

Mr Peter Hubert Oxley

# Ar-Lyn Residential 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: We carried out an unannounced comprehensive inspection of Ar-Lyn Residential Home on 20 February 2019. Ar-Lyn is a 'care home' that provides care for a maximum of 13 predominately older people. At the time of the inspection 13 people were using the service.

People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

What life is like for people using this service: The management team and staff knew people well and understood their likes and preferences and health needs. Staff were aware of people's life history, and their communication needs. They used this information to develop positive, meaningful relationships with people. Relatives told us they were welcome at any time and any concerns were taken seriously and responded to.

People told us they felt safe. One person said, "The main thing is that I have someone to help me when I need it. It gives me piece of mind." Staff demonstrated a good awareness of each person's safety and how to minimise risks for them. The environment was safe and people had access to appropriate mobility and moving and handling equipment as needed. There was enough staff on duty at the right time to enable people to receive care in a timely way.

People were supported by staff who had the skills and knowledge to meet their needs. Staff understood and felt confident in their role. One said, "I think we work well together as a team and feel supported."

People, relatives, staff and professionals gave us positive feedback about the quality of people's care. Quality monitoring systems included audits, observation of staff practice and regular checks of the environment with examples of continuous improvements made in response to findings. People, their relatives and staff told us the registered provider was approachable, organised, listened and responded to them and acted on feedback.

More information is in Detailed Findings below

Rating at last inspection: The service was rated Good (report published 10 September 2016)

Why we inspected: This was a planned inspection based on the rating at the last inspection. At our last inspection we rated the service Good. At this inspection the service remained Good.

Follow up: We will continue to monitor the service through the information we receive until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well led

Details are in our Well Led findings below.

# Ar-Lyn Residential 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 as part of our regulatory functions. This inspection checked 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.

Inspection team: This inspection was carried out by one adult social care inspector.

Service and service type:

Ar-Lyn is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service accommodates up to thirteen people. At the time of our visit there were 13 people using the service.

There was no condition of registration for a manager to be registered with the Care Quality Commission. The registered provider was in day to control of the service. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: This inspection was unannounced.

What we did: Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made judgements in this report. We reviewed other information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We also considered the last inspection report and information that had been sent to us by other agencies. We also contacted commissioners who had a contract with the service.

During the inspection we spoke with eight people and two relatives. We looked around the premises and observed staff interacting with people. We also spoke with the registered provider, the cook and two other

members of care staff. We spoke with two healthcare professionals who had experience of the service and provided us with feedback during the inspection.

We looked at two care plans in detail. We reviewed three staff files and the training records. We also reviewed two people's medicine administration records (MARs), staff duty rosters, and other records relating to the running of the service.

# Is the service safe?

## Our findings

Safe –this means people were protected from abuse and avoidable harm

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

Assessing risk, safety monitoring and management

- Staff understood the support people required to reduce the risk of avoidable harm. Personalised risk assessments included measures to reduce risks as much as possible.
- There was a positive approach to risk taking to enable people to maintain their independence.
- The environment was well maintained. Equipment and utilities were regularly checked to ensure they were safe to use. Emergency plans were in place outlining the support people would need to evacuate the building in an emergency.

Systems and processes to safeguard people from the risk of abuse

- The registered provider had effective safeguarding systems in place. Staff had a good understanding of what to do to make sure people were protected from harm or abuse.
- People were protected from potential abuse and avoidable harm by staff that had regular safeguarding training and knew about the different types of abuse.
- Staff meetings were used to remind staff of safeguarding protocols. Staff told us they knew what to do should they suspect any form of abuse and had the contact details they required should they need to make a referral to the local safeguarding team.

Using medicines safely

- There were suitable arrangements for ordering, receiving, storing and disposal of medicines, including medicines requiring extra security.
- Medicines were audited regularly with action taken to follow up any areas for improvement.
- Staff who administered medicines did so at the prescribed time and had received the necessary training to support their responsibilities in dispensing medicines.

Staffing and recruitment

- Staff had been recruited safely. All required pre-employment checks had been carried out including disclosure and barring service [DBS] checks, and getting references from previous employers.
- Staffing levels were sufficient to ensure people's needs could be met. One person told us, "I never have to wait long for them [staff] to come when I need them."

