

Mr Peter Hubert Oxley

# Ar-Lyn Residential Home

## Inspection report

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Date of inspection visit:  
28 July 2016

Date of publication:  
13 September 2016

### 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 carried out this unannounced inspection of Ar- Lyn on 28 July 2016. Ar- Lyn provides residential care for up to 13 older people. On the day of the inspection there were 13 people using the service. The service was last inspected in June 2015. At that inspection we found there were breaches of regulations. This was because the way medicines were being stored and recorded did not ensure people were protected. Hazardous cleaning products were being stored in areas of the service where people had access and were not being protected from potential harm. There was not an effective system to monitor and mitigate risks when auditing medicines and equipment servicing certificate. At this inspection we found improvements had been made in these areas and the service was now meeting the relevant requirements'.

The service does not have a condition to have a registered manager as the registered provider manages the service on a day to day basis. 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.

On the day of the inspection visit there was a calm and relaxed atmosphere in the service. We observed people had a good relationship with staff and supported people in a caring and respectful way. People were being cared for by competent and experienced staff. A family member told us, "This has been a really good place for (person's name) to live. I don't know what I would do without them. The staff are wonderful."

The service had taken action to improve how it stored and recorded medicines. There were now safe arrangements for the management, storage and administration of medicines. It was clear from the medicine records that people received their medicines as prescribed. Where hazardous items had been stored in open and accessible areas they were now kept in safe and secure lockable facilities.

Checks had been made and were in date for the maintenance and servicing of gas, electric and fire systems. All other equipment used by the service to support people were well maintained and regularly serviced as per equipment guidance.

Staff understood the needs of people they supported, so they could respond to them effectively. They told us they felt supported and had the resources they needed to carry out their role. Comments included, "(Providers name) are always around and if we need any more support they are there for us" and "Having worked here for a long time I can say for sure we (staff) get all the support we need. It is run for the benefit of residents".

Staff supported people to be involved in and make decisions about their daily lives. There were systems in place to act in accordance with legal requirements under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. This was to protect people and uphold people's rights where they faced restrictions due to lack of mental capacity.

People were able to take part in a range of activities of their choice. On the day of the inspection visit people

were enjoying listening to music, reading, knitting and generally speaking with each other. Where people wanted to stay in their rooms this was respected by staff. There were regular entertainers visiting the service as well as garden party events and birthdays were always celebrated.

There were safe recruitment procedures to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks. The recruitment process identified applicants had the appropriate skills and knowledge needed to provide care to meet people's needs.

People were protected from the risk of abuse because staff had received training to help them identify possible signs of abuse and knew what action they should take. Staff told us they supported people in a way that kept people safe.

Staff were supported by a system of induction training and completing care certificate standards to demonstrate they were proficient in the caring role. Other training was available to staff however most staff required updating of moving and handling training. The provider was actively seeking a suitable course for them to achieve this.

Staff meetings and regular daily updates were used to share information about operational issues.

People told us they knew how to complain and would be happy to speak with the provider if they had any concerns. No concerns had been reported since the previous inspection.

There were a variety of methods in use to assess and monitor the quality of the service. These included a satisfaction survey for people and their relatives. The most recent survey showed there was overall satisfaction with the service.

People using the service and visitors all described the management of the service as open and approachable and thought people received good care and support. Relatives told us, "We chose this home because we knew it was local and everybody knows everybody else including the manager and staff. That's what we liked" and "Very good all round."

## 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. The management, storage and administration of medicines were safe.

There were sufficient numbers of suitably qualified staff on duty to keep people safe and meet their needs.

Staff knew how to recognise and report the signs of abuse. They knew the correct procedures to follow if they thought abusive practice was occurring.

### Is the service effective?

Good ●

The service was effective. Staff training was being extended to increase the skills and knowledge to provide effective care to people.

People had access to health professionals when they needed to so their health needs were met.

Staff supported people to maintain a balanced diet appropriate to their dietary needs and preferences.

### Is the service caring?

Good ●

The service was caring. Staff were kind and compassionate and treated people with dignity and respect.

People and their families were involved in their care and were asked about their preferences and choices.

Staff respected people's wishes and provided care and support in line with those wishes.

### Is the service responsive?

Good ●

The service was responsive. People received personalised care and support which was responsive to their changing needs.

People were able to take part in a range of group and individual activities of their choice.

Information about how to complain was readily available.

**Is the service well-led?**

**Good** ●

The service was well led. The service sought the views and experiences of people, their families and the staff in order to continually improve the service.

Staff said they were supported by management and worked together as a team, putting the needs of the people who lived at the service first.

Staff were motivated to develop and provide quality care.

# Ar-Lyn Residential 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 unannounced inspection took place on 28 July 2016. The inspection team consisted of one inspector.

We requested and were provided with a Provider Information Return (PIR) from the provider prior to the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. Before the inspection we reviewed information held about the service and notifications of incidents we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with eight people who were able to express their views about living at Ar-Lyn and three visiting relatives. We spoke with a visiting health professional during the inspection visit. Prior to the inspection visit we spoke with the local quality assurance and three other professionals about the service.

