

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?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection was completed on the 15 and 16 March 2018 and was unannounced.

Ailsa House 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 care home accommodates up to 18 older people and people living with dementia in one building. At the time of the inspection, there were 16 people living at Ailsa House.

Ailsa House is a large detached house situated in a quiet residential area in Westcliff on Sea and close to all amenities. The premises are set out on two floors and there are 12 single and three double bedrooms. Adequate communal facilities are available for people to make use of within the service.

At the last inspection on the 14 December 2015, the service was rated 'Good'. At this inspection, we found the service was rated 'Requires Improvement'. This is the first time the service has been rated 'Requires Improvement'.

Although the registered provider's company name has recently changed in 2018 and a new registered manager appointed, the majority of staff employed at the service have remained the same. There was therefore no impact on the delivery of care for people using the service.

Our key findings across all the areas we inspected were as follows:

Improvements were required to the service's arrangements to assess and monitor the quality of the service. The quality assurance arrangements had failed to identify the issues we found during our inspection to help drive and make all of the necessary improvements.

Some aspects of medicines management required further development to ensure people received their medication as they should and in line with the prescriber's instructions. Not all staff who administered medication had up-to-date medication training. Staff recruitment practices required strengthening as these were not robust and not all newly employed staff had received an appropriate induction.

People were protected from abuse and avoidable harm. People living at the service confirmed they were kept safe and had no concerns about their safety and wellbeing. Policies and procedures were being followed by staff to safeguard people.

Risks to people were identified and managed to prevent people from receiving unsafe care and support. Minor improvements were required to ensure these clearly recorded how risks to people were to be mitigated. People were protected by the provider's arrangements for the prevention and control of infection. Arrangements were in place for learning and making improvements when things go wrong.

People were treated with care, kindness, dignity and respect. People received a good level of care and support that met their needs and preferences. Support plans were in place to reflect how people would like to receive their care and support, and covered all aspects of a person's individual circumstances. Staff had a good knowledge and understanding of people's specific care and support needs and how they wished to be cared for and supported. Social activities were available for people to enjoy and experience.

Comments about staffing levels from people using the service and staff were positive. The deployment of staff across the service was observed to be appropriate and there were sufficient staff available to meet people's needs to an appropriate standard at all times.

People's nutritional and hydration needs were met and they received appropriate healthcare support as and when needed from a variety of professionals and services. The service worked together with other organisations to ensure people received coordinated care and support.

Staff understood and had a good knowledge of the Deprivation of Liberty Safeguards [DoLS] and the key requirements of the Mental Capacity Act [2005]. Suitable arrangements had been made to ensure that people's rights and liberties were not restricted. Staff supported them in the least restrictive way possible and people were routinely asked to give their consent to their care, treatment and support and people's capacity to make day-to-day decisions had been considered and assessed.

Information about how to make a complaint was available. People confirmed they knew how to make a complaint or raise concerns.

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 consistently safe.

Medication practices required improvement. Although staff had had their competency assessed, not all staff had received up-dated medication training.

Improvements were required to ensure staff were recruited safely and in line with regulatory requirements.

Risks to people were identified but improvements were required to detail how these were to be mitigated to ensure people's safety and wellbeing.

The deployment of staff was suitable to meet people's care and support needs.

The registered provider's arrangements to safeguard people from abuse were safe and people told us they had no concerns for their safety and wellbeing.

Is the service effective?

Requires Improvement 

The service was not consistently effective.

Not all staff had received a robust induction.

The majority of staff had received mandatory training and staff felt valued and supported and had received regular supervision.

Staff demonstrated a good understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and how to apply these principles.

People had their nutritional and hydration needs met, and the dining experience for people was positive. People's healthcare needs were met and people were supported to have access to a variety of healthcare professionals and services as required.

Is the service caring?

Good 

The service remained caring.

People were positive about the care and support provided by staff. People told us staff were caring and kind and their needs were met.

Staff demonstrated an understanding and awareness of how to support people to maintain their dignity, respect and independence.

Is the service responsive?

Good ●

The service was responsive.

Care plans provided sufficient detail about a person's care and support needs and how this was to be delivered by staff. Minor improvements were needed to ensure the information was person-centred and personalised.

People who used the service were engaged in social activities that suited their needs and interests.

