

Akari Care Limited

# Ayresome Court

## 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?	Outstanding ☆
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Ayresome Court is a residential care home providing personal and nursing care to 37 people aged 65 and over at the time of the inspection. The service can support up to 43 people.

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

The service provided people with outstanding, responsive care. The service invested time in getting to know people. Staff empowered people to keep control over their lives, involving them in decisions about their care and making future plans. People and their relatives were fully involved in how their care was delivered.

The registered manager and staff were passionate about promoting people's independence whilst respecting their privacy and dignity. Staff were highly skilled at supporting people at the end of their life and worked closely with other organisations to ensure people's end of life wishes were respected and fulfilled.

People were provided with good quality care and support. The registered manager directed the service in delivering a person-centred approach, which was embedded in loyal, committed staff. The friendly atmosphere and the kind, compassionate nature of staff, provided an open and transparent service which empowered people. We received positive comments from a visiting health professional.

People were actively listened to and staff took time to find out what was important to them. All feedback received was extremely positive, about the service provided to people.

Staff were very proud to work for the service. They undertook their roles with ease and confidence and demonstrated effective skills in communication. Staff received training and support to enable them to carry out their role effectively.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. People received their medicines safely and on time and their health was well managed. Staff had positive links with health care professionals which promoted people's wellbeing.

The registered manager provided strong leadership and constantly considered how they could enhance the service. There was excellent team work within the service.

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

### Rating at last inspection

The last rating for this service was requires improvement (published 7 March 2017). There was also an inspection on 14 March 2018. However, the report following that inspection was withdrawn as there was an

issue with some of the information that we gathered.

#### Why we inspected

This is a planned re-inspection because of the issue highlighted above.

#### 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?

Outstanding ☆

The service was exceptionally 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.

# Ayresome Court

## 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

One inspector and an assistant inspector completed the inspection.

#### Service and service type

Ayresome Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 and professionals who work with the service. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection-

We spoke with seven people who used the service and three relatives about their experience of the care provided. We spoke with 11 members of staff including the registered manager, the nursing lead, the residential lead, care workers and a visiting health professional. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of

people who could not talk with us.

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

After the inspection

The provider sent us in the provider information return (PIR). 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. We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

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

At the inspection on 7 March 2017 this key question was rated requires improvement. At this inspection this key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The service had a safeguarding policy in place and followed internal and external processes to keep people safe.
- People and their relatives told us the service was safe. Comments included, "I feel very safe here" and "Yes, I am safe, the staff make sure of that."
- Staff understood what action to take to ensure people were safe and protected from harm and abuse.

Assessing risk, safety monitoring and management

- Risks to people were managed appropriately and reviewed on a regular basis.
- The environment and equipment were safe and well maintained.
- Fire safety was managed effectively. Staff took part in fire drills' and knew how to safely evacuate people from the premises.
- Records related to managing risks were present and completed within care plans. There was information available for staff where people had specific health conditions and how to manage risks associated with them.
- Staff understood risks to people and provided support in a pro-active way to reduce them.

Staffing and recruitment

- Staffing levels were consistently maintained. Contingency plans were in place to cover staff absence at short notice.
- Staff were recruited safely.

Using medicines safely

- Medicines were managed safely.
- Safe systems were in place for the ordering, checking, storing and disposing of medicines. Records were fully completed and showed people received their medicines as prescribed.
- Staff responsible for supporting people with medicines completed annual training and received regular competency checks.
- People were supported to manage their own medicines were appropriate.

Preventing and controlling infection

- People were protected from the risk of the spread of infection. Staff received infection control training and were provided with personal protective equipment.

### Learning lessons when things go wrong

- The provider had systems in place to review and analyse accidents and incidents. These were used as learning opportunities with staff during team meetings and supervision to embed lessons learnt.



# 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 inspection on 7 March 2017 this key question was rated good. At this inspection this key question has been rated good. 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

- Staff worked with guidance and information from health professionals such as community dietitians, district nurses, physiotherapists and GPs. This promoted people's well-being and helped staff deliver effective care and support.
- People's care and support was reviewed and evaluated monthly to ensure they continued to receive support that was current, person centred and in line with best practice guidance.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills and knowledge to care for them effectively. Staff completed a comprehensive induction supported by a structured training program.
- The provider had an ongoing training plan and staff were required to attend, so that they were up to date with current practice.
- Staff felt supported by the management team and received regular supervision meetings to develop their practice.

