Gas Tank Limited

Ailwyn Hall

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?	**Requires Improvement**

Overall summary

This inspection took place on 16 and 23 October 2014 and was unannounced. We carried out an inspection in July 2013 where there were breaches in two regulations. A follow up inspection was carried out in October 2013 and the home had taken the appropriate action to comply with the two breaches.

Ailwyn Hall is a residential care home providing care and support for up to 39 older people living with cognitive impairments such as dementia. The home has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People told us they felt safe and that staff supported them safely. Staff were aware of safeguarding people from abuse and would act accordingly. Individual risks to people were assessed and reduced or removed.

Summary of findings

There were enough staff available. People, their relatives and staff members all said that staffing levels were high enough to allow staff members to spend time with people.

Medicines were safely stored and administered, and staff members who gave out medicines had been properly trained. Staff members received other training, although up to date records had not been maintained. Staff received supervision from the manager, which was supportive and helpful but were not frequent enough.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The service was meeting the requirements of DoLS. The manager recognised when people were being deprived of their liberty and was taking action to comply with the requirements of the safeguards.

Staff members understood the MCA and presumed people had the capacity to make decisions first. However, where a lack of capacity had been identified, there were no written records to guide staff about who else could make the decision or how to support the person to be able to make the decision.

People enjoyed their meals and were given choices. Drinks were readily available to ensure people were hydrated.

Health professionals in the community worked together with the home to ensure suitable health provision was in place.

All the comments we received were positive when talking about the staff team. We were told they were caring, kind, respectful and courteous. Staff members knew people well, what they liked and how they wanted to be treated.

The home did not properly monitor care and other records to assess the risks to people and whether these were reduced as much as possible.

People's needs were responded to well and care tasks were carried out thoroughly. Care plans contained enough information to support individual people with their needs.

A complaints procedure was available and all of the concerns and complaints made in the last 12 months had been investigated and dealt with appropriately.

People, visitors, staff members and visiting health care professionals all said that the home was well led, that the manager was supportive and approachable, and that they could speak with her at any time.

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 safe.

People were supported by enough skilled staff to fully meet their needs and to keep them safe.

Risks had been assessed and acted on to protect people from harm.

Medicines were safely stored and administered to people.

Good

Is the service effective?
The service was effective.

Staff members received enough training to do the job required and the manager had acted on recent clarification of the Deprivation of Liberty Safeguards, although mental capacity assessments had not been completed.

The health care needs for people were supplied effectively by the local GP practice who visited regularly.

Meals were supplied with choice and drinks were readily available to aim to prevent dehydration.

Good

Is the service caring?
The service was caring.

Throughout the inspection people and their visitors spoke positively about the home, staff and support given.

People's friends and family were welcomed at the home and staff supported and encouraged these relationships.

Good

Is the service responsive?
The service was responsive.

People had their care assessed and kept under review, and staff responded quickly when people's needs changed.

People were given the opportunity to complain and those complaints were acted upon appropriately.

Good

Is the service well-led?
The service was not always well led.

Systems required to monitor the quality of the service provided were not always completed and did not identify the areas that required improvement.

People, relatives, staff and health professionals spoke highly of the manager.

Requires Improvement

Ailwyn Hall

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 16 October and 23 October 2014 and was an unannounced inspection, which meant that the staff and provider did not know we would be visiting.

The inspection was carried out by two inspectors 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.

Before we visited the home we checked the information that we held about the service and the service provider. For example, notifications that the provider is legally required to send us and information of concern that we had received.

During our inspection we spoke with four people who used the service and four visitors. We also spoke with 12 staff, including care and housekeeping staff, the cook and the registered manager. We spoke with one health care professional for their opinion the service provided. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We completed general observations and reviewed records. These included five people's care records, three staff recruitment records, staff training records, eight medicine records and audit and quality monitoring processes.

Good

Is the service safe?

