Akari Care Limited

Aycliffe Care Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 3 and 4 May 2017. The inspection was unannounced. This meant the provider did not know we would be visiting.

Aycliffe Care Home is based in a residential area of West Auckland, County Durham. The home provides personal care and nursing care for older people and people living with dementia. The service is situated close to the local amenities and transport links. The service is registered for up to 54 people and at the time of our inspection there were 51 people using the service.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. 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 last inspected the service in March 2015 and rated the service as 'Good.' At this inspection we found the service remained 'Good' and met all the fundamental standards we inspected against.

The atmosphere of the service was relaxed and welcoming. People who used the service and their relatives told us they felt at home and visitors were welcome.

We spent time observing the support that took place in the service. Without exception we saw staff interacting with people attentively with caring attitudes. People were always respected by staff and treated with kindness. We saw staff communicating with people well and at times used their skills positively to reassure people who used the service.

People were encouraged to enhance their wellbeing and to take part in occasional activities that were valued. Staff spent their time positively engaging with people as a group and on a one to one basis. People were supported to go out regularly too.

People's care plans were written in plain English and in a person centred way and they also included a one page profile that gave information that included personal history and described individuals preferences and support needs. These were regularly reviewed.

Care plans contained risk assessments. The care plans showed that people's health was monitored and referrals were made to other health care professionals where necessary, for example: their GP, dentist or optician.

Staff training records, showed staff were supported and able to maintain and develop their skills through training and development opportunities that were accessible at the service. The staff confirmed they attended a range of valuable learning opportunities. Some training was in need of refreshing and courses

were already booked for staff to attend.

Staff had supervisions and appraisals with the registered manager where they had the opportunity to discuss their care practice and identify further mandatory and vocational training needs.

Records showed us there were robust recruitment processes in place.

We observed how the service administered medicines using an online system. We looked at how this worked and how records were kept and spoke with senior staff who administered medicines and we found that the process was safe.

People were encouraged to eat and drink sufficient amounts to meet their needs. They were offered a varied selection of drinks and snacks.

A complaints and compliments procedure was in place. This provided information on the action to take if someone wished to make a complaint and what they should expect to happen next. The compliments we looked at were complimentary to the care staff, management and the service as a whole.
People had their rights respected and access to advocacy services if needed.

We found an effective quality assurance survey took place regularly using questionnaires. The service had also been regularly reviewed through a range of internal and external audits for example the local authority. We saw that action had been taken to improve the service or put right any issues found.

People who used the service and their representatives were regularly asked for their views about the care and service they received.

The premises were well presented, clean and infection control measures were in place throughout.
People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

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 remains safe.	Good
Is the service effective? The service remains effective.	Good
Is the service caring? The service remains caring.	Good
Is the service responsive? The service remains responsive.	Good
Is the service well-led? The service remains Well Led.	Good

Aycliffe Care 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 inspection took place on 3 and 4 May 2017 and was unannounced. This meant that the service was not expecting us. The inspection team consisted of one adult social care inspector and one expert-by-experience who had a professional background in various areas including, older people and mental health.

At the inspection we spoke with nine people who used the service, six relatives, the registered manager, one member of nursing staff, four care staff, one member of kitchen staff and the activity co-coordinator. We were also able to speak with visiting professionals including members of the community mental health team and community nursing team.

Before we visited the service we checked the information we held about this location and the service provider, for example we looked at the inspection history, provider information report, safeguarding notifications and complaints. We also contacted professionals involved in caring for people who used the service; including the local authority commissioners.

Prior to the inspection we contacted the local Healthwatch who is the local consumer champion for health and social care services. They gave consumers a voice by collecting their views, concerns and compliments through their engagement work.

Before the inspection, the provider completed a Provider Information Return. This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we observed how the staff interacted with people who used the service and with each other. We spent time watching what was going on in the service to see whether people had positive experiences. This included looking at the support that was given by the staff, by observing activities,

practices and interactions between staff and people who used the service.