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

- People received a healthy, balanced diet which met their needs and took into consideration their preferences and any special dietary needs.
- People were supported to maintain their independence with eating and drinking. Adapted utensils were used correctly and staff encouraged people where needed.

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

- People were supported to access health care professionals as and when needed. Referrals were made to a range of health and social care professionals when required to support people's changing needs. A visiting health professional told us, "The staff are very good, it's a very pleasant service."
- Records of professional visits were recorded. Outcomes of these visits were reflected in people's care plans.
- Staff understood people's health needs and knew how to access additional support if this was needed.

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

- The atmosphere at the service was friendly and welcoming. Colourful displays contained information for people and included pictures of people taking part in activities at the service.

- There was a variety of communal spaces where people could choose to sit. People had free access to secure outside spaces and quiet areas were available for people to spend time alone or with family. People's rooms were individual and reflected their personalities, likes and interests.
- Dementia-friendly signage aided people's orientation around the home.

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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Care records contained information to guide staff on how best to support people to enable them to make decisions and give their consent.
- We saw people were offered choices as about their daily routine such as what time they got up or where they sat in the home.
- Staff asked for people's consent before supporting their needs.

# 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 inspection on 7 March 2017 this key question was good. At this inspection this key question has been rated good. 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 were treated with kindness; they were actively listened to and their choices respected. Comments from people included, "The staff are so caring", "The staff are excellent and always go out of their way to make me feel comfortable", "I can't fault the staff here, they make sure I have everything I need." A relative told us "The staff are incredible, they know exactly what they are doing and always keep us informed of how our relative is."
- Staff approach to people was welcoming which made people feel relaxed and respected. One person who stayed at the service for respite was supported so well, that they now visit regularly to see the staff and the friends they made at the service.
- People were valued as individuals and there was a visible, person-centred culture embedded across the staff team. Staff showed genuine concern for people and were keen to ensure people's rights were upheld and they were not discriminated against in any way.
- Staff demonstrated excellent knowledge of people's personalities, diverse needs, and what was important to them.
- The providers dedicated approach to equality, diversity and human rights supported staff to build positive, trusting, open relationships with people.
- There were multiple thank you cards from family members all commenting on the caring nature of the staff team.

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

- People were involved in planning their care delivery and empowered to make their own decisions. For example, one person's care plan contained detailed guidance for staff on the routine they preferred to follow when taking their medicines.
- Contact with people's relatives was maintained to inform them of their relative's wellbeing. One relative told us, "We are always kept informed of how our relative is doing."
- Staff positively welcome the involvement of advocates.

Respecting and promoting people's privacy, dignity and independence

- Staffs approach to supporting people's privacy and dignity was well embedded in the service. People told us, "The staff are very respectful of my privacy, they know what I like, what I am able to do for myself and when I like my own space" and "Staff know I like to spend time on my own."
- A dignity champion was employed to carry out spot checks to ensure privacy and dignity was maintained for people.

# Is the service responsive?

## Our findings

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

At the inspection on 7 March 2017 this key question was rated good. At this inspection this key question has been rated outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

### End of life care and support

- The service was committed to providing exceptional person-centred end of life care. The service worked closely with other organisations to ensure people's end of life wishes were respected and fulfilled. One person was supported to travel overseas to their home town to spend their final days.
- Staff were skilled at supporting people and their families to explore their wishes at the end of their life. Information booklets for people and relatives were available to inform them of what to expect in the last few weeks, last few days and during death.
- The registered manager and staff created a memorial garden within the grounds of the service. This was utilised by people and families as a place of quiet reflection. Commemorative plaques were displayed in remembrance of people.
- The service provided a palliative/family room so that families were able to stay close to loved ones at the end of their lives.
- We saw thank you cards received from relatives which referred to the remarkable care their loved ones had received at the end of their lives. A visiting relative told us, "My relative died at the service one week ago and staff were brilliant. My relative was well looked after at the end of their life and staff were super supportive of all the family."
- Feedback from a health professional stated 'The staff are friendly, caring and professional and the care home itself is maintained to a high standard. The care people received is second to none.'