Our findings

We spoke with three people's relatives who all told us that they felt their family members were being cared for in a safe way. They said they had no concerns about their relatives' safety and one visitor went on to tell us that their relative was always moved safely and there were always enough staff members in attendance when this was carried out.

The people who lived at the home were protected from the risk of abuse as the provider had taken the appropriate action to protect them. Staff members we spoke with understood what abuse was and how they should report any concerns that they had. They all stated that they had not had occasion to do so. There was a clear reporting structure with the manager and deputy manager responsible for safeguarding referrals, which staff members were all aware of. There was written information for visitors, which was located in an easily accessible area within the home. Staff members had received training in safeguarding people and records we examined confirmed this.

The provider had also reported safeguarding incidents to the relevant authorities including us, the Care Quality Commission, as is required. This meant we could be confident that the service would be able to recognise and report safeguarding concerns correctly.

We saw during our visit that some people who lived in the home displayed behaviour that might upset others. Staff members were able to describe the circumstances that may trigger this behaviour and what steps they would take to keep other people within the service safe. We looked at the care plans for two people regarding this and saw that the information staff members had told us matched what was written in their care plans.This meant that any staff members who were not familiar with a person's needs would have information to help them care and support that person appropriately. We observed one person who was anxious and walked continually during our inspection. A member of staff dealt with this in a calm manner, allowing the person to relax whilst engaging with them and supporting them to eat.

Risks to people's safety had been assessed and records of these assessments had been made. These were individual to each person and covered areas such as; malnutrition, behaviour, medicine management, moving and handling, and evacuation from the building in the event of an emergency. Each assessment had clear guidance for staff to follow to ensure that people remained safe. Our conversations with staff demonstrated that they were aware of these assessments and that the guidance had been followed. We observed one person being moved using a hoist. The procedure was carried out safely with two staff members as described in the person's assessment.

Servicing and maintenance checks for equipment and systems around the home were carried out. Staff members confirmed that systems, such as for fire safety, were regularly checked and we readrecords to support that this was completed. We saw that the home had identified issues with carpeting in the ground floor communal areas and had taken action to replace this with a non-slip alternative flooring that would provide a safer and more pleasant area for people to walk on.

The recruitment records of staff working at the service showed that the correct checks had been made by the provider to make sure that the staff they employed were of good character.

The staff we spoke with told us that there were enough staff to meet people's needs and we observed this on the day of our inspection. A rota was produced detailing how many staff were needed to provide care. The manager and the staff told us that other staff were always available to cover sickness or holidays and that agency staff were used when necessary.

We found that the arrangements for the management of medicines were safe. They were stored safely and securely in locked trolleys and storage cupboards, in a locked room. However, we did observe on the day of our visit that keys to medicine storage areas were not always kept with a staff member. We spoke with the manager and staff member about this and the situation was immediately rectified. The temperature that medicines were stored at was recorded each day to make sure that it was at an acceptable level to keep the medicines fit for use.

Arrangements were in place to record when medicines were received, given to people and disposed of. The records kept regarding the administration of medicines were in good order. They provided an account of medicines used and demonstrated that people were given their medicines as was intended by the person who had

Good

Is the service safe?

prescribed them. Where people were prescribed their medicines on an 'as required' or limited or reducing dose basis, we found detailed guidance for staff on the circumstances these medicines were to be used. One person's care records told us that they had been given their medicines covertly. We saw that staff members were given clear guidance to ensure that covert medicines were given correctly and stopped when no longer required.

We observed one member of staff giving out medicines at lunchtime. This was done correctly and in line with current guidance which is in place to make sure that people are given their medicines safely. We could therefore be assured that people would be given medicines in a safe way to meet their needs.

Good

Is the service effective?

