

A H Care Home Ltd

Ailsa House Residential Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Ailsa House Residential Care Home is a care home providing personal and nursing care. The service can support up to 18 people, in one adapted building across two separate floors. On the ground floor there were living facilities including kitchen, dining room and living rooms. At the time of the inspection 11 people were living at Ailsa House.

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

We observed some examples of poor practice, where staff were not putting on and taking off the personal protective equipment (PPE) correctly, whilst supporting people with personal care and moving around the home. The management noted the improvements needed and booked staff to attend training.

Staff told us staffing levels were not always adequate. The provider completed a staffing dependency tool to determine the staffing levels. However, people living at the service told us there were occurrences where they had to wait a considerable amount of time for assistance. The call bell logs corroborated that people had to wait over the desired time frame specified by the management team.

Medicines were managed through an electronic system. The MAR records had been completed correctly and were clear to read. However, we identified some discrepancies, where data had been incorrectly entered into the system, which resulted in someone not receiving their medicine. Lessons were learnt from this occurrence and the manager informed us they would put measures in place to ensure all entries were checked.

Quality monitoring processes were in place and the management team were able to demonstrate they were gathering the information, auditing and analysing the findings. However, we found some instances where actions were not identified from these findings and completed. Following the inspection, the new manager produced an action plan detailing where improvements were required.

Staff training records showed that some of the training had expired, however staff felt they had the right training to complete their role. Staff had competency assessments completed. The management team acknowledged the shortfall in staff training and actions were put in place to review all training needs.

Care plans were detailed and offered information on people's preferences and how they would like to be supported. Relatives said they were involved in their family members care plans and felt that the staff knew them well and supported their family member in a kind way.

The service demonstrated they understood the importance of close links with external stakeholders and agencies. Working in partnership in such an open and positive way meant that people received the overall care they needed.

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

this practice.

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 25 April 2019).

Why we inspected

We received concerns in relation to the outbreak of COVID-19, medicines, staffing and food and fluids. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from Good to Requires Improvement. This is based on the findings at this inspection.

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?

Requires Improvement ●

The service was not always 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 well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Ailsa House Residential Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection consisted of two Inspectors and one Expert by Experience.

An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Ailsa House Residential Care Home 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.

At the time of the inspection the service did not have a registered manager. This means the provider is 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 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. The provider was not asked to complete a provider information return prior to this inspection. 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 took this into account in making our judgements in this report. We used all the information to inform our inspection.

During the inspection

We spoke with five relatives about their experience of the care provided. We spoke with five members of staff including the manager, care workers and the chef.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two 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

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who have been involved in 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 now 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.

Preventing and controlling infection

- The provider had a policy in place to manage infection control within the home in relation to wearing personal protective equipment (PPE). We observed several staff who did not consistently follow this policy. For example, staff were not taking PPE off in a designated bin or taking them off following correct guidance. We also observed staff supporting people and not changing their PPE once leaving the persons room.
- Staff had been provided with supplies of PPE. Staff had mixed knowledge of how to put on and take off PPE correctly. The management team noted the improvements needed and proactively put staff on training following the inspection. In addition, the management team informed us they planned to implement spot checks immediately following the inspection
- The manager was unsure of the process of admitting people within the home, safely, during the pandemic. We signposted the manager to the resources to develop their approach.
- Additional measures had been put in place to help keep visitors safe whilst in the home, such as temperatures being taken, PPE to be worn and a visitor's risk assessment being completed.
- The layout of the property meant that parts of the home could be zoned off if there was an outbreak.
- People living at the home and staff had access to regular testing for COVID-19.
- Relatives felt the home were managing visiting and communication well. One relative said, "When we went to visit in the summer, we were outside and then later on we could only visit through the glass". Another relative said, "They have explained what they are doing in response to COVID19 to keep residents safe".

Staffing and recruitment

- Staff felt there was not always adequate staffing levels to support people. There were several people requiring two staff to support them, at times during the day. Staff felt other people were potentially put at risk during these times as there would be one staff member to provide support for the rest of the service user during these times. The management team used dependency tools to assess staffing levels based on people's support needs. Rotas confirmed that from this assessment the correct amount of staff were on duty. However, the management team acknowledged that further analysis was needed, taking into consideration peoples support needs, the evidence gathered from the call bell logs and staff feedback.
- People had access to call bells, although logs showed that people had to wait over the specified time set out by the provider. One highlighted in a resident meeting that 'she had waited a long period of time, around 3 hours to get help to go to the toilet'. This was raised with the manager and they were going to investigate this.
- A professional told us, "I have completed training for the staff and when I have been in the service, I have had no problems." One relative said, "Staff are approachable, they are always caring and efficient."