Preventing and controlling infection

- Staff followed infection control policies and used personal protective equipment (PPE) to help prevent the spread of healthcare related infections. A staff member told us they had the training and equipment they needed to keep the service clean and hygienic.
- The premises were clean and free from malodours.

#### Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed so any trends or patterns could be highlighted
- The staff always reviewed risk assessments and care plans following accident or incidents to mitigate the risks of it occurring again.

# 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

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

Supporting people to live healthier lives, access healthcare services and support. Staff providing consistent, effective, timely care within and across organisations

- Where people required support from external healthcare services this was arranged and staff followed guidance provided by those professionals. Visiting healthcare professionals told us the registered provider and staff worked closely with them to ensure they were receiving the right support when they needed it. One said, "The staff here are very good at listening to our advice and following it."
- People were encouraged to stay healthy. Staff supported people to continue to mobilise independently.
- The management team engaged with other organisations to help provide consistent care.

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

- People's individual health needs were assessed before they came to live at the service. Assessments were comprehensive, and people's individual care and support needs were regularly reviewed and updated. A professional said, "Whenever there is a change they [service] let us know."
- Care records showed staff followed evidence based practice in relation to moving and handling, nutrition, pressure area care and care for people with diabetes.

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

- People had choice and access to a range of food and drinks throughout the day; food was well presented and people told us they enjoyed it. Their comments about food included, "Lovely meals here" and "I can be quite fussy but they [staff] know what I like and don't like."
- Kitchen staff were aware of any specific dietary requirements, for example, if people needed their food to be prepared differently to minimise the risk of choking.
- Care plans included information about people's dietary needs and their likes and dislikes. This included any information about specific aids people needed to support them to eat and drink independently.

Staff skills, knowledge and experience

- People received effective care and treatment from competent, knowledgeable and skilled staff who had the relevant skills to meet people's needs.
- There was a system in place to monitor training to help ensure this was regularly refreshed and updated so staff were kept up to date with best practice. Training methods included online, face to face training and competency assessments.
- Staff felt well supported. They were provided with regular support from the registered provider to discuss their further development. Comments included, "I've been here some time now and the [provider] really supports us" and "Not been here long but I feel really supported."



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

- The premises had sufficient amenities such as bathrooms and communal areas to ensure people were supported well. The lounges and dining areas were popular places for people to mix and chat. One person told us, "We like meeting up and catching up every day" and "Knitting and crocheting every day really. It gets us together and have a chat."
- There was a suitable range of equipment and adaptations to support the needs of people using the service.
- Peoples rooms were personalised with items of furniture or ornaments. One person told us, "I love having my ornaments and photos it reminds me of happy times."

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.
- Mental capacity assessments were completed appropriately. Nobody living at the service lacked full mental capacity and so no authorisations had been made.
- The registered provider was aware of their responsibility to notify the DoLS team if restrictions were required.
- People were asked for their consent before any care was delivered. People who could had signed their care plans to indicate they were in agreement with their planned delivery of care.

# Is the service caring?

## Our findings

Caring –this means that the service involved people and treated them with compassion, kindness, dignity and respect

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

- Care records reflected important information in relation to each person's dignity and privacy. It was clear care records and the attitude of staff was to ensure support given to people who lived at Ar-Lyn was personalised.
- Staff focused on retaining and promoting people's independence as much as they could within a care home setting. This was confirmed by our observations during the inspection visit and comments from people we spoke with. One person said, "I am encouraged to do as much as I can for myself and it keeps me going. I do appreciate the encouragement. It's done in a gently way. No pressure."
- People's personal relationships with friends and families were valued and respected. For example, staff took time to speak with families when they visited. We observed families were made to feel welcome when they visited. They told us, "We come any time no restrictions. All the staff are wonderful and very caring."

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

- Where possible people were involved in developing their personal care plans. Where it was not possible staff were supported by family to help with the information needed to inform decisions.
- If people had no support available to them the registered provider and staff knew the contact details for advice, support or advocacy.
- Some people needed aids to help them communicate effectively. This was recognised and supported. Care plans recorded if people needed glasses or hearing aids. Some people had their own mobile phones which they used to contact family and friends.
- Care staff were observed giving a person time to think when staff asked a question, so they had time to process the information and form a reply.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's choices around privacy and dignity. For example, people had their bedroom doors closed if they chose to and staff told us their relatives were offered private space to visit them.
- Staff spoke with people in a respectful way. They were observed to be kind, caring and patient when supporting people. For example, a staff member was supporting a person to get ready for the day ahead. The conversation was positive with lots of laughter. It was clear the person was relaxed and valued the input from the staff member.
- Staff took time with people to make sure they had everything they needed before going to the lounge. For example, people told us staff made sure their hair and make-up was as they liked it. Attention to detail in respect of matching clothes and jewellery was very important to people and staff respected this.
- People's personal beliefs were known and respected. Church services were held regularly and members of the clergy visited some people to support their spiritual needs.