Our findings

The staff we spoke with told us that they had received enough training to meet the needs of the people who lived at the service, although newer staff members felt they had not received specific training. One staff member said that they only had to ask for additional training and it was arranged. They also told us that they were supported by the provider to undertake national qualifications in care. We checked their training records and saw that they had received training in a variety of different subjects including; infection control, manual handling, safeguarding adults, first aid, and dementia care. Most staff members had gained a national qualification, such as a National Vocational Qualification or a Diploma, at level two or three in health and social care. We observed staff members in their work and found that they were consistently tactful, patient and effective in reducing people's anxiety, aggression or in delivering care.

However, we saw that the training records indicated that not all staff had received all the training and the dates for some training, such as in dementia care, were several years old. The manager confirmed that they were aware of this and had identified that the records needed to be updated as more recent training had been given. One of the staff members we spoke with confirmed that they completed their dementia training a few years previously and would like to update their knowledge. Inaccurate training records may result in staff members not receiving updated training when required or following changes to best practice.

Staff told us that they had supervision meetings with their line manager in which they could raise any issues they had and where their performance was discussed. They also told us that these were helpful and supportive but they felt that the sessions did not occur as often as they should have. Staff records confirmed supervision meetings were held but infrequently. The manager was aware of this and intended to increase the number of supervision sessions made available to staff members.

The manager and deputy manager provided us with clear explanations of the Mental Capacity Act 2005 (MCA) and their role in ensuring people were able to continue making their own decisions for as long as possible. The quality of responses we received from staff members were mixed with some staff being unclear about what the MCA meant. However, most staff members we spoke with told us that they had received training in this area. We saw evidence of these principles being applied during our inspection. All staff were seen supporting people to make decisions and asking for their consent. A staff member told us that professional advice had been sought for one person who had refused help with personal care, to ensure that a decision was made in the person's best interests.

We saw that care records for some people noted that they lacked capacity in some areas, such as managing their own medicines. However, no mental capacity assessments had been completed to determine the least restrictive course of action or who should make particular decisions on behalf of the person. The informal nature of these decisions meant that there was insufficient guidance for staff members if people continually declined help and what they should do in the person's best interests.

The provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). The staff and managers were aware of DoLS and what authorisation they needed to apply for if they had to deprive someone of their liberty. The manager was aware of changes following recent clarification of the DoLS legislation. In response to this, a re-assessment of people's risk was taking place and DoLS applications were being completed for those people most at risk. The manager thought that applications for DoLS would be required for most people living at the home and these would be completed in due course.

People were provided with a choice of nutritious food. We observed people enjoying the food that they ate. Staff offered people food that they liked and prompted them to eat and drink when necessary. Records showed that where the service had been concerned about people who had lost weight, they had been referred for specialist advice. Some people had been provided with a more specialised diet, such as a puree diet as a result of this advice. The amount of food and drink being consumed by these people was being recorded to ensure they received as much food as they needed to maintain or increase their low weights.

We also saw that staff members adapted their support to each person. For example one person walked constantly throughout the day and did not like to sit for meals, so staff members helped the person to eat without asking them to sit down. Staff members helping other people were attentive, spoke with people appropriately and allowed the person to eat at their own pace.

Good

Is the service effective?

There was information within people's care records about their individual health needs and what staff needed to do to support people to maintain good health. People saw specialist healthcare professionals when they needed to. One person was seeing a physiotherapist regularly to help with strengthening their muscles. Other people's records showed that they had their care needs reviewed by a team of health care professionals, including the local GP, community matron and a community psychiatric consultant. We spoke with one health care professional who confirmed this was completed every six months.

Good

Is the service caring?

Our findings

All of the people we spoke with were happy with the staff members and one person said, "We are very well looked after. They cannot do enough for you". All of the visitors that we spoke to told us that the staff were kind, caring and compassionate. They all said that staff did as much as possible in caring for their relatives. One visitor said, "He is always clean and tidy. They seem very caring".

