The Croll Group

Ayletts 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

This inspection took place on the 3rd of May 2016 and was unannounced. This meant the staff and provider did not know we would be visiting.

Ayletts House provides care and accommodation for up to 27 older people with care needs. On the day of our inspection there were 16 people using the service.

The registered manager was present during our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

Accidents and incidents were appropriately recorded and investigated, and risk assessments were in place for people who used the service

Staff had been trained in how to safeguard vulnerable adults and was able to describe potential risks and the safeguards in place.

People lived in an environment that met their needs and they were provided with the food they enjoyed. Premises were properly maintained with a clean, bright and inviting environment. All living areas were clean and well looked after.

There were sufficient numbers of staff on duty in order to meet the needs of people who used the service.

We saw that people had developed caring relationships with the staff that supported them. Relatives told us that there was a positive atmosphere in the provider and people were encouraged to take part in tasks around the provider if they wanted. We found that people's independence was promoted.

The registered provider was working within the principles of the Mental Capacity Act and was following the requirements in the Deprivation of Liberty Safeguards.

Staff treated people with dignity and respect and helped to maintain people's independence by encouraging them to care for themselves where possible.

Staff were appropriately trained and skilled and provided care in a safe environment. They all received a thorough induction and fully understood their roles and responsibilities, as well as the values and philosophy of the service. Staff had completed extensive training to help them to provide care to people who use the service was safe and effective to meet their needs.

People had their needs and requests responded to promptly. People told us that there was enough staff to

meet people's care needs.

Medication was managed safely. Staff members clear and understood their responsibilities. The Registered Manager conducted regular audits and improvements were carried out when these had been identified. The quality was monitored and assessed consistently.

Activities were arranged for people who used the service based on their likes and interests and to help meet their social needs.

People who used the service, family members and visitors were made aware of how to make a complaint and there was an effective complaints policy and procedure in place.

The service regularly used community services and facilities and had links with the local community. People who used the service, family members and staff were regularly consulted about the quality of the service they received.

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.

Staffing levels were appropriate to meet the needs of people who used the service.

The registered manager understood their responsibilities with regard to safeguarding and we saw staff had been trained in how to recognise signs of abuse.

People were protected against the risks associated with the unsafe use and management of medicines.

Is the service effective?

Good

The service was effective.

Staff were suitably trained and received regular supervision and appraisals.

People's dietary needs were understood and met and they had access to health care.

The Registered Manager and staff understood the legal requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards.

Is the service caring?

Good

The service was caring.

Staff treated people with dignity and respect and independence was promoted.

Staff talked with people in a polite and respectful manner.

People's wishes were listened to and respected, and staff were attentive and maintained people's privacy and dignity.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed before they moved in and care plans were written in a person centred way.

The home had a full programme of activities in place for people who used the service.

The registered provider had an effective complaints policy and procedure in place and people knew how to make a complaint.

Is the service well-led?

Good

The service was well led.

Staff told us the registered manager was approachable and they felt supported in their role.

The registered provider had a robust quality assurance system in place and gathered information about the quality of their service from a variety of sources.

The service had links with the community and other organisations.

Ayletts House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

This inspection took place on the 3rd May 2016 and was unannounced, which meant that the provider did not know that we were coming. The inspection was carried out by one inspector an expert by experience.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give key information about the service, what the service does well and improvements they plan to make. They did return a PIR and we took this into account when we made the judgements in this report. We looked at previous inspection records, intelligence we had received about the service and notifications. Notifications are information about specific important events the service is legally required to send to us.

During our inspection we observed how the staff interacted with people and spent time observing the support and care provided to help us understand their experiences of living in the Service. We observed care and support in the communal areas, the midday meal, and we looked around the service.

We looked at the care plans of four people and reviewed records about how the service was managed. These included medicine records, staff training, recruitment and supervision records, accidents, incidents, complaints, quality audits and policies and procedures. Reviewing these records helped us understand how the provider responded and acted on issues related to the care and welfare of people, and monitored the quality of the service.

We also spoke with the registered manager, seven people who use the service, two health professionals, four members of staff and one relative.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe. One person told us, "I do feel safe here, because people are watching out for us." Another person said, "I feel safe, there's no sense of danger, the people are pleasant here."

People were kept safe from the risk of harm and potential abuse. Staff knew how to recognise and report any suspicions of abuse. Staff was aware of the company's whistleblowing policy and were confident that they would be able to talk to the registered manager if they needed to. We checked records and found that staff had attended safeguarding training.

People we spoke with told us there was enough staff on shift. "I don't wait long for anything, even evenings and weekends." Another person said there was, "An ample amount of staff available."

