Ayai Care Limited

Gains House

Inspection report

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Date of inspection visit:
04 January 2023

Date of publication:
22 February 2023

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

About the service
Gains House is a supported living service for autistic people and/ or people with learning disabilities and mental health needs. The provider specialises in supporting children and young adults, age 16 to 25 years old. This service provides care and support for up to 4 people living in one adapted building. At the time of the inspection, 4 young adults were receiving help with personal care from this provider. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right Support: People, their family members and healthcare professions were happy with the care provision and felt that the service was meeting people's care and support needs safely. Staff knew people well and understood their support needs. They valued people's independence and enhanced their choice and control over everyday decisions. People were supported to achieve their goals and aspirations.

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

Right Care: Staff 's interactions with people were kind and they attended to their care with compassion. Care records were regularly reviewed and robust and included personal information about people's care to guide staff as necessary. Staff were subject to pre-employment checks to ensure their suitability for the role. The provider followed current best practice guidelines regarding the prevention and control of infection. Lessons were learnt quickly and as necessary by the provider.

Right Culture: The staff team worked well together aiming to deliver values based and improvement-driven culture at the service. Staff respected and empowered people's inclusion in the society. Staff told us they were well supported and guided by the management team as necessary. Staff contacted the healthcare professionals for guidance and support when people needed it.

We recommended the provider to improve their governance processes making sure they identify the improvement where it was required. During the inspection we found shortfalls in relation to monitoring systems, access and recording of records, staff's training and 'when required' medicines. We made a recommendation about this.

Procedures were in place to address the concerns and complaints received as necessary.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
This was the first inspection of the service since it registered with the CQC on 11 February 2022.

Why we inspected
This was a planned inspection based on when the service registered with us.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Recommendations
We recommended the provider to improve their governance systems making sure they effectively monitored the quality and safety of the care people received.

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?

Good

The service was 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.

Gains House

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 Health and Social Care Act 2008.

Inspection team
This inspection was carried out by one inspector.

Service and service type
This service provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. The Care Quality Commission (CQC) does not regulate premises used for supported living; this inspection looked at people's personal care and support.

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since it was registered with us. We used this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is

information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection
We spoke with 3 people who used the service and 4 family members about their experience of the care provided. The registered manager was not at the service during our visit. We spoke with the nominated individual/business owner/manager, operations manager and 2 staff members who provided care to people. We contacted 2 healthcare professionals and 2 college tutors to find out their experiences of working with this provider.

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 3 people's care plans and risk assessments, medicines management procedures and 2 staff files in relation to training and recruitment data. A variety of records relating to the management of the service, including audits and policies were also reviewed.

Good

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. 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
• People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse.
• People's body language was confident and they felt comfortable being around the staff members. Family members told us their relatives were provided with safe care, with one commenting, "Yes, I feel entirely confident that my [relative] is both safe and happy living at Ayai Care."
• Staff had received safeguarding adults and child protection training and had knowledge regarding the actions they would take if they saw people were at risk of abuse. Staff's comments included, "If I see a bruise, I know that there is something going on. I will not hide it and speak to the managers so that they could look into this" and "We are working together but if the manager is not doing something or doing something that is wrong, I would follow company's policy and escalate concerns to the Care Quality Commission (CQC)."
• No safeguarding concerns had been raised since the service's registration with the CQC.

Assessing risk, safety monitoring and management
• People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well. One staff member told us, "We do ABC (antecedent, behaviour and consequence) charts to support people with behaviour that challenge. ABC charts are used for making a record before the incident has happened or after. We find what triggered the behaviour and intervene so that it does not happen again." A healthcare professional said, "The management and staff are mindful of risks and as such ensure that this is managed in an appropriate and timely manner."
• Risk assessments were up to date and robust indicating the support people required to stay safe. Risks were identified and managed in relation to people's environment, mobility, health conditions and nutrition.
• Systems were in place to ensure risks in relation to fire safety were managed, however some aspects needed addressing. Staff were required to undertake fire safety checks and had access to the necessary equipment in the event of a fire. However, we saw that records in relation to the fire safety were not always fully completed and although people had individual Personal Emergency Evacuation Plans (PEEPS) in place, these were not easily accessed by the staff team. This was discussed with the provider who told us they would address these concerns immediately. We will check their progress at our next planned inspection.

Staffing and recruitment
• Staffing levels provided met people's care and support needs.
• The service had enough staff, including for one-to-one support for people to take part in activities and visits how and when they wanted. One family member told us, "There have always appeared to be sufficient staff on duty to support my [relative] appropriately at all times."

• Pre-employment checks were carried out by the provider making sure people received safe care. Staff were required to provide references and obtain Disclosure and Barring Service (DBS) check before they started working with people. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely
• People were supported by staff who followed systems and processes to administer, record and store medicines safely.
• Staff completed medicine administration records (MAR) making sure people's medicines were managed consistently and safely. Protocols were in place to guide staff in relation to the medical support a person required if they had a seizure.
• Although only one person was prescribed an 'as required' medicine, guidance for staff was not available for when to administer the medicine. This was addressed promptly after we discussed this with the provider.