The service had a strong, visible, person-centred culture. During our inspection we heard and observed lots of laughter and people looked happy and contented. They looked well cared for and were relaxed with the staff who were supporting them. The atmosphere was one of fun and enjoyment. Staff engaged in meaningful conversations with people and we saw that they were treated as individuals. We also watched staff members playing a variety of games with people, which they thoroughly enjoyed. Music was playing and staff members sang along with songs they were familiar with, which some people joined in with. We saw that even where some people appeared to be sleeping or withdrawn from the activity around them, they were tapping their feet to the music.

One healthcare professional told us that they brought medical students to visit the home as they found staff were very good at caring for people living with dementia. They said that staff were very supportive of people and that they understood how dementia care should be provided. This visit took place during our inspection and we saw that both medical students and people living at the home benefited from the opportunity to talk with each other.

All of the staff were polite and respectful when they talked to people. They made good eye contact with the person and crouched down to speak to them at their level so not to intimidate them. We observed staff communicating with people well. They understood the requests of people who found it difficult to verbally communicate. When asked, staff members demonstrated a good knowledge about how people communicated different feelings such as being unhappy or in pain so that they were able to respond to these. Documentation was in a format to aide communication. For example, one person had a number of different activities presented in the format of a picture and their first language, so that they could point to indicate what they wanted.

We observed staff respecting people's dignity and privacy. They were seen quietly asking people whether they were comfortable, needed a drink or required personal care. They also ensured that curtains were pulled and doors were closed when providing personal care and knocked on people's doors before entering their rooms.

There was information in relation to the people's individual life history, likes, dislikes and preferences. Staff were able to demonstrate a good knowledge of people's individual preferences. For example, we saw that it was documented that one person preferred not to sit but to keep moving. We saw this person being helped to eat their lunchtime meal without being forced to sit. Another person was cautious when there were new or a group of people. Staff members were quick to disperse if the person became upset with where they were standing. From our conversations with staff it was clear that they regarded each person who lived at the service in a very positive, meaningful and individual way.

People were encouraged to be part of the community. Some people attended the church service that regularly visited the home. Another person was able to continue visiting a club in the local village.

Staff involved people in their care. We observed them asking people what they wanted to do during the day and asking them for their consent. One staff member asked, "Do you want to go to your room?" to which the person declined and this was followed by, "Where would you like to go". People were given choices about what to eat, drink and where to spend their time within the home. We observed that staff members continually watched people while we were speaking with them and on more than one occasion a staff member broke off our conversations to attend to someone who needed help.

Relatives told us that they were involved in their loved ones care. We observed that one visitor had been showed how to record that they had given their relative a drink on a chart, so that they could keep an accurate check on the person's intake. Another visitor told us that all staff members came into their relative's room for a chat and to update them on any changes. They said that they appreciated this.

Good

Is the service responsive?

Our findings

People living in the home and the relatives we spoke with told us the manager and staff were approachable, listened to their concerns and tried to resolve them. One visitor told us that they had noticed that their relative's appetite had reduced, they asked for a specific shaped cushion to assist with positioning their relative at mealtimes and said that it was provided within days.

The care and support plans that we checked showed that the service had conducted a full assessment of people's individual needs to determine whether or not they could provide them with the support that they required. Care plans were in place to give staff guidance on how to support people with their identified needs such as personal care, medicines management, communication, nutrition and with mobility needs. There was information provided that detailed what was important to that person, their daily routine and what activities they enjoyed. Staff members told us that care plans were a good resource in terms of giving enough information to help provide care.

We observed that staff were responsive to people's needs. They provided them with drinks when people indicated that they were thirsty, food when it was requested and provided personal care in a timely manner. For two people, whose first language was not English, staff members told us about how they responded with picture cards to aid communication. They told us that having a person's life history helped when the person asked for things, such as a cigarette, with an incorrect word prompted from their memories made communication difficult.