During our inspection, we observed there were sufficient numbers of staff on duty and call bells were answered quickly. The registered manager told us bank and agency staff were rarely used as permanent staff were flexible and covered most absences.

We discussed staffing levels with the registered manager and checked records and found there were sufficient numbers of staff on shift. Staff told us there was enough staff on shift to enable to carry out their role effectively. One staff member said, "There is always enough staff on shift, if someone is off or needs to swap a shift we all muck in together to get the job done."

We found risk assessments, were in place as identified through the assessment and care planning process. Risk assessments were proportionate and included information for staff on how to reduce identified risks, whilst avoiding undue restriction. For example, individual risk assessments included measures to minimise the risk of falls whilst encouraging people to walk independently.

Safety checks were in place to reduce the risk of avoidable harm to people living at the service. Hot water temperature checks had been carried out for all rooms and bathrooms and Portable Appliance Testing (PAT), gas servicing and electrical installation servicing records were all up to
date. The service had a business continuity plan in case of emergency.

An up to date fire risk assessment was in place, fire safety checks were carried out regularly and Personal Emergency Evacuation Plans (PEEPs) were in place for people who used the service. This meant that checks were carried out to ensure that people could be evacuated safely in the event of a fire.

Accidents and incidents had been recorded and copies were kept in each person's care records and in a master accident forms file. Each report recorded the details of the person who had the accident, where and when it occurred and what caused the accident.

We observed a medication round, and looked at the way medicines were managed. On the day of our

inspection we found this to be safe. Medicines were securely stored in a locked treatment room and only the senior member of care staff on duty held the keys for the treatment room. Medicines were transported to people in a locked trolley when they were needed. The staff member checked people's medicines on the medicines administration record (MAR) and medicine label, prior to supporting them, to ensure they were getting the correct medicines. A MAR is a document showing the medicines a person has been prescribed and recording when they have been administered.

We observed staff gave people the support and time they needed when taking their medicines. People were offered a drink of water and staff checked that all medicines were taken. The MARs showed staff had recorded when people received their medicines and entries had been initialled by staff to show they had been administered. Monthly medicines audits were carried out to check medicines were being administered safely and appropriately. Staff showed us how unwanted or out of date medicines were disposed of and records confirmed this.

We looked at the recruitment records for four members of staff and saw that appropriate checks had been undertaken before staff began working at the home. Disclosure and Barring Service (DBS) checks were also carried out prior to people starting their employment. This meant the registered provider carried out relevant checks when they employed staff so that people received care and support from staff that were not prohibited from working with people who needed care and support.

We checked the equipment used to move people and noted that hoists had been services routinely, and there was a wide variety of different slings available for people to use. We noted that the slings were in good condition.

Appropriate personal protective equipment (PPE), hand hygiene signs and liquid soap were in place and cleaning products were locked in a COSHH (control of substances hazardous to health) cupboard. Cleaning equipment was colour coded for use in the kitchen, toilets, infectious areas or general cleaning. The laundry was clean, appropriate washing facilities and PPE were in place and clothes and laundry were stored in appropriate trays on shelves. This meant people were protected from the risk of acquired infections.

Good

Is the service effective?

Our findings

People who lived at provider told us they received effective care and support from well trained staff. One person said, "The staff do a good job, we have bells we press and they come quite quickly."

All of the staff we spoke with told us they had received a good level of training which enabled them to be confident in their role. We checked records, and found staff had received the appropriate training and a training plan in place. Records showed that staff had individual personal development plans in place.

We spoke with a staff member who had recently joined the team and they told us they were working toward obtaining the care certificate and had received a good induction. We checked records and found staff had completed an induction and were enrolled to complete the care certificate.

All of the staff we spoke with told us they were well supported by their manager and had regular meetings to discuss their progress. We checked records and found staff had received regular supervisions and appraisals. This meant staff were fully supported in their role.

We observed staff supporting people in the dining rooms at meal times. We noted there was a nice atmosphere in the dining room and observed that people were given choice. For example, vegetables came in a separate serving dish, so people could choose which vegetables they wanted with their lunch. One person appeared a little confused and could not decide between the two choices available, so was shown a plate of both meals so that they could choose.

People told us the food was good. One person said, "Fantastic food, that's one of the reasons I like being here. The cook should wear a crown. Another person told us, "The food is good, when I came here I told them I don't like mash so I always get potatoes that are not mashed."

We spoke with the chef, who told us about the different meal choices available to people. We noted alcoholic drinks were also available to people if they wanted to have them. The drinks trolley was commonly known in the home as the 'booze buggy.' The chef said, "As long as it is safe for people to have an alcoholic drink, they should be allowed. They would if they were at home, so why should it be different here."