We also reviewed records including; four staff recruitment files, five medicines records, safety certificates, five peoples care plans, four staff training records and other records relating to the management of the service such as audits, surveys, minutes of meetings, newsletters and handover records.

Good

Is the service safe?

Our findings

The people who used the service told us they felt safe and that there were enough staff to meet their needs safely. People said; "There are key pads on the doors." And "The staff come more or less, straight away." And "I have support to take my tablets." And "'I feel safe, everyone is so friendly, no body argues."

Relatives told us they were reassured that their family member was safe. One relative told us, "We never wait long when we have called the buzzer." When we spoke with the community mental health team they told us; "You never hear buzzers going off for ages." They added, "The staff are all so engaging with the clients, always have time to sit and chat to people."

Staff engaged with people on a one to one basis and in groups. Staff were not rushed and had time to talk with people and their relatives.
Staff had received training in respect of abuse and safeguarding. They could describe the different types of abuse and the actions they would take if they had any concerns that someone may be at risk of abuse. The service had a notice board dedicated to safeguarding on display for staff and visitors. We saw records that demonstrated the service notified the appropriate authorities of any safeguarding concerns. One member of staff told us; "I would go to the manager and if not then the area manager. We also have numbers to call for safeguarding and a dedicated whistleblowing number to call." This showed that staff knew how to recognise and report abuse.

We saw from rotas that there was a consistent staff team and a low turnover of staff. The home had recently used agency staff to cover staff sickness and holiday. The registered manager showed us the arrangements they had in place to induct agency staff. The registered manager showed us a photo album that was shown to agency staff to give them 'at a glance' helpful information. For example how to set up the bathroom for a bath.

Staff files showed the registered provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, two previous employer references and a Disclosure and Barring Service (DBS) check, which was carried out before staff commenced employment and periodically thereafter. The DBS carry out a criminal record and barring check on individuals who intend to work with children or vulnerable adults. This helps employers make safer recruiting decisions and also prevents unsuitable people from working with children and vulnerable adults. We also saw proof of identity was obtained from each member of staff, including copies of passports and birth certificates.

An electronic medicine system was in place to ensure that the medicines had been ordered, stored, administered, disposed of and audited appropriately, in-line with guidance issued by the National Institute for Health and Clinical Excellence (NICE). This included the administration, storage and disposal of controlled drugs, which are medicines which may be at risk of misuse and are subject to additional legal requirements in relation to their safe management.

People's individual medicines records were stored electronically and contained their photograph, allergy information and medicine information. We observed senior staff administer medicines using the electronic system. They carefully explained what they were doing and asked the person's permission when administering. Medicines Administration Records (MARs) were completed automatically when medicines were administered to people by using a scanner and scanning the medicines; we found they had been completed correctly.

Peoples care plans contained individualised risk assessments that were reviewed regularly and enabled people to take risks in their everyday life safely.

There were effective systems in place for continually monitoring the safety of the premises. These included recorded checks in relation to the fire alarm system, hot water system and electrical appliances. We also saw records that equipment such as hoists and scales were checked regularly to ensure they were working safely.

We looked around the home and found that all areas were clean and well presented. Personal protective equipment (PPE), paper towels and liquid soap were available throughout the home. We also witnessed care staff using PPE appropriately, for example when serving food and administering medicines.

Good

Is the service effective?

Our findings

Throughout this inspection we found there were enough skilled and experienced staff to meet people's needs. There was an established staff team and people who used the service and their relatives felt staff knew them and their care needs well. One person told us, "Service good, staff good and food good."

People were supported by a range of community professionals including; social workers, GPs, speech and language therapy and the community mental health team. People were also supported to attend medical appointments.

Supervision and appraisals took place with staff. These are one to one meetings to enable them to review their practice. Supervision files showed staff were given the opportunity to raise any concerns and discuss personal development. Some supervision were overdue, however the registered manager assured us these would be taking place imminently. Staff told us they valued their supervisions and one member of staff told us; "Yes we have them every couple of months or so, but you don't have to wait till then to discuss any issues, we can speak with a senior or the manager at any time."