People had access to a number of activities and interests organised by a designated staff member. This included events and entertainment, visiting local community resources for small groups, or time with people on an individual basis. The staff member told us that although a programme was available, activities were flexible, depending on how people were feeling and what they wanted to do. On the two days of our inspection we saw that staff members sat with people, talked with them about books they had or played games that had two people laughing as they threw beanbags at a staff member.

Staff told us that they encouraged people to keep in touch with family and other individuals who were important to them. One staff member told us how they helped one person to visit a friendship club in the village and that the local vicar visited the home regularly to conduct church services. Records were kept that confirmed this and we saw that people regularly saw friends and relatives. One relative told us that they visited nearly every day to keep their wife company and were always welcomed by staff.

Staff members told us that information was available for people if they wanted to make a complaint. They felt that visitors knew how to raise concerns and complaints and that they would either speak with a staff member or the manager. One staff member provided an example of how a visitor's concerns had been dealt with and the actions that had been taken to resolve this.

A copy of the home's complaint procedure was available in the main reception area and provided appropriate guidance for people if they wanted to make a complaint. The service had received four complaints within the past 12 months. We were already aware of two of these complaints and the investigations and actions taken around these. We looked at the other two complaints. We saw that actions had been taken to resolve both of these complaints and that one person had been written to in response to this. The manager confirmed that the other person had been advised verbally of the actions taken to resolve their complaint. We were therefore satisfied that people's complaints were dealt with appropriately.

Requires Improvement

Is the service well-led?

Our findings

We found that improvement was required in the quality monitoring of the service. The manager told us that the provider visited to check on how the service was running and that medicine audits and a health and safety audit were carried out each month. However, these were not recorded and therefore there was no audit trail to see whether appropriate actions had been taken. The manager confirmed that no other audits of care or staff records were undertaken. We identified during this inspection that mental capacity assessments had not been completed for those people who lacked the capacity to make their own decisions. This did not ensure that decisions that were made on behalf of people were done in their best interests. We also identified that staff training records had not been kept up to date and therefore did not provide a clear record of when staff members most recently received training. The provider did not have effective systems in place to monitor the service provided. This is a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

During our observations, it was clear that the people who lived at the service knew who the manager was and all of the staff who were supporting them. Staff spoke highly of the support provided by the whole staff team. They told us they worked well as a team and would support each other. This was noted when help was needed in various areas in the home. They knew what they were accountable for and how to carry out their role. They told us the manager was very approachable and that they could rely on any of the staff team for support or advice. They told us about staff meetings they attended and that minutes would be available for staff unable to attend. Staff knew what was expected of them and felt supported.

All of the relatives we spoke with told us that the service was well led. They were all happy that staff members and the manager were approachable and that they could speak with them at any time.

Staff told us that the morale was very good and demonstrated that they understood their roles and responsibilities. Several staff members told us that the manager had an open door policy, was visible around the home and very approachable. They were aware of the management structure within the provider's organisation and who they could contact if they needed to discuss any issues.

Staff said that they were kept informed about matters that affected the service through supervisions, team meetings and talking to the manager regularly. One staff member said that the service was trying to recruit new staff. A relative who we spoke with also told us that they were aware of this and that the home was actively recruiting new staff.

The home had a stable management team in place. The manager had been in post for over five years and had been registered with the commission since 2001. The manager told us that they worked in a friendly and supportive team. They said that the provider promoted a culture where people, staff and their relatives could raise concerns that would be listened to and dealt with. This was echoed by the staff we spoke with. They told us that they felt supported by the management team and felt confident that any issues raised would be dealt with.

A healthcare professional visiting during our inspection told us that they felt the service was, 'well-led' and that the management team ensured that the staff were well trained. They said they had a good relationship with the home and that staff and the manager were very good at proactive working, which resulted in better care for people who lived there.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers The provider did not have an effective system in place to assess and monitor the information contained in people's care records. Regulation 10 (1) (b), (2) (b) (iii).

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.