Appropriate arrangements were in place for people to give their views and to raise concerns or complaints. People were confident that their complaints would be listened to, taken seriously and acted upon.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

Improvements were required to the quality assurance arrangements as these measures were not as robust as they should be.

The service involved people in a meaningful way and worked in partnership with other agencies.

Ailsa House Residential Care Home

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 was planned to check 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 15 and 16 March 2018 and was unannounced. The inspection team consisted of one inspector. An assistant inspector accompanied the inspector as part of their induction.

We reviewed information that we hold about the service such as safeguarding information and notifications. Notifications are the events happening in the service that the provider is required to tell us about. We used this information to plan what areas we were going to focus on during our inspection.

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 spoke with four people, two visiting relatives, three members of staff and the registered manager. We reviewed four people's care files and six staff recruitment and support records. This included the registered manager's recruitment file. We also looked at a sample of the service's quality assurance systems, the registered provider's arrangements for managing medication, staff training records, staff duty rotas and complaint and compliment records.

Is the service safe?

Our findings

Safe was rated as 'Good' at our last inspection on the 14 December 2015. At this inspection, we found that safe was now rated as 'Requires Improvement.'

The service used an electronic medication management system to administer people's medicines. The registered manager told us this accurately recorded when people's medication was administered and provided the registered manager with automated alerts and warnings to safeguard against errors and ensure compliance. People confirmed they received their medication as they should. Our observations showed that people received their medication in a timely manner as the medication rounds were evenly spaced throughout the day to ensure that people did not receive their medication too close together or too late. People using the service had a medication profile detailing their preferred method of administration when taking their medication and including any known allergies. We looked at the Medication Administration Records [MAR] for six out of 16 people living at the service. These were in good order and provided an account of medicines used.

The MAR form for one person showed they were prescribed PRN 'when necessary' medication for when the times when they became anxious or distressed. The MAR form showed this medication was administered on three consecutive days, however no information was recorded to indicate the person had been anxious or distressed on five out of seven occasions when it was given. We discussed this with the registered manager and they were unable to provide a rationale for the reason for administration at these times. A PRN protocol describing the details about what the medicine was for, when to offer the medicine and the reasons for giving the 'when necessary' medicine was not completed. This meant an accurate record to demonstrate the rationale for this medication was not maintained and suggested the person may have been inappropriately given this medication by staff to control their behaviours when they became anxious or distressed. The registered manager was advised to raise this poor practice as a safeguarding concern to the Local Authority and Care Quality Commission and any internal investigation report to be forwarded to us. At the time of writing this report we had not been notified of the safeguarding concern or received a copy of the internal investigation report.

Medication requiring cold storage was viewed to ensure it was stored between 2°C and 8°C, daily checks of the temperature monitored and recorded; and the storage facilities secure and accessible only to authorised staff. No issues relating to the above were found, however we found that one person's liquid medication had been administered past the manufacturers recommended expiry date and not returned to the pharmacy sooner. There was a risk that the medicine may no longer be safe to take and remained effective. We discussed this with the registered manager and they were unable to provide a rationale for the medication being used past its expiry date.

Although staff had had their competency assessed to ensure they were skilled and capable to administer medication safely, not all staff who administered medication had up-to-date evidence of medication training. Where staff had completed online medication training and attained a poor percentage score, there was no evidence to show they had been asked to repeat this course. We discussed this with the registered

manager and an assurance was provided that medication training would be provided as a priority.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff recruitment records for six members of staff were viewed and this included the registered manager. The majority of relevant checks had been completed before a new member of staff started working at the service. For example, an application form had been completed, written references relating to an applicant's previous employment was evident, proof of an applicant's identity had been sought and a criminal record check with the Disclosure and Barring Service [DBS] had been undertaken. Improvements were required as five recruitment files did not contain a full employment history or demonstrate gaps in employment had been explored. The reason for an applicant having left their previous employment was not always recorded. We discussed this with the registered manager and they told us they were unaware that a full employment history was required. The registered manager told us they would ensure in future that the above was pursued and fully explored.

Furthermore, an external worker at the service was involved in the on-going refurbishment of the service. They were observed to freely access the premises used by people living in the service. We requested to see this person's DBS and confirmation that suitable checks had been carried out on this external worker including a risk assessment to ensure people's safety. The registered manager confirmed this had not been considered or undertaken. An assurance was provided by the registered manager this would be sought.