Preventing and controlling infection
• We were assured that the provider was using PPE effectively and safely.
• We were assured that the provider's infection prevention and control policy was up to date.
• The service had good arrangements in place to keep people safe. Staff used PPE effectively and supported people to follow infection, prevention and control measures as necessary.

for keep premises clean and hygienic. We observed staff using and safely.
Learning lessons when things go wrong
• The service managed incidents affecting people's safety well.
• Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned. Processes were in place to identify trends making improvements as required.

Good

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.

This is the first inspection of this newly registered service. 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 completed comprehensive assessments for people who needed them and took the time to understand their care and support needs.
• People were supported to set goals and aspiration that included learning of new skills. One family member told us, "[My relative] receives excellent care. She is always clean and appropriately dressed, she has a range of stimulating activities organised for her, staff promote her independence skills and life skills." The management team told us how the service supported a person to develop their confidence in accessing community facilities and using public transport which increased their social inclusion and participation.
• Staff completed an assessment of each person's physical and mental health needs either on admission or soon after. The service worked closely with the healthcare professionals to identify individual risks associated with people's care which helped to support people's transition from children's to adults' service provision. A healthcare professional told us, "[The service] have a very good understanding of the needs of the young adults that they work with and engage with them well."

Staff support; induction, training, skills and experience
• Updated training and support on the job helped staff continuously apply best practice.
• Staff had the necessary skills set required to support people using the service. One healthcare professional told us, "It has been my observation that the staff members are well skilled and knowledgeable in their support of service users."
• Systems were also in place to induct staff before they started working with people, including providing training, shadowing and a senior staff member acting as a mentor to support new employees' learning. Staff received supervision and appraisal as required.
• Training was provided for staff to ensure they competently carried out their responsibilities. The attended training included positive behaviour support, autism, communication, safeguarding adults and children and medicines management. Although staff knew people's care and support needs well, there was no training provided in relation to the learning disabilities. Immediate action was taken by the provider to address this shortfall. All staff were enrolled into the learning disability training and planned to complete it by the end of February 2023. We will check their progress at our next planned inspection.

Supporting people to eat and drink enough with choice in a balanced diet
• People were involved in choosing their food, shopping, and planning their meals.
• Staff told us how they supported people to do their own food shopping so that they could choose what they wanted for their meals. One person was offered two meals to choose from and they pushed away the food that they didn't want to eat. We also observed a person independently preparing their own breakfast.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
• People had health actions plans and health passports which were used by health and social care professionals to support them in the way they needed.
• People were up-to-date with their medical appointments and had staff referring them to the healthcare services as and when they required it.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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.

• Staff demonstrated best practice around assessing mental capacity and supporting decision-making. One staff member told us, "In relation to the MCA, we don't assume that [people] don't have capacity. We have to seek consent and empower them to make decisions." A healthcare professional said, "Yes, staff do seek people's consent before the care delivery, and I have observed this in action."
• The management team understood how the Deprivation of Liberty applied to the people who used the service and involved legal professionals working for public authorities requesting authorisations where required. However, there was no system in place to easily access information in relation to the approved Deprivation of Liberty applications. This was discussed with the provider who reassured us that actions would be taken to implement this. We will check their progress at our next planned inspection.

Good

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

This is the first inspection of this newly registered service. 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; equality and diversity
• People felt valued by staff who showed genuine interest in their well-being and quality of life.
• Staff members showed respect when interacting with people. People's family members' comments included, "The staff are simply lovely… They are kind, caring, compassionate and thoughtful" and "The staff are friendly and open and seem to genuinely care about [my relative]… [My relative] often talks about staff and is obviously fond of her regular carers. "A healthcare professional said, "Staff are empathetic, patient, use strategies to redirect and help settle a young person who has experienced behaviour that has been physically challenging."
• Staff supported people with their cultural needs where this was important to them, including celebrating religious festivals and adhering to cultural traditions.

Supporting people to express their views and be involved in making decisions about their care
• Systems were in place to support people to express their views and choices.
• Staff understood and knew people's care needs well. They described people's behaviours when they wanted or didn't want to do something. One staff member told us, 'Yesterday [name of the person] was getting ready to go out. We used pictures to show where he was going but he [started behaving in a certain way], which meant he didn't want to go so we called the place and cancelled." A family member said, "Staff use choosing boards and talk to [my relative] to ask her about her choices for meals and activities."
• Systems were in place to help people to set goals so that they could follow their interests and ambitions. Regular key worker sessions took place to monitor the progress people were making to achieve their aspirations which were set involving people, family members and healthcare professionals.
• Staff helped people to monitor their progress using 'Progress Journals' that included pictures of the activities they took part in to support their involvement.

Respecting and promoting people's privacy, dignity and independence
• People's privacy was respected and they had the opportunity to develop new skills and gain independence.
• Staff knew when people needed their space and privacy and respected this. One staff member told us, "If I am doing personal care, I can't leave the door open. We knock before coming into people's bedrooms and we wait before entering. We give options and choices, for example what clothes to put on." A healthcare professional told us that staff respected people's dignity which they observed "a number of times" during their visits.
• Staff provided people with space when they were eating and watching TV so that they could take time and relax in the way that they wanted to. We also saw staff and visitors taking shoes off when entering the home

which showed respect for the people living there.
• Staff told us that people were involved in household chores, including vacuuming, washing clothes and cleaning.

