

Mr Carl Denis

# The Aylsham Manor

## Inspection report

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## Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service well-led?

Inadequate 

# Summary of findings

## Overall summary

### About the service

The Aylsham Manor is a residential care home providing personal care and support for up to 30 people aged 65 years and over, some of whom were living with dementia. At the time of the inspection, there were 25 people living at the service.

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

People did not receive their medicines safely, and were not monitored following accidents and incidents, even when they had told staff they had hurt themselves or had hit their head. This placed them at risk of harm.

People's care records listed concerns identified by staff but did not show where follow up action had been taken to ensure people's health and wellbeing was maintained.

People were not protected from potential harm through relevant safety checks of care, risk assessments and health and safety checks of the care environment. People assessed to be at risk of weight loss, were not being weighed in line with the frequencies identified in their care records. People were not being supported to change their position regularly to prevent the risk of developing pressure ulcers on their skin, where this was an assessed risk.

People were not being protected from the risk of the spread of infections, including COVID-19, due to a lack of procedures and systems being in place, both for people and staff. Some people's feedback to inspectors that they felt staff should dress more suitably and respond in a timely way when they activated their call bells.

People were not always supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

Due to concerns identified during the inspection, and to maintain people's safety, a referral was made to the local authority safeguarding team.

### Rating at last inspection (and update)

The last rating for this service was Requires Improvement with breaches of the regulations, (published 23 January 2020). The last rating for this service was requires improvement with breaches of the regulation relating to governance, consent to treatment and HR processes for employing staff. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made and the provider was still in breach of regulations.

### Why we inspected

This was a planned inspection based on the previous rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well-led sections of this full report.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to inadequate. This is based on the findings at this inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Aylsham Manor on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to safe care and treatment, consent to treatment, safe appointment of staff, staff training and competency and governance processes and procedures at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

### Follow up

We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Inadequate** ●

The service was not safe.

Details are in our safe findings below.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

Details are in our effective findings below.

### Is the service well-led?

**Inadequate** ●

The service was not well-led.

Details are in our well-led findings below.

# The Aylsham Manor

## 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

Two inspectors and one medicines inspector.

#### Service and service type

The Aylsham Manor 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.

#### Notice of inspection

This inspection was unannounced. The visit to the service was completed on 01 June 2021 with final inspection feedback being given to the provider on 09 June 2021.

#### What we did before the inspection

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 liaised with the local authority and reviewed information held on our system about this provider and this was used to inform the planning of our inspection..

#### During the inspection

We spoke with six members of staff including the registered provider, two senior members of care staff, the chef and member of the housekeeping team. We observed the provision of care and support in communal areas, including during the lunchtime meal, and part of the medicine round.

We reviewed a range of records. This included six people's care records and 22 medication records. 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. We spoke to nine members of care and kitchen staff, as well as the activity co-ordinator, six people living at the service and three relatives by telephone.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now deteriorated to Inadequate. This meant people were not safe and were at risk of avoidable harm.

### Staffing and recruitment

At the last inspection, the provider had failed to ensure staff employed were suitable to work in the service. This resulted in a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, sufficient improvement had not been made and the provider remained in breach of regulation 19.

- One file showed the staff member had given no explanation for leaving their previous role, and there was no evidence to show this had been looked into further by the provider. Another did not contain evidence of an interview being completed to check suitability for the role. Following our inspection visit, assurances have been received that relevant paperwork has been printed off by the registered provider and added to staff files.
- Staff files did not contain records of the completion of induction, probationary supervision meetings or probation paperwork. This did not demonstrate the provider was keeping records of reviewing the staff member's suitability and competency to meet their role.

Risks relating to the fitness and safety of staff employed at the service remained an area of concern. This was a continued breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- On the day of inspection, there were sufficient staff on shift, however the provider did not use a dependency tool to determine staffing levels against people's individual support needs and complexities.

### Assessing risk, safety monitoring and management

At the last inspection, a recommendation was made that the service reviewed all risk assessments for people who may lack capacity and may not understand the purpose of toiletries and other items that may be of risk in the bathroom.