Staff took part in a wide range of training opportunities and the training list showed us the range of training reflected the needs of the people who used the service. We were shown evidence that staff training was coming up to expire and refresher sessions were planned.

The environment was bright and cheerful, with dedicated areas on the first floor designed as a street, a pub and a shop. The decorations were imaginative and interesting and focussed on capturing the attention of people living with a dementia. There were plans to develop this idea further and the registered manager told us, "We are fundraising to buy a clocking in machine as lots of people worked in factories nearby." One relative told us, "It is nice that one of the areas is dedicated to the gentlemen with a display of classic cars and pipes and machinery on boards to fiddle with."

People's nutrition and hydration needs were met. We saw people enjoying their lunch in both dining rooms and in the lounge areas. There were enough staff present to support people who needed extra support to eat. The atmosphere was relaxed and not rushed.

Special diets were catered for including soft foods for people who were not able to have solid foods, diabetic diets and fortified meals for people who needed extra calories. Soft foods were presented in an appetising manner. We spoke with one of the kitchen chefs who had in depth knowledge of people's needs, weights and preferences. They told us, "We get a weekly report from the senior with any weight loss and what actions we need to take. I go and chat to the person to find out of there is anything else we can do and look at ways to get their weight back up."

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. The application procedures for this in care homes and hospitals are 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 were being met. There were a number of people who used the service with a DoLS in place and some where they were applied for and these were monitored by the registered manager.

People were asked to give their consent to care before any treatment or support was provided by staff. Staff considered people's capacity to make decisions and they knew what they needed to do to make sure decisions were taken in people's best interests and where necessary involved the right professionals including advocates, GPs, social workers and mental health practitioners.

Good

Is the service caring?

Our findings

People who used the service and their relatives told us the staff were caring, supportive and attentive at all times. People told us, "Staff listen to me" and, "The staff make me feel content." Another person said, "Staff 'go the extra mile. If you are down they talk to you and put you on the right road."

We spent time observing people and there was a consistent relaxed, warm and homely atmosphere. Relatives told us they were always made to feel welcome. One relative commented, "The staff care for the people like they were their own family."

People who used the service told us they had been supported to maintain relationships that were important to them. They told us family and friends were able to visit at any time. We saw relatives that visited regularly during our inspection.

People's dignity was respected by staff when using a hoist in the lounge area and also when administered medicines. Staff knocked on bedroom doors before entering and asked permission before administering medicines or carrying out moving and handling. Staff told us; "We use blankets when we use the hoist, making sure people are covered up." They also said, "Bedroom curtains are closed until personal care is finished and the person is dressed." And "We always make sure people are clean and tidy and any clothes with spills on are changed, so people look respectful."

People were supported emotionally and we observed staff comforting and reassuring people when they became anxious or confused.

People were supported to maintain their independence where possible and we saw this at meal times when people were encouraged to do things for themselves. When we spoke with staff they were able to give us examples and told us, "We always ask people to do things for themselves and give them the time they need." Another staff member said, "We encourage people to do their own personal care. I don't want to take someone's independence." One person told us, "I can go out as long as I tell them, I walk half a mile to the duck pond and back. I mix but not too much I like my own company."

People who used the service had access to advocacy services and two people were using them at the time of our inspection. Staff and the registered manager were knowledgeable and knew whom to contact if anyone needed advocacy and there were contact details on display throughout the home. The registered manager told us how they had sought advocacy support for a person recently due to them having no family members to be involved in decision making. This meant that the service respected people's rights.

Peoples choices were respected we saw that people were supported to follow their own religious beliefs for example Jehovah Witness. We asked staff what choices were important to people and they were able to give us examples about meal times and clothes and one staff member told us; "We have to make sure people know what is available to them and that they know they have the right to make that choice. It is all down to communication."

People were supported to plan for end of life care and some people who wanted them had advanced care plans in place. At the time of our inspection a person had recently passed away and their relatives were able to share their views on the care and support their relative and family had received. They told us, "All the staff were fantastic, they want medals for what they do. They have supported the whole family."