- People were supported by staff who had been through a recruitment selection process. This included pre-employment checks, such as references and a criminal record check.

Systems and processes to safeguard people from the risk of abuse

- Relatives spoke about how they felt their family members was safe. One relative said, "I know that my grandmother is safe, she would let us know if she wasn't." Another relative said, "I know that my mother is safe because the workers here are dedicated to their job and want to do the work, they do."
- From the resident meeting minutes it is documented people were asked if they felt safe. Most people stated that they did feel safe, however, it was noted that one person did not. The manager's action plan had an action to speak to people further to understand how everyone could feel safe in the home.
- Staff had safeguarding training although over half of the staff training had expired.
- The provider had effective systems in place to safeguard people. Where concerns had been raised matters were dealt with in an open and transparent way.

Assessing risk, safety monitoring and management

- People had a personal evacuation plans (PEEP) in the event of a fire. A personal evacuation plan details how someone would be supported to evacuate the building in the event of an emergency such as a fire. Staff were able to describe what to do in case of a fire and confirmed they had regular fire drills.
- People had individual risk assessments which detailed their key support needs such as manual handling, choking risks, use of bed rails and health risks. These were kept under review.
- The management team kept up to date with ways to keep people safe and were continuously looking to improve people's care. For example, the manager requested health professional's involvement where they felt a person was at risk of injuring themselves, with the use of bedrails. They referred to an appropriate professional who was able to introduce equipment and measures to reduce the risk.
- The staff were clear about their responsibility to report any risk or changes to people's needs. One staff member said, "I know the residents well, I know if they are not themselves."

Using medicines safely

- Staff confirmed they had been trained to administer medicines in a safe way and records supported this.
- An electronic system was used to hold the medicine administration records (MAR). The MAR records had been completed correctly and were clear to read. However, we found discrepancies with some of the medicines. This was due to data of the medicine being entered incorrectly in the system. This resulted in someone missing their medicine. The manager took appropriate actions following the incident and stated checks would be completed for entries of the medicine to mitigate the risk of this occurring again.
- Medicine care plans had been included in people's care plans, whether the service was responsible or not for administering their medicines.
- The manager ensured regular audits and spot checks of the staff's working practices were completed when administering medication.

Learning lessons when things go wrong

- The management team reviewed incidents that happened and analysed them, although findings were not shared effectively with staff. Staff handovers offered some information shared between the staff team, although this was not always documented formally and discussed as a team to implement improvements.

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 remains 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

- People's care plans captured people's choices and how they liked their support to be delivered. A relative spoke about how they were involved in their family members care plan reviews, "I am involved in reviewing mum's care plan, she cannot make her own decisions."
- Feedback from professionals suggested the staff team actively assessed peoples' support needs and risks. One professional gave us the example of a person who had recently moved into the home. They explained that the staff were aware of the individuals care and support needs and where information had been requested by them, this was sent promptly. However, we found that staff were not always aware of people's specific support needs and wishes. For example, we asked staff about DNACPR orders, but they were unable to identify who had these in place. Although the electronic care system the service used indicated who had a DNACPR as soon as staff log in. The manager said they would discuss as part of their supervision.
- People were involved in activities in the home, we saw on the day of the inspection a staff member dedicated to providing activities for people. People had the opportunity to give ideas on what activities they wanted. This was discussed in the resident meetings.
- The management team ensured care plans were reviewed the care plan to ensure people experienced positive outcomes. For example, one person would get distressed if they were to leave their bedroom. The manager had put training and plans in place for staff to be able to support the person to feel comfortable leaving their bedroom if they wished.

Staff support: induction, training, skills and experience

- Staff training records show that some of the training had expired. The management team acknowledged this, and actions were put in place to review all training needs.
- Staff had competency checks throughout their employment in areas such as medicines administration and moving and handling.
- Staff felt they had the right skills and experience to complete their role, one staff member said, "I had an induction process and competency checks completed." Most of the staff were able to speak confidently about the people support needs.
- Relatives felt that staff were well trained, "I feel that the staff are suitably trained, she is on liquid diet and her fluids are monitored, she is able to feed herself with a beaker".

