

A H Care Home Ltd

# Ailsa House Residential 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

About the service:

Ailsa House Residential Care Home provides accommodation with personal care for up to 18 older people, including people living with dementia. The service does not provide nursing care. At the time of our inspection, 17 people were living at Ailsa House.

People's experience of using this service:

People received safe care. Risks to people had been assessed and managed. Staff knew what to do to keep people safe from avoidable harm. Systems were in place for the safe management of medicines.

Recruitment systems ensured people were supported by staff who had been appropriately employed and there were enough staff to help keep people safe and ensure their care and support needs were met.

On-going training, supervision and observations of staff competence was undertaken to support staff and check they had the skills and knowledge to be competent in their job role and support people safely and effectively.

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. People were supported to eat and drink enough to ensure they maintained a balanced diet. Staff supported people to access health and community care services.

Staff knew people well, and they were kind and sensitive to people's needs and respectful of people's privacy, dignity and independence. People received person centred care. A holistic approach was taken to assessing, planning and delivering care and support. Staff had access to up to date information and care and support was provided in line with people's preferences and needs. There was a complaints system in place.

People had the opportunity to participate in activities, however, not everyone was happy with the activities provided. An activities coordinator had recently been recruited and improvements were planned to ensure activities were more responsive to people's needs and wishes.

Staff embraced the provider's visions and values to deliver a high-quality person-centred service. People were encouraged to express their views on the service they received.

There were effective quality assurance systems to monitor the service and drive continuous improvement.

Rating at last inspection:

At our last inspection in March 2018, the service was rated 'Requires Improvement' (report published on 14 May 2018). At that inspection, we found one breach of the Regulations. This related to safe care and treatment.

Why we inspected:

This was a planned inspection based on the rating at the last inspection. The registered provider was no longer in breach of the Regulation we identified at our last inspection. At this inspection, the service has made sufficient improvements to be rated 'Good'.

Follow up:

We will continue to monitor this service until we return to visit as per our inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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.

# Ailsa House Residential Care Home

## **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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of one inspector and one expert by experience (ExE). 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:

Ailsa House is a 'care home'. People in care homes received accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission 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 carried out on 3 April 2019 and was unannounced.

What we did:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse.

During our inspection, we spoke with ten people who used the service, two visitors and one health care professional to ask about their experience of the care provided. We also spent time in communal areas observing staff interactions with people and the care and support delivered to them. By observing the care received, we could determine if they were comfortable with the support they were being provided with.

We spoke with three staff, the activities coordinator, deputy manager, registered manager and the provider.

We reviewed three people's care records, training and supervision records, four staff recruitment records, complaints and compliments and quality assurance information.

# Is the service safe?

## Our findings

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

At our last inspection in March 2018, this key question was rated 'Requires Improvement' and we found a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, improvements had been made in this key question and people were receiving a safe service.

Good: People were safe and protected from avoidable harm. Legal requirements were met.

### Using medicines safely

- Medicines systems were organised and people were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
- Regular checks were undertaken to ensure people were receiving their medicines safely and correctly.
- Staff responsible for the administration of medicines had received training and had their on-going competency assessed.
- Where people had been prescribed medicines on an 'as required' basis, for example for pain relief, protocols were in place for staff to follow.
- We observed medicines being administered to people by a staff member who clearly knew people well and was sensitive to their individual needs.

### Assessing risk, safety monitoring and management

- People were protected from the risks associated with their care needs. Systems were in place to identify risks to people and, where appropriate, management plans had been put in place and were regularly reviewed. Where necessary, specialist advice from health care professionals was sought.
- People told us they felt safe living at Ailsa House, and staff were quick to intervene if people needed support or extra care. One person said, "I feel safe here. I think the staff know what they're doing, and they do it well. I don't ever feel that they're rushing me." Another said, 'If anybody needs a doctor or a paramedic, they are called immediately.'

### Systems and processes to safeguard people from the risk of abuse

- There were systems and processes in place to protect people from the risk of harm and abuse. Staff had received training in how to safeguard people from abuse and understood their responsibilities to report concerns. Information on how to report abuse to the local safeguarding team were displayed throughout the home, and local safeguarding protocols were accessible.