We discussed safety with people using the service. They told us they had no concerns and that they felt safe living at Ailsa House. One person told us, "Safe, yes I think so, no worries on that score." Another person told us, "I do feel safe here, the staff are smashing." Staff demonstrated a satisfactory understanding and awareness of the different types of abuse, how to respond appropriately where abuse was suspected and how to escalate any concerns about a person's safety to the management team and external agencies, such as the Local Authority and Care Quality Commission. Staff told us they would not hesitate to raise a safeguarding alert if they suspected abuse.

Staff knew the people they supported and were aware of people's individual risks and how this could impact on a person's health, wellbeing and safety. Where risks were identified, control measures had been considered and put in place to mitigate the risk or potential risk of harm for people using the service. These assessments covered a range of risks, such as the risk of poor nutrition and hydration, poor mobility and falls, the risk of developing pressure ulcers and moisture lesions and the risk of choking. Minor improvements were required to ensure the information clearly recorded how the risk was to be alleviated.

Environmental risk assessments to ensure people and staff's safety and wellbeing were in place. For example, those relating to the services fire arrangements. The registered manager demonstrated an awareness of their legal duties with respect to fire safety. A fire risk assessment had been completed and the registered manager confirmed that appropriate fire detection, warning systems and fire fighting equipment were in place and checked to ensure they remained effective. A Personal Emergency Evacuation Plan [PEEP] was in place for all but one person living at the service. This is a bespoke plan intended to identify those who are not able to evacuate or reach a place of safety unaided in the event of an emergency. We brought this to the registered manager's attention and an assurance was provided that this would be completed without delay.

The registered provider used a 'staffing tool' to determine the service's staffing levels each month. People told us there were always sufficient numbers of staff available to provide the support required to meet their

care and support needs. People confirmed that staff responded in a timely manner when they used their call alarm to summon staff assistance. Staff confirmed there was enough staff to meet people's needs. Our observations showed the deployment of staff within the service was suitable to meet people's needs. Current staffing levels ensured people's care and support needs was provided in a timely manner and staff were able to respond to the changing needs and circumstances of people using the service.

People were protected by the prevention and control of infection. The service's infection control and principles of cleanliness were maintained to a good standard. A viral outbreak of diarrhoea and vomiting occurred in November 2017. Suitable measures were undertaken by the management team to protect people using the service, staff and visitors. This included effective hand hygiene methods, enhanced cleaning and segregation of people affected and exclusion of others. The Health Protection Agency [HPA], Local Authority and Care Quality Commission were notified. Staff told us and records confirmed that all staff had received infection control training within the last 12 months. They understood their responsibilities for maintaining appropriate standards of cleanliness and hygiene; and following food safety guidance.

The registered manager operated an open and transparent culture whereby staff were encouraged to report concerns and safety incidents. Appropriate arrangements were in place to review and investigate events and incidents and to learn from these. The registered manager provided two examples whereby an incident occurred and following a review of this, lessons had been learned.

Is the service effective?

Our findings

Effective was rated as 'Good' at our last inspection on the 14 December 2015. At this inspection, we found that effective was now rated as 'Requires Improvement.'

People had all of their needs assessed in relation to their physical, mental, emotional and spiritual care and wellbeing. Appropriate steps had been undertaken by the service, to ensure where appropriate, people were supported to have their varied and diverse needs met.

With the exception of medication, suitable arrangements were in place to ensure staff received suitable training at regular intervals so they could meet the needs and preferences of the people they cared for and supported. Staff training records viewed showed staff had received mandatory training in 2017 and 2018, in line with the provider's expectations in key areas. This was confirmed by the registered manager and staff as accurate.

The registered manager confirmed that all newly employed staff received an induction. This comprised of an 'in-house' induction and staff being given the opportunity to shadow a more experienced member of staff depending on their level of experience and competence. Furthermore, staff were required to undertake and complete the Skills for Care 'Care Certificate' or an equivalent robust induction programme, where they had no previous experience within a care setting or had attained a National Vocational Qualification [NVQ] or Qualification and Credit Framework [QCF]. The 'Care Certificate' is a set of standards that social care and health workers should adhere to in their daily working life. Although records showed new staff employed since November 2016 had received an 'in-house' induction, where staff had not attained an NVQ or QCF qualification or had previous care experience, evidence of the Skills for Care 'Care Certificate' was not apparent. Additionally, there was no evidence to show their competency had been assessed within the core standards following the commencement of their employment. Although the above was highlighted there was no evidence to demonstrate this impacted on people using the service.

