

Mr Carl Denis

The Aylsham Manor

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

The Aylsham Manor is a residential care home providing accommodation and personal care to up to 30 people aged 65 and over. At the time of the inspection 27 people were using the service some of whom were living with dementia. The accommodation is in a period property which has been extended. Accommodation was provided over two floors with several communal living rooms and dining rooms. People had ensuite toilets and most people also had an ensuite shower. There were also communal bathroom facilities.

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

Systems and processes to manage the quality of care were not always robust. Action was not always taken when audits highlighted shortfalls in records of care. Care records and risk assessments did not always contain the detail staff needed to care for people. People and staff told us managers were responsive and listened and acted on their concerns. There was a person-centred ethos within the home and staff were encouraged to get to know people well. Relatives described the home as having a good atmosphere and being 'loving and caring.'

The policies and systems in the service did not always support people to have maximum choice and control of their lives and for decisions to be made in their best interests. Staff had the skills and knowledge to support people. However, some of their training was not regularly refreshed. The provider took prompt action to rectify this. People told us the food was good and the cooks had a good knowledge of people's special dietary requirements and allergies. The service worked well with other professionals to ensure people were able to access support both for physical and mental healthcare needs. The premises were adapted to people's needs and the provider had an ongoing refurbishment programme to improve the building creating a homely environment for people.

Appropriate checks were not always carried out when staff were employed to make sure they were suitable to work in the service. Risks to people were identified and staff understood how to manage them but records about how to mitigate risks were not always up to date and complete. We made a recommendation about reviewing risk assessments for people who may not understand the risks associated with toiletries. Risks relating to the environment were well managed. People told us they felt safe in the service. Staff were trained and competent in administering medicines as they were prescribed. The home was clean and high standards were maintained in relation to infection prevention and control. When things went wrong incidents were recorded and action was taken to update care plans or risk assessments. The provider kept oversight of incidents to identify patterns and learn lessons to prevent things happening in the future.

People described the home as having a friendly and warm atmosphere. Staff knew people well and developed positive relationships with people and their relatives. People and relatives were involved in decisions about their care. Staff were very aware of promoting people's privacy and dignity. People were supported to be as independent as possible including maintaining links in the local community.

The service was responsive to people's needs. Care plans were personalised and contained a detailed overview of each person's life. Staff were kept informed of changes to people's needs through handovers and good communication between staff and managers throughout each shift. The home used pictorial signage to help people find their way around the home. There was an active programme of activities that both people and relatives were encouraged to take part in. The registered manager and provider dealt with concerns promptly. The service provided end of life care and had recently been nominated for an award for their work in this area.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
Rating at last inspection. The last rating for this service was Good (published 22 February 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 The Aylsham Manor on our website at www.cqc.org.uk.

Enforcement

We have identified breaches in relation to the need for consent, the employment of fit and proper persons and good governance. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The 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 was not always safe.

Details are in our safe findings below

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

The Aylsham Manor

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

The Aylsham Manor 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. 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 unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority commissioners. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service and five relatives about their experience of the care provided. We spoke with 11 members of staff including the provider, registered manager, housekeeper, quality control

manager, care co-ordinators, and care workers, a cook and the provider. We spoke with one professional who was visiting the service.

We reviewed a range of records. This included nine people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

After the inspection –

We continued to seek clarification from the registered manager to validate evidence found. We looked at training data and quality assurance records. We gained feedback from three professionals who regularly visit the service.

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 has deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- Appropriate checks were not always carried out to ensure that staff employed were suitable to work in the service.
- We found four staff files that did not have all the required information from Schedule 3 of the regulation. This included two files with no, or poor records of interviews. Two files where records of employment history were unclear, one of which did not have a completed application form or CV. Three staff had started work before their Disclosure and Barring Service check had come through. This is a check to make sure staff employed do not have any convictions or are not barred from working in this type of service.
- One person had offences listed on their DBS but there was no record of these being investigated with the individual or risk assessed. The registered manager told us they had discussed these with the staff member and assessed they were not a risk in relation to their role as a carer.

Failure to ensure people employed are suitable to work in the service is a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us there were enough staff to support them. "One person told us, "There are always people around to help."
- Staff told us they thought there were enough staff and they had enough time with people. Our observations confirmed there were enough staff to support people. One member of staff told us there had been concerns there was not enough staff in the mornings and the provider had put an extra staff member on the rota in the mornings between 7.30 and 10.30 at the busiest time.

