had a care plan in place and information had been evaluated to ensure the care and support remained responsive to the person's assessed needs.
- People received an assessment of their initial needs. This information formed the basis of personalised care and the support people required. Relatives or representatives were included in discussions about their care.
- Regular meetings were used to share any changes in people's needs. Staff told us communication was good to ensure people's needs could be met throughout the service.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Communication care plans were in place, which detailed how best to communicate with people. For example, if they required glasses and hearing aids to ensure they were accessible and operable.
- Staff ensured documented information was available in large print and coloured print with pictures if this helped people to communicate their preferences and be understood. A relative said, "They put information on the notice board but always let me know any specific information by telephone."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service was proactive in supporting people to remain part of the community and to engage in activities that were socially and culturally relevant and appropriate to them. One staff member said, "We have two staff doing one-to-one activities which means we can take people out even in their wheelchairs. We go to the local pub and take people to Church. We have singers come and the cook does scone cutting with them and other baking."
- People were supported to maintain relationships. A relative said, "I can visit whenever I choose, and I am always made to feel welcome."
- Accommodation was provided so couples could live together. One person said, "I see [my spouse] every day."
- Staff respected people's choice to remain in their rooms and spent time chatting with them about anything they liked to ensure they avoided social isolation.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure for people to refer to in an accessible format.
- People and their relatives told us they were confident if they had any complaints the registered manager would address them appropriately. One relative said, ""I would speak to the manager but can't think of any need to complain."
- Staff recognised the importance of ensuring people were happy with their care and support.
- Where complaints had been made, they were recorded, investigated and responded to in line with provider's policy.

End of life care and support

- The provider discussed, and recorded people's end of life wishes and preferences.
- Where people were unable to discuss their requirements for end of life care the provider had made referrals for additional support. One example included a referral to the dementia team to assist with advanced decision making.
- The provider had a policy and procedure for staff to follow if people required care and support from the service at the end of their lives.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Staff spoke positively about the positive leadership and team approach which we saw achieved good outcomes for people.
- The registered manager was committed to providing good quality care. A relative said, "Management is quite open when telling us what's going on, comes in and chats to us. I'm quite impressed with the improvements new owners have made."
- The service was open and inclusive. Staff focused on individual care needs. This created a home- home environment which people enjoyed.
- The registered manager had submitted notifications as required by legislation.
- The provider had good systems and procedures to manage incidents and responded with actions. Outcomes were used to help improve the service when things went wrong.

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

- Governance systems including audits and checks helped to maintain and improve the quality of the service people received. Ongoing reviews ensured systems and processes remained effective. For example, a planned audit of certified checks to manage risks associated with the environment and equipment was in progress to assure safety.
- Staff were clear about their roles and responsibilities. They understood when to escalate any concerns for higher level investigation and decision making.
- Daily handovers and regular communication helped the management team and staff plan and coordinate how people's needs would be met.
- Regular checks ensured people were safe and happy with the service they received.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

- People told us they were happy living at the home and were supported with any personal preferences. Care records included information to raise awareness and enable support for any diverse needs.
- Feedback was routinely collated and evaluated with outcomes shared. One staff member said, "The owner is on board, when we provided feedback that we required more staff to meet people's changing needs an advert was put straight out."

- The registered manager was visible around the home and engaged openly with people, their families and staff. One person said, "The manager is good, [they] talk to us, tell us what is going on."
- The service worked effectively with all partner agencies such as the NHS and local authority to coordinate the care and support people needed.
- There were good links with the local community. People were supported to go out on visits and were supported to maintain relations with family, friends and other visitors.