We checked records and found there were systems in place to ensure people who had been identified as being at risk of poor nutrition were supported to maintain their nutritional needs. People were routinely assessed against the risk of poor nutrition using a recognised Malnutrition Universal Screening Tool (MUST). MUST is a five-step screening tool to identify if adults were malnourished or at risk of malnutrition. Information was used to update risk assessments and make referrals to relevant health care professionals.

We checked care records and found information regarding dietary needs and preferences was recorded. For example, entries like, eats better when food is on a small plate and can take a long time to eat meals, prefers to eat their meals in the dining room, likes milk in tea with two sugars, prefers hot to cold drinks." This meant people's dietary choices could be understood by staff.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The provider was aware of their responsibilities with regard to DoLS. At the time of our inspection, no people living at the service were subject to MCA or required a DoLS application to be in place. We spoke with the registered manager and staff and they were able to explain that they understood the implications of the act and when to make an application.

We spoke with a visiting health professional who told us the home communicated well with them and carried out their instructions. One health professional told us that fluid charts were always completed, "I have not had any concerns with this home in the past, everything we ask them to do, they do."

People's care records showed the involvement of health and social care professionals and we saw evidence staff had worked with various agencies and made sure people accessed other services in cases of emergency, or when people's needs had changed. For example, GP's, district nurse teams, mental health team, social workers and the chiropodist. Records reflected the advice and guidance provided by external health and social care professionals. This meant staff worked with various professionals to ensure the individual needs of the people were met.

Good

Is the service caring?

Our findings

People who used the service were complimentary about the standard of care and told us it was good. People told us, "The staff here are 100% caring, there is no delay in getting attention." Another person said, "They are caring here, if you ask for something they'll do it or come back and do it."

We observed people were well presented and looked comfortable with staff who were caring and friendly towards them. We saw staff talking to people in a polite and respectful manner and staff interacted with people at every opportunity. For example, after lunch, when carers were escorting residents using walking frames from the dining room back to their rooms, they were doing this in a kindly manner and not rushing them.

We observed the chef laughing and joking with a people as they came to lunch. When staff carried out tasks for people they bent down as they talked to them, so they were at eye level. We saw staff explain what they were doing as they assisted people.

The registered provider had a privacy and dignity policy and their statement of purpose described how privacy, dignity, independence, choice, rights and fulfilment were core values service. We spoke to staff who told us they were aware of the policy and followed it.

We observed staff knocking on bedroom doors and asking if they could go in before entering and closing bedroom doors before delivering personal care. People were assisted by staff in a patient and friendly way. We saw and heard how people had a good rapport with staff.

Staff could explain how they respected people's privacy and dignity. One staff member said, "I always knock on people's doors and respect their needs and wishes and quiet time with family." Another staff member told us, "We understand people's needs through training, experience, care planning. It's important to always put the person at the centre."

We observed staff escorting people to the dining room for lunch. People were supported to be independent, either on their own or with walking aids, but assistance was provided if people required it. Care records showed people were supported to be independent and care for themselves where possible. One staff member said, "This is their home, we respect this. We give people the choice and its important they have control."

All the staff on duty we spoke with were able to describe the individual needs of people who used the service and how they wanted and needed to be supported. For example, at lunch time staff demonstrated they knew each person's likes and dislikes with regard to food.

Monthly residents meeting were held, with notes of the meeting given to people who wanted them. Information on advocacy was made available to people who used the service. At the time of our inspection no people required advocacy.

Good

Is the service responsive?

Our findings

People received care and support specific to their needs and were supported to participate in activities which were important to them. The provider encouraged people to pursue their hobbies and interests and to maintain links within the community. The home had use of a mini-bus, on the day of our inspection three people were being taken out in the mini-bus for lunch to a local pub or garden centre.

People told us they enjoyed the activities provided. One person said. "The activities co-ordinator is very good at getting us involved. She's always doing something, jigsaws, outings etc" Another person said, "There are lots of things going on here, I read a lot, like bowls and mind games. The activities lady is excellent."

We checked care records and found these were regularly reviewed and evaluated. People's needs were assessed before they moved in. Following an initial assessment, care plans were developed detailing the care needs and support, actions and responsibilities of staff. We spoke to family member's told us they were aware of their relatives care plan.

All of the people we spoke with told us the staff did a good job. One person told us, "They do their job cheerfully." Another person said, "I can get up and go to bed when I want, its home from home here."

Each person's care record contained a social profile, where the information had been collected with the person and their family and gave details about the person's preferences, interests, people who were significant to them, spirituality and previous lifestyle choices.

Records contained details of people's individual daily needs such as mobility, personal hygiene, nutrition and health needs. The care plans gave staff specific information about how the person's care needs were to be met and gave instructions for frequency of interventions and what staff needed to do to deliver the care in the way the person wanted.