Assessing risk, safety monitoring and management

- Individual risk assessments were not always up to date and did not always contain all the information required to provide guidance for staff to mitigate risks. For example, one person had a single risk assessment that combined falls and risk of choking on items that they put in their mouth. Risk reduction measures were not clear as to how they related to each risk and some of the actions that were being taken were not documented in the risk assessment. Another person's care plan said they had two falls due to minor strokes prior to moving into the home and stated the home would carry out risk assessments in relation to falls but there was no risk assessment in the file.
- The home had not always fully considered the risk of people ingesting toiletries or prescribed creams and did not always ensure these were stored safely. People living with dementia can be at risk of ingesting products such as toiletries or from putting things such as protective gloves in their mouth because they do not understand what they are for. We found one person had protective gloves in their ensuite bathroom on

the wall and toiletries on their sink. The registered manager told us the person was never in the bathroom unsupervised, as they were always supported to go to their room and had a sensor by their bed to alert staff when they got up. The registered manager took immediate action to remove the items and confirmed they would be purchasing lockable cabinets for people to store toiletries in their room.

We recommend the service reviews all risk assessments for people who may lack capacity and may not understand the purpose of toiletries and other items that may be of risk in the bathroom.

- Risks relating to the environment were managed including a fire risk assessment and tests to the water system. Regular checks were carried out of equipment such as hoists and slings. The provider told us they regularly walk round to check the environment and identified any hazards to be removed if necessary.
- One person had gone into another person's room. The service had taken action to prevent this from happening again including moving the person to a different room which was away from other people's bedrooms. Others measures had also been put in place such as additional support from staff to prevent them from going to other people's rooms. However, the actions they were taking were not recorded in a risk assessment. It is important that accurate records are kept regarding the assessment of risks to individuals with clear plans for managing the risk to support the delivery of consistent, safe care.
- We asked staff about individual risks to people and they were aware of risks relating to people's care and we observed them acting to manage risks during the day. For example, staff told us they always ensured particular people were supervised throughout the day to keep them safe. Our observations confirmed that this happened.

Systems and processes to safeguard people from the risk of abuse

- Training for staff on how to safeguard people from abuse was not recently updated. New staff had yet to complete their training and existing staff had done safeguarding training in 2017. Staff we spoke with did understand how to identify signs of abuse and report concerns.
- Following the inspection the registered manager confirmed they had made arrangements for this training to happen.
- People told us they felt safe. One person told us, "I feel safe, they understand. I have a support team come out. I have anxiety and depression. They know me here." A relative told us, "We have no worries about safety."

Using medicines safely

- People received their medicines as they are prescribed.
- Staff administering medicines had received training and were assessed as competent to do so safely.
- Records showed people were given their oral medicines appropriately and they were stored securely at appropriate temperatures.
- We found gaps in the records for the application of medicines prescribed for external application such as creams and emollients. When we spoke to staff they told us they applied the creams. The audits had identified, that records were not being completed. The registered manager took immediate action to ensure senior staff checked cream MAR charts were consistently signed off in accordance with the service procedures manual and the care plan.

Preventing and controlling infection

- High standards of cleanliness were maintained in the home. Schedules were completed to ensure that all areas of the home were cleaned.
- Staff had been trained in infection prevention and control and understood how to prevent the spread of infections. We saw staff using personal protective equipment when supporting people.
- On the day of inspection one person was visited by the doctor and diagnosed with an infection. Barrier

nursing was set up immediately for the person to ensure staff did not spread the infection to others.

Learning lessons when things go wrong

- There were systems in place for recording when things went wrong. For example, if people had a fall or if there were incidents between service users.
- Records showed action taken following an incident such as updating a risk assessment or referring someone to the falls team. The registered manager told us they always monitored people more intensely following a fall.
- The provider also looked at the patterns of incidents to identify people who were more at risk to ensure action was taken to prevent things happening again in the future.

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 has deteriorated to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We did not find any mental capacity assessments or records of best interest decisions in people's care plans relating to people who were under constant monitoring and supervision. Several people had sensors in their rooms to alert staff if they got out of bed. It was not clear if people were able to consent to this level of monitoring or whether the decision to monitor people in this way was in their best interests.
- One person had a DoLS authorisation in place with conditions. One of the conditions to carry out a mental capacity assessment and best interests meeting relating to one of the restrictions had not been completed.
- Staff did not all understand the MCA and had not had their mental capacity training refreshed. They were unclear on which people did or did not have capacity or who was restricted by a DoLS.

The policies and systems in the service did not support decision making in people's best interests when they lacked mental capacity. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff understood the need to gain consent prior to supporting people and we observed staff doing this verbally throughout our inspection.

