

Ms S J Wright

Ayrshire House

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

Ayrshire House is a residential care home which provides care and support to people with a learning disability. It is registered to provide care for up to 15 people. Two beds were used for respite care. At the time of our inspection there were 13 people living at the home.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was situated in a large home, bigger than most domestic-style properties. It was registered for the support of up to 15 people. This is larger than current best practice guidance. However, the size of the home having a negative impact on people was mitigated because it was in a residential area amongst other large domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

People received safe care and staff were trained to ensure people were protected against avoidable harm, neglect and discrimination. There were systems in place to make sure the service was safe, with good staffing levels and skilled staff to deliver safe care.

Risks to people were fully assessed and well managed. Staff were safely recruited to ensure they were suitable to work at the service. People's medicines were safely managed, and systems were in place to control and prevent the spread of infection.

People's care needs were assessed before they received a care package. Staff received an induction and ongoing training that enabled them to have the skills and knowledge to provide effective care.

Staff supported people to eat healthy meals to meet their dietary needs. Staff supported people to live healthier lives and access healthcare services when required.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff provided care and support in a caring and meaningful way. They knew the people who used the service

well. People and relatives, where appropriate, were involved in the planning of people's care and support. Care plans supported staff to provide personalised care. People were encouraged to take part in activities and follow their interests.

There was a complaints procedure in place and systems to deal with complaints effectively. The service provided appropriate end of life care to people when required.

The service continued to be well managed. The provider had systems in place to monitor the quality of the service; actions were taken, and improvements were made when required. Staff felt well supported and said the registered manager and deputy manager were open and approachable. The service worked in partnership with outside agencies.

Rating at last inspection.

The last rating for this service was Good (published 19 May 2017)

Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ayrshire House on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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.

Ayrshire House

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 was carried out by one inspector.

Service and service type

Ayrshire House 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 had a manager registered with the Care Quality Commission in post. A registered manager and 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 announced. We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be available to support the inspection.

What we did before the inspection

The provider was sent a provider information return to complete. This is information providers are required to send us with key information about the service, what it does well and improvements they plan to make. 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. We used all this information to plan our inspection.

During the inspection

We spoke with eight people who lived at the service and two relatives. We had discussions with the registered manager/provider and two care and support workers. We looked at three people's care records in detail and records that related to how the service was managed, including staffing rotas, training information, medicines records and quality assurance information.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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 Good. At this inspection this key question had remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems and process were in place to protect people from abuse. People told us they felt safe living at the service. One person said, "Yes we are all safe here. They [meaning staff] look after us safely."
- We spoke with staff about the protection of vulnerable people. Staff knew the procedures to follow internally, and how to report concerns to external agencies such as the local authority. Records showed that staff completed training in relation to safeguarding.
- When incidents occurred the registered manager and staff followed local safeguarding processes and notified the Care Quality Commission (CQC) and the local authority of the action they had taken.

Assessing risk, safety monitoring and management

- Risks to people's individual safety had been assessed. Risk assessments were in place and these told the staff about the risks for each person and how to manage and minimise these risks.
- Risk assessments were completed in a way that allowed people as much freedom as possible and promoted independence. They were reviewed to make sure they remained up to date and reflected changes to people's circumstances.
- A relative told us, "The staff are very good at encouraging [family member] to do more independently without putting them at risk."
- Plans were in place to assist people on an individual basis in the event of an emergency such as fire.

Staffing and recruitment

- There were enough staff to support people safely. One person told us, "Yes there are always enough staff around to help us." A relative told us, "I think there are enough staff. [Family member] is always going out and has not had to stop doing any activities because of a lack of staff."
- Staff said there were sufficient numbers of staff to meet people's needs and we observed this to be the case on the day of our visit. Rotas showed that staffing was consistent.
- The provider followed safe recruitment procedures to ensure people were protected from staff that may not be fit and safe to support them. Disclosure and barring service (DBS) security checks and references were obtained before new staff started their probationary period. These checks help employers to make safer recruitment decisions and prevent unsuitable staff being employed.

Using medicines safely

- People continued to receive their medicines safely. Their care plans included details of the support they needed to take their medicines, which included any preferences about how they took their medicine. One relative told us, "[Family member] needs a particular medication for [condition]. The staff are brilliant and

very organised, making sure it never runs out."