### Staffing and recruitment

- Safe recruitment systems were in place to ensure staff were safe to work with vulnerable people.
- The registered manager used a dependency tool to determine the number of staff required. Staff told us there was always enough staff and they were not 'task focussed'.
- People told us they felt there were enough staff. No one told us of any long waits for assistance. One person who was sitting in one of the lounges told us, "If anybody needs anything, we call [person's name] who sits by the buzzer. We shout, 'pull the buzzer' and somebody will always come pretty quickly." They went on to say, "It's the same in my room, if I need someone I'll call them. I'm never left waiting for long."
- On the day of our inspection, we observed enough staff on duty to help keep people safe and ensure their care and support needs were met.

#### Preventing and controlling infection

- People were protected from the risk associated with infection control. Staff had received training and provided with personal protective equipment. We observed staff using personal, protective clothing and equipment safely.
- The home was clean and had good housekeeping and laundry facilities.

#### Learning lessons when things go wrong

- Analysis of incidents and accidents were carried out by the registered manager and provider; this enabled them to identify themes and learning; for example, whether falls were occurring at a specific time of day or in one place.
- Where incidents had occurred, action was taken to minimise the risk of reoccurrence. Lessons learnt were shared with staff to help improve the service.



# 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 our last inspection in March 2018, this key question was rated 'Requires Improvement'. At this inspection, improvements had been made in this key question and people were receiving an effective service.

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were holistically assessed prior to referrals being accepted.
- People's care plans contained information about their diverse needs, including their preferences in relation to culture, religion, diet and preference of gender of care worker.
- Staff used recognised tools to assess risks of pressure ulcers, nutritional risk and falls risks.
- Care interventions, such as re-positioning to prevent pressure ulcers, were completed consistently on the service's electronic care planning system.

Staff support: induction, training, skills and experience

- Staff received a good induction to the service. One member of staff told us, "I went to [name of sister service] and did some training. [Registered manager] took me round everywhere and told me things about what to do in the event of a fire and about the [staff] communication book etc. I was introduced to staff and the residents. She was very thorough and is very supportive and helpful."
- Staff told us they received on-going training, support and supervision to ensure the individual care and support needs of people were effectively met.

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

- People were supported to maintain a balanced and healthy diet.
- At the time of our inspection, the service was recruiting a chef. During the interim period, appropriately trained care staff were preparing meals. Feedback about the meals were generally positive. One person told us, "[Staff's name] does the food at the moment, it's not tinned or packet stuff, we have fresh food. We make our choices in the morning, I've ordered pork chops. I'm never hungry or thirsty here, I can assure you." Another person said, "I'm given enough choice with food. I have three fried eggs for breakfast, it's what I like, nobody comments about it."
- We noted people always had cold drinks to hand either by their chair or their bed and were regularly offered a choice of hot drinks. One person said, "We can always ask for a cup of tea if we fancy one, I don't think they'd ever mind making us one."
- Where people had specialist dietary needs, advice had been sought and followed from dieticians and the speech and language team (SALT).

## Staff working with other agencies to provide consistent, effective, timely care

- The service worked in partnership with other professionals; for example, district nurses, palliative nurses, GP, hospital consultants and social workers to achieve good outcomes for people.
- The provider had recently introduced a telehealth system. This enabled 'real time' information, for example blood pressure readings and people's weights, to be sent directly to people's GP. This enabled health care professionals to intervene at a much earlier stage, lowering the risk of people becoming so unwell that they require hospital treatment.
- On the day of our visit, we spoke with a health care professional who visited the service regularly. They told us staff were good at communicating with them about issues and concerns. They said, "Staff know about our service and how to contact us. They are always welcoming and very friendly. They know people well, listen to our advice and follow recommendations."
- People repeatedly told us they felt staff understood their health needs, and would notice if they were taken unwell. One person told us, "They keep a very close eye on me, and will call in doctors or nurses when I need them; they'll talk to me first." Another said, "Oh, they're quick to notice if I'm not right. They know if I'm not talking that something isn't right with me, they don't just leave things."