We recommend that the service follow appropriate recognised national guidance to ensure all staff completes a comprehensive induction.

Staff told us they felt supported and valued by the registered manager and received formal supervision. Where discussions had been held and which suggested follow-up action was required; information to demonstrate this was not always available. For example, one member of staff made reference to experiencing difficulties with another staff member. No information was available to show what had been done about this. Another staff member raised concerns relating to senior staff employed at the service. Once more no information was available to show what had been done about this. We discussed this with the registered manager. An assurance was provided that the above arrangements would be reviewed and steps taken to ensure follow-up actions recorded were completed where issues were raised. The registered manager confirmed annual appraisals of a member of staff's overall performance for the preceding year had not yet been conducted but would be completed within the next two to three months.

People told us they were happy with the meals provided. One person told us, "The food is fantastic, that's one thing you cannot fault here. It doesn't matter who is in the kitchen, you always get a good meal and plenty of it." Another person told us, "I have no complaints, the food is very good." A third person told us, "Oh, I think the food is good."

People were able to choose where they ate their meals, for example, at the dining table, while seated in a comfortable chair in the communal lounge and some people were able to eat in the comfort of their room. People were not rushed to eat their meals and were able to enjoy the dining experience at their own pace. Where assistance was required by staff, this was undertaken in a dignified and respectful manner. For example, one member of staff was observed to ask a person using the service, "Would you like some help, do you want me to move you closer to the table?" The person confirmed they would like to be moved closer to the table and assistance was duly provided. The person was also asked if they wished to have their food cut up and if they required staff support to eat. The person was overheard to say, "Yes, I wish I could do it myself." Although the person said "Yes" to the assistance offered, the member of staff gave the person a spoon to eat their meal and instead of physical assistance provided verbal encouragement. The person was observed with verbal encouragement to eat their meal albeit slowly while still enabling them to maintain an element of independence.

The nutritional needs of people were identified and where people who used the service were considered to be at nutritional risk, referrals to a healthcare professional, such as Speech and Language Therapist, had been made and guidance followed by staff.

Staff worked well with other organisations to ensure they delivered good joined-up care and support. The registered manager and staff team knew the people they cared for well and liaised with other organisations to ensure the person received effective person-centred care and support. For example, the Dementia and Intensive Support Team [DIST], District Nurse services, local falls team and the local NHS hospital 'step-down' team. The latter refers specifically where people no longer require the level of care from an acute medical setting such as a hospital but are not ready to return to their own home. This was particularly apparent where people's healthcare needs had changed and they required the support of external organisation's and agencies to ensure people's welfare and wellbeing.

People told us their healthcare needs were met and they received appropriate support from staff. One person told us, "If I needed to see the doctor, the manager or staff would arrange it." Another person told us, "When I had a fall, help was too hand and they [staff] called an ambulance and I went to hospital." Care records showed people's healthcare needs were recorded, including evidence of staff interventions and the outcomes of healthcare appointments. A visiting healthcare professional was very complimentary of the service and told us people using the service were well looked after and they had confidence in the staff team to alert them at the earliest opportunity to have their healthcare needs met.

People lived in a safe and well maintained environment. People's diverse needs were respected as their bedrooms were personalised to reflect their own interests and preferences. People's bedrooms were nicely decorated and included personal possessions and photographs. People had access to comfortable communal facilities, comprising of two lounges and a separate large dining area. Since our last inspection to the service in December 2015, improvements had been made to the service's environment, such as redecoration in some areas, new furniture and fittings purchased and a new 'walk-in' shower room completed.

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 the 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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.

Staff had a good knowledge and understanding of MCA and Deprivation of Liberty Safeguards (DoLS). Staff were observed during the inspection to uphold people's rights to make decisions and choices. Information available showed that each person who used the service had had their capacity to make decisions assessed. Improvements were needed to make sure the information recorded was accurate as some of the records viewed showed conflicting information. Where people were deprived of their liberty, the registered manager had made appropriate applications to the Local Authority for DoLS assessments to be considered for approval.