- Staff had undertaken appropriate training, so they could give people their prescribed medicines safely.
- Regular medicines' audits informed managers of any issues and ensured they were rectified in a timely manner.

Preventing and controlling infection

- People were protected by the prevention and control of infection because staff had the appropriate personal protective equipment to prevent the spread of infection.
- Staff received infection control training and there was an infection control policy in place.
- The environment was clean and hygienic.

Learning lessons when things go wrong

- Records showed that arrangements were in place to record accidents and incidents. The registered manager told us they looked at these regularly, so they could establish how and why they had occurred.
- Learning from any incidents or events was shared with staff, so they could work together to minimise risk.

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 good. At this inspection this key question had remained the same. This meant 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

- The registered manager used a local authority assessment tool to gain initial information about people's needs before they went to live at the service on a trial basis. During the trial period the staff assessed the person's needs in more depth and their compatibility to live with the other people using the service.
- Care plans were developed during the initial trial period and these considered the characteristics identified under the Equality Act and other equality needs. They were regularly reviewed and reflected people's changing needs and wishes.

Staff support: induction, training, skills and experience

- Staff had access to regular updates on topics such as first aid and moving and handling to ensure their skills were up to date in order to provide safe care. Staff were knowledgeable about their roles and responsibilities for caring and supporting people who lived at the service.
- One relative said, "The staff are knowledgeable. They know how to support the people they look after."
- All new staff went through an induction period, which included shadowing more experienced staff to get to know people, as well as covering the basic training subjects.
- The system for staff supervision and support was consistently applied. Staff were supported by a senior staff member through their one to one meetings. One told us, "We have regular supervision and the manager is supportive."

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

- People said they enjoyed the meals provided. They said there was enough choice and they were able to choose alternative meals if they did not want what was on the daily menu. One said, "I like the food. It's very good. My favourite is fish and chips."
- Staff monitored the food and fluid intake of people at risk of poor nutrition and hydration and followed guidance from health professionals where necessary.

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

- People's care records showed that people who lived at the service had access to health professionals, to help ensure their on-going health and well-being. Records showed that staff were proactive in their approach and made referrals to health professionals in a timely manner.

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

- Records confirmed that people received the help they needed to see their doctors and other healthcare professionals such as specialist nurses, dentists, opticians and dieticians.

- Where people had specific health needs, care plans reflected this and detailed how to meet these needs.
- Care records included oral health assessments and people had access to a dental service if required.

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

- The premises were suitable and accessible to the people living at the service. The environment was well maintained, homely and offered plenty of personal space.
- People's bedrooms were personalised and reflected their interests and personal preferences.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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.

- At the time of inspection there was no one subject to a DoLS.
- Staff had a good understanding of MCA and DoLS and had completed training in this area.

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

At the last inspection this key question was rated as Good. At this inspection this key question had remained the same. This meant 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 received supportive care from staff who knew them well. They had developed positive relationships with the staff. One person said, "The staff are my friends." A relative told us, "[Family member] is in the best place. I have peace of mind and I know the staff genuinely care for them."
- Staff told us they always tried their best for the people they supported, as they wanted them to receive good quality care and achieve their goals. One staff member said, "I love my job. I love to see people achieving their goal. I like to think I make a difference."
- All the staff spoke about people with warmth, respect and positive regard. One said, "Everything we do is for them [people using the service]."
- Staff understood the importance of promoting equality and diversity and people were respected and treated as individuals when care was being provided. For example, people were supported to maintain important relationships with people who were important to them."
- Staff treated people with kindness and understanding. They were knowledgeable about people's individual needs and preferences and took account of this when they provided support and assistance.

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

- People were encouraged to express their own wishes and opinions regarding their care. They explained that staff listened to what they had to say and ensured their care reflected this. One person told us, "I can say what I like to do. I can do the things I like and choose my meals."
- Staff actively involved people in making decisions and knew people's individual communication skills, abilities and preferences. People were able to comment about their care and the support they received through regular reviews, informal discussions and surveys sent out by the provider.
- Most people had family, friends or representatives who could support them to express their preferences. People also had access to an advocate who could support them to make decisions about their care and support. Advocates are independent of the service and support people to raise and communicate their wishes.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. Everyone we spoke with confirmed that staff always respected their privacy and dignity. Relatives also said that staff were respectful of people's needs. One commented, "The staff treat [family member] with dignity and they have a lot of patience."
- People were encouraged to maintain their independence and do as much as they could for themselves. For example, people were supported to complete household tasks and access the community on their own.