Good

Is the service responsive?

Our findings

The service had an activities co-ordinator in place and a mix of planned events, activities and ad hoc outings and activities depending on people's preferences. During our inspection we saw that there were activities planned, for example; panto, exercises and entertainers. However some relatives and staff told us they felt more could be organised. When we spoke with people they told us about the activities and one person said, "I am looking forward to the panto that's coming tonight 'there's no business like show business' they have been before and I enjoy it." They went on to say, "I am growing tomatoes in my room the staff helped me."

People were encouraged to take part in one to one activities and these were called 'red star activities' these were displayed on the notice board in the hallway and these were themed around individual's likes and hobbies.

People were encouraged to take part in residents and relatives meetings and these took place regularly where activities were discussed as well as the menu. These meetings were also an opportunity to share ideas and information.

The care plans were person centred and gave in depth details of the person and how they should be supported.. Person centred is when the person is central to their support and their preferences are respected. Care plans contained one page profiles that reflected people's preferences, how they liked to be supported, their needs and background information including previous hobbies. These care plans gave an insight into the individual's personality. Care plans contained daily notes and these were detailed and gave valuable insight to the staff team regarding peoples care.

People who used the service at times needed extra support to overcome anxiety and distress. The service had a positive approach to supporting people at these difficult times. We observed staff supporting people positively when they were displaying signs of distress and anxiety. When we spoke with staff one commented, "We don't use any restraints, just 'talk downs' restraining is not our way of dealing with things."

People who used the service and their relatives knew how to make a complaint or raise issues. Everyone we spoke with was aware of how to raise concerns or make a complaint if they needed to. One person told us, "'All the staff are good to talk to, I have no complaints or concerns to raise." One relative said, "I have no complaint. I know who to go to and what to do if I did. It's quite simple though if I was unhappy [family member] wouldn't be here."

One complaint had been made about the service in the last twelve months. Records showed the complaint had been managed, resolved and recorded appropriately. We also saw the service had received several compliments and these were shared with staff members.

Good

Is the service well-led?

Our findings

The home had a registered manager in post. The short report template states we should use, 'A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. 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 saw the registered manager had an open door policy to enable people and those that mattered to them to discuss any issues they might have. People who used the service were complimentary about the registered manager and one person told us, "They are always around." They added, "I was bored last week. The manager came to see me twice."

We asked people's relatives for their views on the management of the service and one told us, "It's well managed, a very good manager, the staff get told if anything is not done that should be done." Another relative said "I believe the service is good, and outstanding, it is well managed, we are kept informed and there no issues, there are staff on hand and the manager is usually in the office."

We spoke with the staff team and they gave positive feedback about the management of the service. One member of staff told us; "I can go to the manager with anything both personal and work issues."

Regular team meetings and management meetings were organised by the registered manager to communicate with team members and these were well attended, recorded and valued by staff. The registered manager told us, "I have an amazing team of carers here, I am really proud of them all."

The registered manager ran a programme of audits throughout the service and these were carried out regularly. There were clear lines of accountability within the service and external management arrangements with the registered provider. Quality monitoring visits were carried out by the registered provider and these visits included staffing, health and safety, premises and facilities. The registered manager also carried out quality assurance checks and had an action plan in place to address issues raised from their own findings and from the registered provider.

The registered manager showed how they adhered to company policy for risk assessments and general issues such as trips and falls, incidents, moving and handling and fire risk. We saw analysis of incidents that had resulted in, or had the potential to result in harm were in place. This was used to put plans in place to minimise the risk of any further incidents happening. This meant that the service identified, assessed and monitored risks relating to people's health, welfare and safety.

The most recent quality assurance survey results were available. These were collected regularly using a questionnaire. The results contained positive feedback from people who used the service, visiting professionals, staff and relatives.

Policies, procedures and practice were regularly reviewed in light of changing legislation to inform good practice and provide advice. All records observed were kept secure, up to date and in good order and were maintained and used in accordance with the Data Protection Act.