We looked around the service and observed care and support being provided by staff. We looked at the care and support records for three people living at the service. Medicine records. We looked at two records relating to staff recruitment, staff duty rosters, staff training records and records relating to the running of the service.

# Is the service safe?

## Our findings

When we inspected the service in June 2015 we found medicines were not being stored safely and records were not accurate thereby posing a potential risk to people. During this inspection the provider had taken action to improve how it stored medicines. There were suitable facilities to store medicines safely and where hazardous items had been found in areas accessible to people using the service they had been removed and stored in appropriate locked facilities. Medicine Administration Records (MAR) were completed as medicines were administered. Medicines which required stricter controls by law were stored correctly and records kept in line with relevant legislation. Staff had received training in administering and managing medicines and weekly audits were completed by the provider. Some people were prescribed creams. Prescribed creams had been dated upon opening and recorded when applied. This meant staff were advised when the cream would not be safe to use and need to be disposed of as expired.

People told us they felt safe living Ar-Lyn and with the staff who supported them. One person said, "I feel very safe living here. There is always someone around to help me when I need it." The staffing rota showed there were enough skilled and experienced staff on duty to keep people safe and meet their needs. People received care and support in a timely manner and staff were not rushed. We observed staff were available to people in all areas of the service, so that people could call upon them if required. Staff told us, "Even if residents stay in their room we call in regularly and check they are OK or need anything" and "It's not a large home and there is always a staff member close by."

Staffing levels were based upon the level of needs for people living at Ar-Lyn. Rotas showed there was a skills mix of staff on each shift being supported by the provider. In addition to care staff there were kitchen staff. People said there were enough staff to meet their needs, and the staff we spoke with said staffing levels were good. Relatives said, "There are always staff around. We visit a lot and staff are always available" and "The staff are very good and always us feel welcome."

People were protected from the risk of abuse because staff had received training to help them identify possible signs of abuse and know what action they should take. Staff received safeguarding training as part of their initial induction and this was periodically updated. Staff were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. Staff told us if they had any concerns they would report them to management and were confident they would be followed up appropriately.

There were risk assessments in place which identified risks and the measures in place to minimise risk. For example, where additional observations were put in place to support a person following falls, as well of the use of equipment to support people and reduce the risks of falls. The assessments were specific to the care needs of the person. Risk assessments were being reviewed monthly or where required should there be a change of risk level. For example one persons health needs had changed. Staff were being supported with advice from health professionals to ensure the persons medical and care needs were being managed. A health professional visiting the service told us, "The staff are very competent and act on our advice. They let us know if they are concerned about somebody".

Incidents and accidents were recorded in the service. We looked at records of these and found that appropriate action had been taken and where necessary changes made to learn from the events. Events were audited by the registered manager to identify any patterns or trends which could be addressed, and subsequently reduce any apparent risks.

Staff had completed a recruitment process to ensure they had the appropriate skills and knowledge required to provide care to meet people's needs. Staff recruitment files contained all the relevant recruitment checks to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks.

The environment was clean and there was an on-going programme to decorate people's rooms and make other upgrades to the premises when necessary. The first floor was served by a stair lift. There was a system of health and safety risk assessments in place for the environment. Fire alarms and evacuation procedures were checked by staff and external contractors to ensure they worked. There was a record of regular fire drills.

At the previous inspection a gas servicing certificate was out of date. Current certificates for gas, electric and fire systems were in place to ensure they were safe and people were protected.



# Is the service effective?

## Our findings

People who used the service and their relatives were very positive about the care and support they received. Visiting relatives told us that staff kept them informed about concerns or changes in their member of family's condition. They said, "We are told on every visit how things are going with (person's name) care" and "When (person's name) came to live here they (provider) kept us up to date and it really made me feel more comfortable as it was a difficult decision." People were able to make choices about what they did in their day to day lives. For example, when they went to bed and got up, who they spent time with and where. One person told us, "It's nice to come and sit in the lounge in the morning we get to have a good natter and I like to have a lie down in my room in the afternoon."

Staff were available to support people with their needs. Staff were chatting with people about their interests and how they would like to spend their time. For example one person liked to read and a staff member spent time going through some books and magazines with them. Another person liked looking out to the gardens and staff arranged for them to sit close to the window. They sat with them and talked about what was happening in and around the garden that morning." People were seen to respond positively to this approach by staff. One person living with dementia was being supported by staff. They used a favourite piece of music which helped the person to engage with them and stimulated conversation. The person became animated and it was clear this was a positive experience and that staff understood how to engage in effective communication with the person.

People had access to healthcare professionals including doctors', dentists, chiropodists and opticians. Health checks were seen as important and were recorded on people's individual records. One staff member told us, "We have a really good relationship with the doctors and district nurses". A visiting health professional told us staff worked closely with them. Staff made referrals to relevant healthcare services quickly when changes to health or wellbeing had been identified.