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

- Since our last inspection, some improvements have been made such as improved signage to help people find their way around the home. The provider informed us further improvement works were on-going. This included decorating the internal environment and replacing items of sanitary ware in bathrooms, to ensure all areas of the home are dementia friendly.
- People were able to access all areas of the building; this included access to two communal lounges, dining room and garden. A passenger lift was in place to access the first floor.
- People's rooms were personalised according to their taste and choices, including family photos and personal items.

## Supporting people to live healthier lives, access healthcare services and support

- Where people required support to manage their health, information was recorded in their care plan. This helped staff to understand what they needed to do to help people maintain their health and well-being.

## 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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- The service was following the guidelines for the MCA. Staff had received training and had a good understanding of the MCA and knew how to support people in making decisions and how to facilitate giving them choice over day to day decisions and activities. One person told us, "I make choices about when I get

up and go to bed and what I wear, nobody tells me what to do."

- Where required, appropriate DoLS applications had been made.
- People were supported to access advocacy to help them with important decisions about their care. An advocate is a person who speaks on behalf of a person if they are unable to fully express their views.

# 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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity;

- People told us staff were kind and caring. One person said, "The staff here are kind, considerate, and friendly. The other night there were three carers and me sitting on my bed singing together, it was great fun. It's easy to get on with all of them." Another said, "They do a massively beautiful job looking after me. I do feel they understand me, and would do anything for me."
- There was a caring and friendly atmosphere in the service between staff and people. Staff clearly knew people well and could tell us about individuals and their lives. This enabled them to engage well with people, and we observed them chatting, which increased people's sense of well-being.

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

- People were given the opportunity to provide feedback about the service and the care they received. For example, through questionnaires and residents meetings. The registered manager had recently implemented a monthly 'listening form' which provided an opportunity for people to discuss how they felt about the care and support they received with their dedicated keyworker.
- People's diverse needs were respected and care plans identified people's cultural and spiritual needs and preferences on how they wished to be cared for. Where possible, people were involved with their care planning.
- The service had scored consistently high in feedback left on independent websites. Comments included, "The staff and management of Ailsa House are extremely kind, helpful and efficient. My [relative] has been living here for several years and loves the service. It is well run, clean and the food is really good" and "Helpful, caring and very friendly staff. My [relative] can be very awkward at times but they seem to deal with them very well and if any problems they contact me immediately, good or bad. I feel I can relax knowing they are being looked after."

Respecting and promoting people's privacy, dignity and independence

- People were treated respectfully and staff were committed to providing the best possible care for people.
- People's dignity and privacy was respected. We observed staff ensuring doors were closed when delivering personal care and knocking on people's door before entering their rooms.
- People's independence was promoted. Staff recognised the importance of maintaining people's independence and encouraged people to do as much as they could for themselves. One member of staff told us, "We have a person who likes to help lay the dinner tables and fold the laundry. We know they like to do this, its important to them."

# Is the service responsive?

## Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care and support needs were assessed prior to them moving into the service. From this assessment, care plans had been developed to ensure these needs were met.
- Care plans were person centred and provided information and guidance to staff. This included people's preferences on how they wished to be cared for and how staff should best support them. Where possible, people were involved in the care planning process. One person told us, "I know I've got a care plan, and it's all about me. They've got all my earlier life in it, they asked me lots of questions."
- Care plans were reviewed regularly and adapted where people's needs had changed.
- A weekly programme of activities was available for people to participate in. However, we received mixed feedback about activities. Comments included, "I just think I am so bored, it's nobody's fault but I feel useless. The time is endless in here. I sometimes talk with [person] but most of them cannot talk to me", "The TV is always on here, though we are not interested in much of it. We sometimes play bingo or snakes and ladders and you can win a bar of chocolate if you win" and "I don't mind playing games occasionally, I'll join in with whatever they offer me."
- The activities coordinator had started work at the service in March 2019. They told us, "One of the first things I did was to tell people what I do and find out what would they like to do." They could demonstrate how they had got to know people, their interests and life histories. They went on to explain their future plans for improving the activities available.
- We observed the activities coordinator spending time with people, giving hand massages and manicures. They engaged with people in a warm and friendly manner. Several people looked visibly relaxed whilst spending time with them and laughed and chatted about various topics of conversation. Several people showed us their polished nails and told us they had enjoyed the experience One person said, "It's nice being able to have a one to one conversation for a while."
- We shared people's feedback with the registered manager. They told us, and records confirmed, people were provided opportunities to partake in various activities. Their primary focus since being in post had been ensuring the service was safe and they went on to explain their plans for improving activities both within the service and the wider community. This included engagement with a local befriending service, accessing transport to facilitate trips and accessing a dementia friendly cinema.
- From April 2016, all organisations which provide NHS or adult social care are legally required to follow the Accessible Information Standard (AIS). AIS aims to make sure that people who have a disability, impairment or sensory loss are provided with information they can easily read and understand so they can communicate effectively. The service identified people's information and communication needs by assessing and recording them. The registered manager assured us no one would be discriminated from accessing the service and information would be made available to ensure people's communication needs were met.