- People who had experienced falls were not being monitored for possible head injury, and not being referred to the specialist falls service. The provider did not have a falls policy in place to ensure staff took appropriate and timely action in response to falls.
- People's care records did not contain sufficient detail to meet their needs and were not being reviewed and updated following incidents and accidents, to reduce the risk of reoccurrence.
- People at risk of developing pressure ulcers, who needed to be supported to have their position changed

regularly were not having their needs met. For example, one person who was meant to be repositioned every two to three hours, had gaps of 11 hours on their repositioning records.

- People assessed to be at risk of weight loss were not being weighed at the time intervals required.
- There were considerable gaps in the checks in place for legionella water safety and temperatures. People's prescribed creams continued to be stored insecurely in their bedrooms.

Risks relating to the health and welfare of people, and the safety of the care environment were not fully assessed and managed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Using medicines safely

- There were discrepancies in records against quantities of medicines available at the service that suggested some people may have received incorrect doses of their medicines.
- There were gaps in records for the application of topical medicines and some were not shown on body maps available for staff to know where on people's bodies they should be applied.
- Staff had not had their competence assessed to safely give people their medicines. From observations, we identified staff did not always follow safe and hygienic administration procedures.
- Staff did not always have access to written guidance for medicines prescribed on a when required basis (PRN). Some of the guidance available lacked sufficient detail to enable medicines to be given consistently and appropriately.
- Some PRN guidance available listed doses of medicines that exceeded their prescribed, safe doses. We noted that one person prescribed a potentially sedative medicine on a PRN basis was given it each morning and not on when required basis. There were no records justifying its use each time. The registered provider confirmed that following our inspection visit, the person's medicines have now been reviewed by the GP.
- Regular checks of medicines intended to be carried out monthly had only been completed four times since July 2020 and most recently in March 2021. This did not identify the shortfalls found during the inspection.

Risks relating to the safe administration of people's medicines were not in place, and guidance was not consistently available or being followed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Preventing and controlling infection; Learning lessons when things go wrong

- We were not assured that the provider was meeting shielding and social distancing rules.
- We were not assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were not assured that the provider's infection prevention and control policy was up to date.
- We were somewhat assured that the provider was using PPE effectively and safely.
- We were somewhat assured that the provider was preventing visitors from catching and spreading infections.
- The provider had not learnt lessons from the previous inspection report and had not made adjustments and changes to practice addressing shortfalls. Overall, there was a lack of accountability taken by the provider to drive improvement at the service.

There were not sufficient measures in place to prevent the risk of the spread of infection. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.



Systems and processes to safeguard people from the risk of abuse

- The provider's lack of procedures and poor recording systems did not ensure people were consistently kept safe, or that concerns were recognised, and action taken following incidents and accidents to prevent the risk of reoccurrence.
- The provider was not seeking advice and reporting incidents such as unexplained bruising to the local authority.
- Most staff had completed safeguarding training and were able to tell inspectors who they would report any concerns to.
- People told us they felt safe living at the service, and that they felt comfortable speaking with staff or the provider if they had any concerns.

# 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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

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.

At the last inspection, the provider had not got the policies and systems in the service to support decision making in people's best interests when they lacked mental capacity. This resulted in a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, sufficient improvement had not been made and the provider remained in breach of regulation 11.

- One person had an authorised DoLS in place. The provider was unable to demonstrate that the conditions attached to the DoLS had been followed. The provider had not renewed the DoLS in time, therefore the person human rights and associated liberties were placed at risk.
- People's care records made statements about their capacity and ability to make decisions, but this was not supported by an assessment of their capacity.
- The provider was making joint decisions with people's relatives, who did not have the legal powers to make those decisions.
- Inspectors identified examples of restrictive practices, that were not fully assessed in line with the MCA and DoLS. Overall, the provider demonstrated a lack of understanding of their responsibilities in line with legislation.

The provider continued not to work in line with the MCA and DoLS, which resulted in decisions not being

made in line with legislation and legal frameworks. This was a continued breach of regulation 11. (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Families told us they felt involved in decision making about people's care and support needs, particularly where people were unable to express their own needs and wishes independently.