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

- People's dietary needs were highlighted in their care plans and any risks of malnutrition managed, this was through using tools such as food, fluid charts and weight charts and encouraging people to eat high calorie foods.

- There was a menu plan in place, although the chef said this was not developed in conjunction with people. The chef spoke about how people could ask for meals outside of the menu if they requested. Food options were discussed in the latest relatives meeting and the management were taking this forward to make changes to the menu.

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

- The service made appropriate and timely referrals to professionals and services and acted swiftly on their recommendations. One professional said, "I have had a lot of involvement in the past and the previous manager was proactive in getting referrals to me if people needed this. We provided training to staff for eating and drinking."

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

- The home had areas to offer people privacy if needed. In parts of the home there was need for repairs and renovation. The provider offered a development plan to show there were plans for works to be completed in the home.
- The home supplied equipment needed to support people's needs. These were serviced in line with best practice.

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 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.

- Where people lacked capacity, this was documented in their care plans. Where decisions needed to be made in the persons best interest this was discussed in conjunction with relatives and health professionals.
- Where people were able to make decisions, these were encouraged. One relative said, "She is definitely capable of making her own decisions and does and will tell you what she thinks."

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 now deteriorated to requires improvement.

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.

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

- At the time of the inspection a new manager had been employed to take the role of the registered manager. Prior to this the service had been covered by an interim manager, since September 2020. The new manager spoke about how they had identified gaps in some quality assurance systems and was confident improvements would be made in the coming months.
- The management team had completed quality assurance checks, although these did not always have action plans, which meant that improvements were not always implemented.
- The manager understood their responsibilities in terms of quality performance, risks and regulatory requirements. For example, the management team responded quickly in recognising support practices that needed improvement. Issues were addressed through guidance, support and training.
- The provider carried out regular quality checks on the service. This was done by face to face meetings with the manager and spot checks.
- Records showed that legally required notifications were submitted to CQC as required, and when things went wrong there was evidence that people and their relatives were responded to and kept informed.

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, Continuous learning and improving care

- We spoke with the manager after the inspection and they put together an action plan which identified improvements needed to be made. The manager had been proactive and implemented some of the changes quickly after the inspection.
- Overall relatives said they felt they were kept informed, although one relative stated the home did not contact them directly to gain updates about their family member. One relative said, "No newsletters, of emails to update us on what is happening, but they normally put information on the notice boards". Another relative said, "They involve me in decision making for my friend and keep me informed of changes".
- Lessons learnt were not always communicated widely to support improvements. For example, where audits, incident and accident and meetings had lessons learnt these were not shared with the staff, service users or relatives. Although discussions were had with the team in handover discussing day to day improvements.

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

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

- We observed staff interact with people. Staff were interacting in a kind and patient way.
- Relatives felt the management and staff were available when they needed. Relatives were aware of the recent change in manager. A relative told us, "There has been a change in management recently, Management and staff are approachable." Another relative said, "The new manager seems to be on the ball".
- Staff told us, and we also saw, the manager was visible in the home and was available if anyone needed to speak with them. One staff member said, "I feel supported, we have all been supporting each other. Staff are kind and hard working."
- Professionals had commented on how the management team and staff were helpful and approachable. One professional said, "When I have needed information, they have provided me with this."
- People had the opportunity to be involved in making decisions about the care they received. This was through residents' meetings; although it was evident that views and discussions in the resident meeting had not always been actioned. Residents expressed they wanted more fresh fruit available during the day. On the day of the inspection this was not offered when the tea and snack trolley had gone around the home.
- Relatives we spoke with said they were happy with the support their family member received, one relative said, "I call most days and speak to her and staff ring me every Saturday with weekly updates which gives me confidence that they are doing a good job".

Working in partnership with others

- At the time of the inspection there was limited input from other health professionals this was due to COVID-19 and risks around professionals entering the home.
- The management team ensured they had the key organisations in place to support the care provided to people when needed. This meant the support people received had a holistic approach and did not just focus on the care element.
- One professional said, "I have not got any concerns about the care home, I have worked closely with the management in the past."