## Improving care quality in response to complaints or concerns

- Systems were in place to manager concerns and complaints. No formal complaints had been received since our last inspection.
- One person told us, "I haven't got any complaints. If I had, I'd try and sort it out myself, I don't think I'd talk to the manager about it, that's not my way."

## End of life care and support

- No-one at the service was nearing the end of their life.
- People's wishes with regard to not wanting to be resuscitated in the event of a cardiac arrest were recorded to ensure their wishes were carried out.
- The registered manager advised us they would work closely with the palliative care teams and support people's end of life wishes. One person was being facilitated by the team to develop an end of life care plan.

# 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 our last inspection in March 2018, this key question was rated 'Requires Improvement'. At this inspection, improvements had been made and the service was no longer in breach of the Regulations.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager started work at the service in August 2018. They told us their focus had been on addressing the shortfalls identified at our previous inspection, and ensuring people were safe. Throughout our inspection, they were open and transparent and demonstrated their passion, commitment and on-going plans, to continuously improve the service.
- There was a clear vision to deliver care and support which promoted a positive culture and person-centred service which was open and inclusive. Staff knew people well and put these values into practice. A member of staff told us, "You do bond with people, you wouldn't be human if you didn't. I'm here for the residents, make sure they're okay, properly cared for and leading a comfortable, peaceful, life and enjoying their twilight years."
- A clear management structure was in place and staff were aware of their roles and responsibilities.
- The registered manager was clear about their responsibilities for reporting to the Care Quality Commission.
- Ratings from our previous inspection were clearly displayed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and staff were asked for their views about the service. This included day to day conversations, meetings and questionnaires. Feedback was used to ensure people received a service they were satisfied with.
- We saw questionnaires had recently been sent out to people, relatives, health and social care professionals and staff. The registered manager told us these would be analysed and an action plan put in place. We noted feedback from the returned questionnaires was generally positive.
- During our inspection, people shared concerns regarding turnover of staff. One person told us, "I think this manager is stricter than the others, if people don't like it [registered manager] shows them the door. That's

why we've been a bit short staffed because quite a few have gone. It's not been nice as some have gone without saying goodbye, it's been a bit unsettling." We shared this feedback with the registered manager and provider. They told us they would consider ways to manage communication regarding staff changes more effectively to alleviate any distress to people.

- In January 2019, the provider had implemented electronic care planning software. The provider and registered manager explained this enabled them to have clearer oversight and enabled staff to document entries in 'real time'. Staff's feedback was generally positive about the new system.
- People's cultural and ethnicity had been fully considered as part of the delivery of their care.
- Staff were positive about working at the service and told us they felt well supported by the management team who were visible and approachable.
- Staff told us they received supervision of their performance and regular team meetings where they could put forward suggestions.

#### Continuous learning and improving care

- Systems and processes were in place to monitor the quality of the service. The registered manager and provider carried out a range of audits, which looked at key areas and checked the quality of the service. Where required, action plans were developed to bring about improvements.

#### Working in partnership with others

- Management promoted person-centred, high-quality care and good outcomes for people, by working in partnership with others.
- The registered manager was looking to establish links with the local community such as local schools and befriending services.
- The registered manager attended provider forums and training sessions run by the local authority.