# Is the service responsive?

## Our findings

Responsive –this means that the service met people's needs

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

Personalised care; accessible information; choices, preferences and relationships

- People's care records were detailed and showed that staff used a person-centred approach to plan and support people. For example, care records included response to individual physical, mental, social and personal needs. This supported staff to respond to individual needs.
- Staff knew people's likes, dislikes and preferences. They used this detail to care for people in the way they wanted. For example; details around how a person preferred to spend their time and what their likes and dislikes were. People told us staff were very supportive. One person said, "They [staff] know just how I like things done and make sure I have everything I need."
- Some people needed support to help them to move around. The care plans detailed the equipment required and how staff should support them. A new stair lift meant it had been extended to below the first step so it was easier to access.
- People told us they enjoyed the range of activities on offer which included arts and crafts, singing, knitting and crocheting and a variety of games and quizzes and external entertainment. One person told us they really enjoyed putting on pantomimes and one was currently being planned. They said, "It's wonderful because we all get involved in the production. It brings everyone together."

Improving care quality in response to complaints or concerns

- There had been no complaints recorded since the previous inspection. One person told us; "I have not had to make a complaint but If I was not happy about something I would tell [registered provider] and I know it would get sorted out".
- The registered provider held documentation to inform people about how to make a complaint if they chose to and it was included in people's contracts.

End of life care and support

- Staff understood people's needs, were aware of good practice and guidance in end of life care and respected people's religious beliefs and preferences.
- People were supported to make decisions about their preferences for end of life care, and staff empowered people and relatives in developing care and treatment plans. Professionals were involved as appropriate.

# 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.

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

- There were clear lines of responsibility across the staff team. Staff understood their roles and responsibilities and received training to deliver the level of care and support to meet people's individual needs.
- The registered provider understood their role in terms of regulatory requirements. For example, notifications were sent to CQC when required to report incidents that had occurred and required attention.
- The service was well-run. Staff were held to responsible for their own behaviours and performance. They told us they were proud to work at Ar-Lyn
- Staff were required to read policies and procedures, and they were discussed during regular communication, so they understood what was expected of them.
- The quality assurance system included checks which were carried out by the registered provider and to ensure regulatory requirements were being met.

Planning and promoting person-centred, high-quality care and support with openness; understanding and acting on their duty of candour responsibility

- People who lived at Ar-Lyn and staff commented positively about the registered provider. They told us the registered provider was visible about the home and had a good understanding of people's needs and backgrounds. One staff member said, "It's a small home we all work really well together."
- The registered provider and staff spoke with us about individuals living at Ar-Lyn and demonstrated a good understanding of people's needs, likes and preferences.
- The culture of the home was open. Staff were encouraged to raise any concerns in confidence. Where mistakes were made, the registered provider was open and honest with people and families and made improvements. Where any concerns about individual staff performance were identified, these were dealt with through training and where necessary, disciplinary processes.

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

- People and their relatives completed an annual survey to gain their views of the service and the feedback had been used to continuously improve the service. The most recent survey was very positive in all areas of satisfaction.
- The size and design of the service meant it was easy to have meaningful discussions with people, relatives, staff and professionals. A staff member said, "We are always chatting. It's informal but it means we keep on top of things."

- The registered provider continually spoke with the staff team about operational issues and staff told us they felt able to discuss any changes and working practices and raise any suggestions.

#### Continuous learning and improving care

- The registered provider made sure staff had access to a range of training to support staff to have the knowledge and skills to carry out their roles. Regular audit procedures ensured improvements could be made to continue the development of the service and provide good outcomes for people who lived there.

#### Working in partnership with others

- The registered provider had forged good links for the benefit of the service with key organisations, reflecting the needs and preferences of people in its care, and, to aid service development.