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

- The service assessed people's needs prior to moving to the service. Care plans described how people needed to be supported including daily care tasks including oral healthcare, mobility and moving and handling, mental health, continence and food and nutrition.
- We found in some care plans details were missing to provide full guidance for staff. For example, one person's mobility care plan did not include the size of sling that they used. However, staff were aware of which size sling they should use, and each person had their own sling in the bedroom.
- Care plans provided details about people and their life, their families and their likes and dislikes.

Staff support: induction, training, skills and experience

- Due to a change in the systems used to record staff training the provider had difficulty accessing training information at the time of inspection. They told us after the visit that the issue had been resolved.
- We saw from people's files that staff had completed training in some areas relevant to their role including moving and handling, fire safety, infection control and food hygiene. However not all staff had attended recent safeguarding or mental capacity act training. The provider did not have these areas on their list of mandatory training. The registered manager took immediate action to arrange this training for staff.
- Staff had recently completed accredited training in specialist areas such as management of medicines, dysphagia (choking risks) and an experiential dementia training course which they were very positive about.
- Staff who hadn't worked in care prior to being employed at the home completed the Care Certificate which is an industry recognised qualification for employees new to care. Some staff were also being supported to complete accredited qualifications in health and social care.
- Staff told us they felt they had the skills and knowledge to care for people. They told us they felt supported through regular supervisions and could ask if there was anything they felt unsure about.

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

- People told us the food was good. We observed people being supported to eat at meal times and the provider told us staff sometimes ate with people to enhance the mealtime experience.
- There was a set menu with a meat option and vegetarian option each day. Some people said it would be good to have more choice each day. The registered manager told us they prepare alternatives if people did not like what is on the menu and one person told us, "They have set menu, you can ask if don't like it and they will bring what you want."
- There were details in the kitchen of people's special dietary requirements including likes, dislikes, allergies and whether people required their food to be prepared in a special way, for example pureed or cut up due to risk of choking.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People and their relatives told us the service contacted healthcare professionals when they needed to. A relative said, "If they feel [name] needs a GP or someone to see him they ring in the morning. I have no complaints, it's always that day." When people's mental health was declining the service referred this to the community mental health team. We saw healthcare professionals visiting on the days of our inspection.
- People's care files contained details of health appointments from professionals such as the district nurse, dietician, mental health nurse and GP. Visits were recorded in people's notes which also included any reports or letters from professionals.
- One professional told us the provider was very responsive and always followed advice. They said staff know people well and, "Residents often comment on how nice and helpful staff are."

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

- The premises were adapted to people's needs. The building was listed but the provider had worked hard to overcome restrictions and had created a pleasant and homely environment for people.

- Corridors were decorated in art work, often done by residents, there were handrails to assist people with mobility issues and where possible steps had been removed.
- An extension had created fully adapted rooms with ensuite facilities. The provider was currently working to adapt rooms in the older part of the building to create fully ensuite accommodation. They were also in the process of replacing patterned carpets with flooring that was more suitable for people living with dementia. Patterned flooring can be confusing for people living with dementia as they find it difficult to distinguish between the design and actual objects that they might need to pick up or step over.

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 has 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 and their relatives told us the staff were kind and caring. One person said, "Yes very kind and caring and very patient - some of us are a bit of a bother, I don't know where they get the patience from." A relative told us they had looked at other homes and felt this home, "Had a friendly and warm atmosphere." One person told us "Staff went out for a Christmas meal and came in and showed off what they were wearing - I thought that was a lovely family gesture."
- Our observations confirmed that staff demonstrated empathy, warmth and reassurance towards people. They supported people differently according to their needs, for example by sitting next to a person and chatting, another person they supported to walk around the house when they were unsettled, and we saw staff dancing with one person in the music session.
- Staff told us they aim to treat people fairly. One member of staff said they do this by, "Making sure everyone has a choice, you know what their needs are as well. Making sure they are treated the same and offered the same options."

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

- People were involved in decisions about their care. People were aware they had care plans and told us they were consulted on how they wanted to be supported.
- Where people were unable to express their own views about their care the home contacted relatives to discuss people's wishes and needs. We observed positive relationships between staff and relatives during our inspection.

Respecting and promoting people's privacy, dignity and independence

- Staff understood how to promote people's privacy and dignity. One person told us, "That's why they put me [in a room] around the corner because I like it quiet." Another person told us, "I don't spend much time in my room, but they always knock if they want to come in."
- We observed staff helping to maintain people's dignity throughout our inspection by adjusting clothing to make sure they were properly covered up and tidy.
- People were supported to maintain independence. One person told us they regularly go out independently. They said, "It's a good balance, I can do what I like and people [staff] come in and call me by name and know what I am doing. It's all very personable."