We were assured that staff understood the importance of giving people choices and respecting their wishes. People were observed being offered choices throughout the day and these included decisions about their day-to-day care needs. People told us they could choose what time they got up in the morning and the time they retired to bed each day, what items of clothing they wished to wear, whether they required pain relief medication, where they ate their meals and whether or not they wished to participate in social activities.

Is the service caring?

Our findings

Caring was rated as 'Good' at our last inspection on the 14 December 2015. At this inspection, we found that caring remained rated as 'Good.'

People were satisfied and happy with the care and support they received. One person told us, "The staff here are truly wonderful, they [staff] treat me well, they are like my family." Another person told us, "I cannot fault the staff team and couldn't ask for better support." One relative told us they were more than satisfied and happy with the care and support provided for their member of family.

Our observations showed people received person-centred care and they had a good rapport and relationship with the staff that supported them. During our inspection we saw people and staff were relaxed in each other's company and it was clear staff knew people very well. Staff understood people's different communication needs and how to communicate with them in an effective and proactive way. People were addressed by their preferred names and staff interacted with people in a kind and compassionate way, taking the time to listen closely to what people were saying to them.

People were supported to express their views and to be involved, as far as possible, in making decisions about the care and support to be provided. People, relatives and those acting on their behalf had been given the opportunity to provide feedback about the service through the completion of a questionnaire during 2017. Where responses had been returned, feedback was very positive. Relative's comments recorded, 'The quality of care is very good. Ailsa House is a very nice rest home', 'I am confident that my relative is very well looked after' and 'All the staff at Ailsa House are wonderful. They [staff] are very caring and responsive to my relative's needs.' Relatives stated they would recommend the service to others. The registered manager told us one person had an independent advocate. An advocate supports a person to have an independent voice and enables them to express their views when they are unable to do so for themselves.

People told us their personal care and support was provided in a way which maintained their privacy and dignity. They told us the care and support was provided in the least intrusive way and that they were treated with dignity and respect at all times. We saw that people were supported to maintain their personal appearance so as to ensure their self-esteem and sense of self-worth. People were supported to wear clothes they liked, that suited their individual needs and were colour co-ordinated. People were supported to be as independent as possible. We saw staff encouraged people to do as much as they could for themselves and according to their individual abilities and strengths. We observed some people being able to eat independently and people told us they could maintain some aspects of their personal care without or with limited staff support.

People were supported to maintain relationships with others. People told us their friends and family members could visit at any time and there were no restrictions when they visited and they were always made to feel welcome. Staff told us that people's friends and family were welcome at all times.

Is the service responsive?

Our findings

Responsive was rated as 'Good' at our last inspection on the 14 December 2015. At this inspection, we found that responsive remained rated as 'Good.'

Arrangements were in place to assess the needs of people prior to admission to the service and they and their relatives were involved in this process. Recommendations and referrals to the service were made through the Local Authority and NHS Continuing Healthcare. The Local Authority completed an initial assessment which together with the service's assessment; was used to inform the person's care plan. Improvements were needed to ensure the service's assessment was sufficiently detailed. This was to ensure the service was able to meet the person's needs and provide sufficient information to inform the person's initial care plan.

Care plans covered all aspects of a person's individual care and support needs, focussing on the care and support to be delivered by staff. Minor improvements were required to ensure information recorded was person-centred, personalised and included people's preferences. For example, although people's care plans made reference to their social care needs, they provided little or no information relating to their specific interests and how the person should be supported by staff. One person's care plan stated that staff should offer the person activities for their mental stimulation and wellbeing. No information was recorded detailing what these should be. Although the above was highlighted, we did not find or observe any impact on people's care during our inspection as a result of not having this information recorded and in place. Information available showed that people's care plans were reviewed and updated to reflect where a person's needs had changed. This ensured staff had the most up-to-date and accurate information available.

Daily records were completed to evidence how people spent their day and staffs interventions. Improvements were needed to ensure staff accurately completed 'key' records, such as records relating to where people required their body to be repositioned when in bed and where they required their fluid intake to be monitored and recorded. These were not always completed and it was not possible to determine if this was as a result of poor recording by staff or if the delivery of care had not been provided. For example, the fluid records for one person showed they received no further fluids after 14:00 and 14:45 respectively on two consecutive days. On a further two days the fluid records showed they did not receive fluids for up to 16 hours. Although the above was highlighted, we did not find or observe any impact on people's care during our inspection as a result of these shortfalls.