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

- The service provided an exceptionally individualised and responsive care for people. A visiting healthcare professional told us "Staff are fully aware of people's health needs and quickly identify changes in their health, and act appropriately."
- People had person-centred care plans in place which described their individual needs. They included information about their likes, dislikes, future goals and their preferences about the way they wished to be supported and the best approaches for staff to take when offering them support. For example, the service was supporting one person through rehabilitation and had supported them to regain lost skills and maintain a high level of health. Staff followed health professional's advice and guidance to support this person to achieve their goal of returning home to family.
- People were supported to regain their mobility and confidence. One person had lost some senses following a hospital admission. When they arrived at the service, the staff pro-actively found out what was important to them. With ongoing support from staff this person is now able to walk around the gardens independently, still enjoy hobbies that were once something that they could only dream of doing again. This

person told us, "The staff have supported me to get my confidence back. I will be forever grateful."

- Staff were able to tell us about people's life histories and how they used this information to help support them. One person had a love of pink milkshake. This was included in the weekly shopping list to ensure it was always available.
- Records showed that staff continuously obtained as much information about people as possible to provide tailored care and support to meet people specific needs. For example, one person in the service liked to smoke, but had burnt themselves before moving into the service. The service invested in a smoking apron to enable this person to continue smoking independently whilst minimising the risks.
- People were extremely complimentary about how the service provided exceptionally individualised and responsive care. Comments included "I have everything I need here" and "I am really well cared for. The staff know everything about me."

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

- The service provided an incredible range of social activities for people that were tailored to their own preferences and interests. These included gardening and playing musical instruments, visits into the community to visit the local pub, places of worship or shops. The local primary school and preschool visited the service and people enjoyed visiting the local open prison coffee shop. Regular activities included, singers, gardening, motivation classes, a book club and sewing club. These activities supported people to build relationships in the service and local community and feel comfortable in their surroundings.

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.

- People's communication needs were identified, and reasonable adjustments were made. Information was presented in a way people could understand.

Improving care quality in response to complaints or concerns

- People and relatives knew how to complain. People were extremely happy with the care they received and were confident that any concerns they raised would be dealt with appropriately.
- People and their relatives were proactively encouraged and accommodated to shared feedback and attend meetings. Feedback received from a family member, informed the staff their relative wished to attend these meetings but found it too difficult to come downstairs. Following this feedback, meetings are now held in different areas of the home to ensure that all people had the opportunity to attend.
- When complaints and concerns had been raised they had been responded to in line with the providers procedure.

# 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 inspection on 7 March 2017 this key question was rated requires improvement. At this inspection this key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager worked collectively with the provider, management team and all staff to demonstrate a positive culture and promote a high standard of person-centred care and support for people.
- The registered manager was clear about their vision for the home. This was embedded by committed and loyal staff who had worked at the service for numerous years.
- Staff were happy in their work and felt supported by the management team. Regular supervisions and meetings were completed continuously to promote staff development and make improvements within the service.
- The registered manager understood their responsibility to be open and honest when things go wrong. We saw evidence of learning from the findings of their audits and improvements had been made.
- People, relatives and staff spoke positively about the home, the management team and the support that they received. One person said, "I am very happy here, the registered manager is very good."

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

- The registered manager and all staff understood their roles and responsibilities and there were clear lines of delegation.
- Governance systems drove improvements in the quality of the service. Detailed action plans were completed from these to ensure the quality of the service was maintained.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others; Continuous learning and improving care

- Regular meetings took place for people, relatives and staff to keep them up to date and fully involved in the running of the service.
- Feedback was sought from people, relatives and professionals. The service displayed a 'You said, we did' board to communication action taken following feedback being received.
- The service had developed links within the local community.
- Opportunities to reflect on practice and lessons learned was fully embedded in the service.
- The service worked closely with other agencies to ensure good outcomes for people.