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 has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans were personalised to their individual needs and had been updated when people's needs changed. The care plan started with a detailed overview of each person's life, including what they had done in their life, their job, family and any achievements. This helped to give a good sense of who each individual was.
- We did find in some cases care plans were not always detailed in the guidance they provided to staff on how to support people. In particular, there was not always information on how to support people with distressed behaviours. However, staff knew people well and there was good communication in the staff team which meant staff were able to support people appropriately.
- Staff told us they were kept informed of changes to people's needs through handovers between shifts. Records of handover were detailed, and we observed good communication between managers and staff throughout our inspection.

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.

- Pictorial signage was used to help people find their way around the home.
- The service had trialled using visual images to help people make decisions about the menu choices but found that this did not help people who could not read the menu, instead they found showing people the meal allowed them to decide what they wanted.

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 were supported to maintain relationships with friends and family. Throughout our inspection we saw relatives visiting people and involved in the life of the home.
- There were several activities on the day of inspection encouraging people to get involved. This included a music session which people clearly enjoyed, singing and dancing with staff, a reminiscence group, where the activities worker encouraged lively debate about Christmas in the past and a pat dog visited the home and spent time with people in a quieter lounge on a one to one basis.
- There was an active programme of activities throughout the year including an annual garden fete, a staff Christmas pantomime and the celebration of people's birthdays.
- People who were able were encouraged and supported to go into the local town and be part of the local

community.

Improving care quality in response to complaints or concerns

- The home had a complaints policy and people and relatives knew who to speak to if they had any concerns. They told us managers were responsive to concerns. One person told us, "I would go to [Name 1] they are very good. When I had a problem, I went to [Name 2] and they sorted it out."
- We saw from the records that complaints had been dealt with in an appropriate and timely manner.

End of life care and support

- The home provided end of life care and had been accredited in this area. They were also nominated for an award for good end of life care.
- People had 'Yellow folders' in their room which contained an advance care plan with their wishes about how they wanted to be cared for at the end of their life. One person's plan stated it was important for them to have family around, they would like music on and they would like to be moved closer to the window.
- Where people had a Do Not Attempt Resuscitation order this was also included in their yellow folder.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The systems in place to monitor the quality of the service were not always robust.
- The provider had failed to record when people were unable to consent to care and treatment, and when decisions had been made in their best interests. They had also failed to comply with a condition on a DoLS authorisation.
- They did not have robust recruitment procedures including records of application forms, continual employment history and record of interviews.
- Shortfalls in care plans and risk assessments had not always been identified
- The provider had identified some concerns through audits, however insufficient action had been taken to prevent the mistake happening again. For example, they had identified that not all liquid medicines were dated when they were opened, and staff did not always complete the MAR chart when they applied external medicines such as creams. However, they had not implemented systems to ensure that these issues were addressed.

Failure to ensure there are robust auditing systems and processes is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

- Following our inspection, the registered manager told us they were taking action to address the issues we had raised. For example, they were undertaking a review of risk assessments to make sure they provided clear and full guidance for staff.
- There was a stable staff team who knew people well. Handovers between shifts were comprehensive and there was good communication between managers and care staff. The provider and the registered manager were both available within the service and staff told us they were open and approachable if they had any concerns. This mitigated some of the risks in relation to gaps in the records.
- There was a positive and welcoming atmosphere in the home. Staff knew people well and treated them as individuals in a person-centred way. Several people and relatives commented on this as to why they had chosen the home. One relative said, "We had been other homes but there was no love and atmosphere. This is very loving and caring."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open

and honest with people when something goes wrong; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives told us they thought the home was well managed. They said the registered manager and the provider were approachable, listened and dealt with issues openly.
- We observed the provider and the registered manager engaging with people and relatives throughout our inspection. Relatives were involved in the life of the home and joined in the activities.
- The home considered religious needs, supporting some people to go out to the local church, but also arranging for a vicar to come into the home to deliver a service for those that were unable to go out into the community.

Working in partnership with others

- The service had strong links with the community. Children from the local school had visited the home. The home had also taken part in the local christmas tree festival.
- They worked in partnership with healthcare professionals including the community mental health team and two local GP surgeries to improve people's health and wellbeing.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent Policies and systems in the service did not support decision making in people's best interests when they lacked mental capacity. Regulation 11 (1) (2)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Auditing systems and processes to monitor the quality of care were not always robust. Regulation 17 (1) (2) (a) (b) (f)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The service did not always ensure people employed were suitable to work in the service. Regulation 19 (1) (a) (b) (2) (a) (3) (a)