People were encouraged to be as independent as possible with their daily personal care needs and what they were able to do for themselves was set out in their care plans. One person told us, "I'm completely independent here, I can do everything for myself."

Bedrooms were individualised, some with people's own furniture and personal possessions. We saw many photographs of relatives and occasions in people's bedrooms. All the people we spoke with told us they could have visitors whenever they wished and were made to feel welcome. One person who used the service told us, "My family pop in often they can come anytime." Family member visiting the home told us the home was accessible to them and they could pop in at any time.

Staff told us detailed information about the people they supported and it was clear that good relationships had developed between staff members and people living at the service. For example, a staff member had recently got married and the home had a party to celebrate.

The service had an activities programme and people were supported to attend religious service if they required. Activities took place on a daily basis and included chair exercises, quizzes, and a carpet bowls league with a trophy for the winner. Entertainers were also part of the activities programme. The activities coordinator told us there was a wild life talk coming up and was trying to get some birds of prey to be brought to the home.

The manager took us on a tour of the home, she mentioned they had arranged reminiscence pods in one of the rooms in the basement for residents to use. Reminiscence pods provides a complete environment set in another era, with things to see, touch and interact with, it aims to stimulate an individual's recall and offers a wider experience to people with a cognitive impairment.

In one of the basement rooms there was a computer which was available for people to use with a keyboard with extra-large keys and also a very large computer mouse. The home also had Wi-Fi and residents could Skype with their relatives if they wished. The manager explained some people skyped relatives who were not always able to visit the service as regularly as they would like.

The service also had a dedicated hair salon looked just like a proper hair salon. A hairdresser came once a week or the resident's key-worker would do their hair.

We looked at ways in which the service became involved with the local community and events were held that encouraged people to connect with the local community. We noted the service had links with the local high school. The manager explained, "We have partnered with the local school. The students come in to spend time with the residents, have tea, and talk. The aim was to break down intergenerational barriers, and it has worked well. We went on to employ one of the students when they left school." The manager explained how they also advertise school events by placing a banner on their wall. We noted that the home also had a local mobile library visit the home on a weekly basis.

The manager told us and shared photos of occasions when money had been raised for charity. We saw photos, of an award event, when the residents raised money for a local charity. The manager said, "We like to fund raise when we can, we held a coffee morning to raise money for the homeless at Christmas and we also held a Macmillan coffee morning. We like to try and give a little bit back."

The manager told us about an event when the home participated in a musical event sponsored by a local business. The manager explained, "The local company fund and pay for musicians to come and hold music sessions in the home. They hold up to ten different sessions. The aim is to stimulate cognition through music."

People we spoke with were aware of the complaints policy but did not have any complaints. One person told us, "Complaints? No, never." The provider had complaints policy, which explained the complaints procedure and provided information on how to make a complaint. A copy of the complaints procedure was available in the home's entrance hall. We noted there had been no complaints made in the previous 12 months.

Good

Is the service well-led?

Our findings

At the time of our inspection we found that this service was well led. Everybody we spoke was complimentary about the registered manager and the way she led the home.

People told us that the manager, "Really knows her job, she's excellent. Another person said, "[The manager] is a good, fair person and she takes part in everything."

We saw the service had a well-defined management structure which provided clear lines of responsibility and accountability. The registered manager had overall responsibility for the service. The provider's values and philosophy were clearly explained to staff through their induction programme and there was a positive culture where staff felt included and consulted.

The service had a positive culture that was person-centred, open and inclusive. Staff we spoke with told us they felt supported by the registered manager and they were comfortable raising any concerns.

The registered manager was held in high regard by everyone we spoke with. People, relatives, staff and healthcare professionals all described the management of the service as open and approachable. One staff member told us, "The manager works alongside you to encourage you. I believe she shows good leadership." Another staff member told us, "I feel very supported by my manager, she encourages you to be the best you can in your job."

Staff were regularly consulted and kept up to date with information about the home. We checked records and found staff meetings took place on a regular basis and handovers meeting took place at the end of every shift. One staff member told us, "I can contribute my ideas on things that I think needs improving at the staff meeting."

There was a stable staff team and staff told us morale was good. We observed there was a positive culture in the home and it was clear people worked well together. Staff told us they were supported by management and were aware of their responsibilities to share any concerns about the care provided at the service. Another staff member told us, "My manager encourages us to be committed and go the extra mile. This encourages me to be passionate about my job, so it comes naturally."

The service had links with the local community, and people who used the service attended other care homes for lunch or went out for coffee mornings."

We looked at records related to the running of the service and found the provider had a good process in place for monitoring and improving the quality of the care people received. This included seeking people's views about the service they received. A quality assurance frame work was in place, where areas of improvement had been identified remedial action was quickly taken.