Staff support: induction, training, skills and experience

- People told us staff needed to wear more suitable clothes or a uniform as they did not feel staff dressed appropriately for their role. We observed that staff were not dressed in line with health and safety at work guidance or the provider's own uniform policy, which increased their risk of injury.
- People told us staff did not always respond in a timely way to the call bell when pressed.
- Staff received access to regular training, however, we identified concerns about the implementation of training into practice.
- There were a number of gaps in the provider's supervision matrix, which did not show staff were receiving regular supervision and checks of their competencies.
- Staff had not completed up to date training in the use of the defibrillator in place at the service or in relation to the management of behaviour which may challenge, which was a shortfall identified at the last inspection.

Risks relating to staff training, competency and supervision were identified. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- On the day of inspection, people's call bells were answered in a timely way.

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

- Based on inspection findings, staff were not following government guidelines to ensure care was delivered consistently and in line with expected standards; particularly in relation to the management of COVID-19..
- People's own values, beliefs and preferences were respected by staff, and incorporated into people's care and support plans.
- We received positive feedback from people and family about the care provided and were told by one family member that priority was placed on the care provided, rather than necessarily on underpinning documentation.

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

- There was limited signage throughout the building to support people living with dementia or sensory impairments to orientate themselves around the service.
- People were able to decorate their bedrooms with items of personal importance, such as photographs, ornaments and items of furniture.
- Staff were able to liaise with health care professionals to seek specialist equipment where people's needs, and abilities were changing.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People and their relatives told us they received regular reviews by the GP, at present these were being completed by telephone.
- People gave positive feedback about the food choices and meal options available. They felt able to ask for alternatives when they wanted to.

- Kitchen staff were familiar with people's personal food preferences and involved people in menu planning.
- Relatives gave positive feedback about the support in place to ensure people were prompted to eat and drink throughout the day, particularly for those recovering from long COVID.

# 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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now deteriorated to Inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At the last inspection, the provider had failed to ensure there were robust auditing systems and processes in place, resulting in a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

At this inspection, sufficient improvement had not been made and the provider remained in breach of regulation 17.

- The provider's auditing systems were not robust and were not in line with the basic standards expected to demonstrate the safe running of a regulated service.
- The provider was not working in line with recognised procedures and legislation and therefore was not leading by example to their staff team. This resulted in poor recording, auditing and quality checks as well as a lack of implementation of training and competency checks in practice.
- The language used in people's care records was not person-centred, and this had not been identified through the provider's own checks.
- The provider demonstrated a lack of understanding of their regulatory responsibilities and had not reflected on the findings at the last inspection to drive improvement. This did not demonstrate transparency of approach or the fostering of a healthy culture by the provider.
- There was a lack of relevant policies and procedures in place to underpin standards of care and staff practices within the service. This was particularly concerning in relation to the management of COVID-19.
- There was a lack of detailed post incident and accident analysis, with a lack of assessment for themes and trends.

The provider continued to have poor governance arrangements in place to drive improvement at the service. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The provider did not understand that duty of candour was part of their regulatory responsibility.

- Inspection findings did not demonstrate that the provider recognised their legal responsibilities and accountability as a registered provider. The repeated breaches of regulation, and further deterioration of the rating further supported these concerns.
- The provider told us that due to a lack of time, they were not writing minutes from meetings with staff including where the needs of people were discussed, and instead were recording the meetings on their mobile phone. There were no policies in place to ensure that this information was being stored securely in line with data protection and confidentiality.
- Inspectors were concerned by the provider's response and attitude when discussing a recent complaint. The language used in their correspondence with the complainant and overall handling of the situation showed a complete lack of compassion and did not show that they adhered to their own complaints policy or worked in line with the duty of candour.
- The provider did not formally source feedback from family and people living at the service and was unable to provide evidence to show where feedback had been acted on.
- The provider told us they worked collaboratively with health and social care professionals. However, we identified examples of where we would expect to see onward referrals being made for specialist guidance and advice and this was not in place.

The provider did not recognise their own regulatory responsibilities and accountability. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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.

| 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>The care provider did not ensure that people and the care environment were consistently kept safe. Risks to people were not always well managed, including with their medicines, monitoring people's weights, infection prevention and control safety measures, including risks relating to COVID-19.</p> <p>Regulation 12 (1) (2) (a) (b) (c) (d) (e) (f) (g) (h)</p> |

### **The enforcement action we took:**

Warning notice