Good

Is the service responsive?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Meeting people's communication needs
• The service met the needs of people using the service.
• Staff provided people with personalised, proactive and co-ordinated support. A family member told us, "Staff are excellent in their care of my [relative]. They all seem to know and understand [my relative] well."
• Care plans focused on the person and their abilities and what they liked to do so that staff could support people appropriately. People's care plans were updated regularly and when people's care needs changed to ensure continuous care delivery.
• People had a one-page profile with essential information about them to ensure that new staff could see quickly how best to support them.

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.

• Staff ensured people had access to information in formats they could understand.
• Staff used different methods to support people's communication, including pictures to discuss their daily activities. We observed staff communicating with people in a respectful manner and patiently repeating their answers when asked the same question again. Staff explained to us what body language was used by a person to respond to questions and to express their happiness.

Supporting people to develop and maintain relationships; follow interests and to take part in activities that are socially and culturally relevant
• Staff enabled people to broaden their horizons and develop new interests and friends.
• Staff were committed to encouraging people to explore new social, leisure and recreational interests. One family member said, "The staff at Ayai Care know my [relative] extremely well. They understand her preferences for activities. She has a wide range of activities that staff facilitate and thought is always put into allowing new opportunities and outings." The management team told us they continuously looked to explore people's interests providing them with informed choices. This included supporting people to go to the cinema to watch a movie appropriate for their age.
• People had choices and control over what they did. Staff told us that people had a time table but chose what they want to do on the day. This included attending the youth club where they interacted with other people, going out in the community or staying at home where staff encouraged them to exercise and play board games. People had a college tutor coming to the house to do individual learning with them.

Improving care quality in response to complaints or concerns

• People, and those important to them, were supported to provide feedback to ensure good care provision.

• Family members told us they could raise concerns easily and staff supported them to do so. One family member said they provided feedback "regularly, both formally via questionnaires from Ayai Care Management and informally via direct communication." A healthcare professional told us, "I do believe the service responds well to feedback and uses feedback as a way to improve the quality of service provision."

• The service treated all concerns and complaints seriously, investigated them and learned lessons from the results shared with the whole team. For example, in relation to the skin care of one person.

Good

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.

This is the first inspection of this newly registered service. 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.

Continuous learning and improving care
• Quality assurance processes were in place to inform improvements to the service.
• There was a good leadership at the service which was aimed at providing safe and effective care to people. Audits were in place to monitor health and safety, medicines management and care records at the service.
• However, systems in place to monitor the care delivery were not always applied as necessary because some of the records we viewed were not always fully completed. This was in relation to the registered manager's regular checks and staff's daily duties. During the inspection we also identified concerns in relation to easy access to documentation, monitoring systems and staff's training. The provider reacted swiftly where an improvement was required and told us they would improve their governance processes as necessary.

We recommend the provider to review their quality assurance processes making sure they delivered good quality support consistently.

Planning and promoting person-centred, high-quality care; Duty of Candour
• Staff valued the rights of people they supported and applied duty of candour where appropriate.
• Managers set a culture that encouraged person-centred care and receptiveness to challenge. One family member told us, "Ayai Care has managed to achieve my full trust and confidence and that is the highest praise I could give them. However, more importantly, my daughter is happy, thriving and joyous living at Gains House. They really are the best of the best!"
• The management team were aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour providers must be open and transparent if things go wrong with care and treatment. During the inspection we found the management team openly sharing the information of concern with us regarding the difficulties they were facing, including issues relating to the COVID-19 pandemic that affected people's social inclusion.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
• The management and staff team understood and demonstrated compliance with regulatory and legislative requirements.
• Those involved in the delivery of care told us that the service was well-led. Family members' comments included, "It would seem that Ayai Care is extremely well managed and organised. I could not be happier with their service" and "Yes , they are very open with new suggestions , recommendation and changes." A

healthcare professional said, "I have been working with this service for over one and half years and in my experience, this is one of the best managed service."
• Staff felt supported in their role, with one staff member telling us, "Oh yes, the managers are ok. If anything we need to talk about, they are always free and they respond."
• Staff were committed to monitoring people's care and support on an ongoing basis. Meetings were facilitated and handover took place between the staff members to share information as necessary.
• On- call managers were used to provide staff with support during unsociable hours.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others
• People, and those important to them, worked with managers and staff to develop and improve the service.
• Staff communicated with the family members daily using an electronic device to send information and pictured about people's attended activities.
• Where people required advocacy support, this was available to them and during the transition of moving from one service to another.
• The service worked well in partnership with health and social care organisations to support people's wellbeing. One healthcare professional told us, "Joint working agreements have been working well. Management from the property keep me informed of any significant issues, appointments and meetings in regards to the support and care for the young people I work with." Records showed that the service liaised with the healthcare professionals as necessary and without a delay.