- People were supported to maintain and develop relationships with those close to them, to build social networks and have community involvement. Relatives were regularly updated about people's wellbeing and progress.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant 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 needs were assessed and care plans regularly reviewed and updated to reflect their changing needs.
- People were involved in developing their care plans which reflected their choices. For example, one person's care plan described the person's morning routine and how they liked things to be done. Care plans were person centred and staff told us they were valuable guides to the care and support people needed.
- Care records included areas such as: supporting people with their personal care; eating and drinking; keeping the person healthy and safe; supporting the person with activities; and their likes and dislikes.
- Staff understood people's social and cultural needs and supported them to practice their faith and attend church services where they chose. People that had no religious beliefs had their views respected.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had access to hobbies and activities on a regular basis. On the day of inspection people were practicing songs for a concert they were going to perform at a club they attended. They also told us they attended the gym regularly, went swimming and attended sports sessions at the local leisure centre. Records demonstrated that people took part in various activities throughout the week.
- People were involved with organisations in the community for example, a local dog rehoming centre and a local charity shop where people volunteered. One person also worked in a local shop.
- Staff were aware of people's likes and dislikes and used their knowledge to ensure people were supported to try new activities and events that they may be interested in.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Communication care plans were in place for each person to provide details of approaches for staff to use to ensure they maximised people's understanding and involvement.
- Information for people could be made available to meet their specific communication needs when needed.

Improving care quality in response to complaints or concerns

- There were arrangements to ensure that people's concerns and complaints were listened and responded to, to improve the quality of care. People told us they would be happy to raise a concern if they had one. At

the time of our inspection there were no ongoing complaints.

- A policy for dealing with complaints was in place and available to people and their relatives. A relative told us if they had any concerns they would feel happy to raise these with the registered manager.

End of life care and support

- There was no one who required end of life care, however the registered manger said that if anyone required this care they would provide training and support to staff and liaise with other professionals.

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 Good. At this inspection this key question has remained the same. This meant 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; Continuous learning and improving care

- The registered manager was also the registered provider. They were supported by a senior carer.
- The quality of care was regularly monitored. Audits were routinely carried out and included: infection control; medication; environmental checks; care plans; daily records; and health and safety checks. Action plans were put into place when areas needed to be addressed. We saw these had been addressed promptly.
- The registered manager notified the Care Quality Commission (CQC) and other agencies of any incidents which took place that affected people who used the service. They looked at all accidents and incidents to see if lessons could be learned when things went wrong. This was then shared with all staff.
- Systems in place to manage staff performance were effective, they were reviewed regularly and reflected best practice. There was a supervision, appraisal and training programme in place.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives were positive about the way the service was managed. A relative said, "I think the home is very well managed. [Name of registered manager] is supportive and runs a good home." Another relative commented, "There is good communication. I'm always kept informed. I am confident in how the home is run."
- People experienced positive outcomes because staff understood their needs and preferences. One relative told us, "[Family member] has made a lot of progress since they went to live at the home. I'm so grateful we were able to find Ayrshire House."
- People and staff commented that the registered manager was always available and passionate about the job. One staff member said, "They work with us and help us support people. They put a lot of time and effort into the job to make sure it's just right."
- All the feedback we received about the service was positive and we were told how valuable the service was to people. One relative told us, "We looked at several different homes before we found this one. This one was the best. I'm delighted we found this home."

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

- Arrangements were in place to involve people in the day to day running of the home. They were asked for their views about the service at regular house meetings and we saw their views were acted upon. For

example, people had made suggestions about the menus and these had been included in the menu selection.

- Staff were engaged in discussions about the quality of care they provided and the running of the service. They were able to do this through regular staff meetings, one to one sessions with senior staff and on-going informal chats.
- Staff told us the registered manager was approachable. They said the registered manager was open and they felt involved in the running of the home. One said, "We are able to express our views and raise any new ideas. The [registered] manager does listen to us."
- Surveys were carried out with relatives and people who used the service. Responses were positive.

Working in partnership with others

- The registered manager worked with other organisations and health and community professionals to plan and discuss people's on-going support within the service and looked at ways how to improve people's quality of life.
- Working relationships were developed with other professionals, to access advice and support.