The registered manager confirmed that a designated person was responsible for implementing social activities at the service four days a week. Suitable arrangements were in place to ensure that people using the service had the opportunity to take part in leisure and social activities of their choice and interest, both 'in-house' and within the local community. People confirmed to us they could spend their time as they wished and wanted. During the inspection several people were observed to undertake art and craft projects, to listen to music and to watch the television. People also used these opportunities to talk amongst themselves about how they were feeling, the day's news both from within the care home setting, national

news written in newspapers or news items watched on the television.

The service had a complaints procedure in place for people to use if they had a concern or were not happy with the service. Records showed within the last 12 months there had been two complaints, one of which was substantiated. A record was maintained for each complaint, including the details of the investigation and action taken. Staff knew how to respond to people's concerns and complaints should the need arise. People told us they would either speak to a family member or member of staff if they had any worries or concerns. People indicated they were confident that their complaints or concerns would be listened to, taken seriously and acted upon. A record of compliments had been maintained to capture the service's achievements.

Although no one living at the service was receiving end of life care, the registered manager provided an assurance that people would be supported to receive good end of life care to ensure a comfortable, dignified and pain-free death. The registered manager confirmed they would work closely with relevant healthcare professionals, such as the local palliative care team and provide support to people's families and staff as necessary.

Is the service well-led?

Our findings

Well-led was rated as 'Good' at our last inspection on the 14 December 2015. At this inspection, we found that well-led was now rated as 'Requires Improvement.'

A registered manager was in post. 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. A change to the management team had occurred since our last inspection to the service in December 2015 and this referred to the appointment of the registered manager in May 2017.

We asked the registered manager about the arrangements in place to gather, document and evaluate information about the quality and safety of the care and support the service provided. A number of audits and checks were undertaken at regular intervals and the information used to inform the registered manager's monthly report. The registered manager confirmed this report was subsequently forwarded to the registered provider to keep them updated as to what was happening within the service. However, these checks had not identified those areas requiring improvement as highlighted during this inspection. For example, in relation to the service's medication arrangements, ensuring staff were appropriately trained to administer medication and staff recruitment and induction procedures. The service's accident and incident audit did not accurately reflect information recorded within the service's 'falls' audit and therefore provided an inaccurate account of falls at the service.

Although the registered manager evaluated information about the quality and safety of the care and support the service provided, the registered manager was unable to reassure us of their knowledge and understanding in relation to current best practice initiatives and guidance relating to older people and older people living with dementia.

We recommend that the registered manager keep themselves up-to-date with appropriate recognised national guidance and current best practice initiatives relating to the needs of people using the service.

Relatives told us the service was well run and managed. They knew who the registered manager was and told us they found them to be very amiable and approachable. Staff spoke positively about the registered manager and told us they received good support. Staff confirmed they worked well as a team and communication between staff team members and the registered manager was positive. The registered manager also confirmed they received good support from the registered provider and the organisation's general manager. The latter was based at one of the registered provider's 'sister' services. Staff also told us they liked working at Ailsa House. One member of staff told us, "I'm proud of Ailsa House and would recommend the service to others."

People using the service and relatives had completed an annual satisfaction survey in 2017. The results of these told us that people using the service and relatives were happy and satisfied with the overall quality of

the service provided. Staff surveys were also completed in 2017, but improvements were required as none of the questions enabled staff to comment as to how they felt about the service or the organisation.

Staff meetings were held to enable staff and the registered manager to discuss topics relating to the service or to discuss care related matters. This showed that staff were encouraged to have a 'voice' and to express their views about the service.

People benefitted from the service's collaborative approach to other organisations. The service worked in partnership with Local Authorities and Clinical Commissioning Groups when placing people, meeting their needs and reviewing their care. Staff employed at the service worked alongside healthcare professionals to meet people's healthcare needs. Additionally, a clinical nurse practitioner had been assigned by a GP surgery, to work with the service and to look at how best they could support the service to manage people's healthcare needs.

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 12 HSCA RA Regulations 2014 Safe care and treatment People were not protected by the provider's management of medicines and improvements were required to keep people safe.