People told us the quality of the food was good and they were able to choose from a range of alternatives if they did not want to choose from the daily menu. The cook told us they knew people's likes and dislikes and those who needed support with their diets. Most people ate lunch in the main dining room, but others chose to eat their meals in the privacy of their own room and there were enough staff on duty to accommodate this. Lunchtime was a social event with people sitting together and sharing conversation. Tables were decorated with flowers. There was a choice of water or juices. There were enough staff to ensure those people who required some support received it. Staff were able to make drinks and snacks for people when they wanted it. One person told us, "I have put on weight since moving in here. It's easy to do because I don't have to make it for myself."

The service was using the Care Certificate induction standards for all new staff as well as supporting current staff to develop in their roles. The induction standards support staff to develop a wider theoretical knowledge of good working practice within the care sector. A staff member told us they had found the induction training very useful. They said, "I have found it to be really good. It's clear and I can work through the standards while doing it in practice." Staff told us they had attended a range of courses in this role and

previous roles including moving and handling, dementia and medication. The provider told us they were currently seeking external training courses to ensure mandatory training including moving and handling was kept up to date.

Staff said they felt supported and had the opportunity to discuss their performance and development with the registered manager. Staff training needs were discussed with individual staff and reflected training which supported them in their roles. Staff also said there were daily handovers to share and discuss people's needs and any new developments for the service. A staff member told us, "It's a small staff team and we all work together. I feel very supported."

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Where necessary, applications were submitted to the local authority to assess people who may lack mental capacity to make decisions for themselves.

The service had appropriate aids and adaptations for people with mobility issues. For example a chair lift to the first floor, bath chair and walking aids. The service's environment was homely and maintained to a good standard. There were a variety of seating areas which were clean and comfortable. People told us they liked their bedrooms and these were always warm and comfortable. Rooms were personalised with personal items of furniture ornament and pictures.

## Is the service caring?

### Our findings

People told us they were happy living at Ar-Lyn. They found it to be a good place to live where staff knew what their needs were and how to respond to them in a kind and caring way. People told us, "I am very happy here. Happy with everything" "I have come on a lot since I moved here" and "Staff are very kind and patient. You never have to wait long for someone to come along if you need help." A relative told us, "They (staff) do a very good job". On the day of our inspection visit there was a calm and relaxed atmosphere in the service.

Communication between staff and people living at the service was caring, with conversations being held in a gentle and understanding way. Staff were engaging with people at eye level, for example kneeling, or sitting next to the person so they had eye contact. Staff knew the backgrounds of the people they cared for and we noted the staff used this information when they were with them in relevant conversations. For example talking with a person who enjoyed gardening and another who liked reading daily newspapers and discussed news relevant to the day's events. This supported equality and diversity and helped ensure individualised care was provided.

People's choices were respected and staff were sensitive and caring. Staff were friendly, patient and discreet when providing care for people. They took the time to speak with them as they were being supported. We observed a positive caring approach that supported people's wellbeing. For example, a person had spilt a warm drink over themselves. When staff were alerted they responded in a kind and caring way whilst protecting the person's dignity without drawing too much attention to the issue.

Staff protected people's privacy and dignity. People's bedroom doors were closed when care was being provided for them. Staff assisted people in a sensitive and reassuring manner throughout the inspection visit. People were dressed in clean and coordinating clothes and looked well cared for.

People moved around the service without restriction. For example one person liked to spend short amounts of time in lounge areas before moving to their room. Staff were observed making sure the person was safe wherever they were in the service in a discreet but respectful way. Some people had limited mobility but staff encouraged them to move around with the use of personalised walking aids. This showed people's independence was supported. For example throughout the inspection visit staff were moving around the service so they were visible to people and could respond to their care needs as necessary. A staff member said, "It's just like an extended family. We (staff) work here because we really do care about residents". A relative told us, "Can't thank the staff enough for all the support and care they provide."

Staff supported people to maintain contact with friends and family. Visitors told us they were always made welcome and were able to visit at any time. People were able to see their visitors in the lounge or in their own room. We observed that staff greeted visitors on arrival and made them feel comfortable. Visitors told us, "Always made to feel welcome whatever time of the day we call" and "Visit every day. I can go on holiday knowing (person's name) is safe and being well cared for."

## Is the service responsive?

### Our findings

People told us they felt their needs were being well met at Ar-Lyn. One person told us, "The staff know my routine and they help me get on with what I need to do" and "It didn't take long to settle in and the staff get me all the things I need". A relative told us, "They (staff) have been very good at getting the doctor when (person's name) needs it and they always let me know what the outcome is." A visiting healthcare professional did not have any concerns about Ar-Lyn and told us the staff responded appropriately when necessary and followed advice given to them.

People who wished to move into the service had their needs assessed prior to moving in. This helped ensure the service was able to meet people's needs and expectations. The provider and staff were knowledgeable about the level of support people required. Their decisions about any new admissions were made by balancing the needs of any new person with the needs of the people already living at Ar-Lyn. When people's needs increased beyond what the service felt they could provide for, the family were consulted and a more service was found so that it was a planned and managed move.

Care plans were personalised to the individual and gave clear details about each person's specific needs and how they liked to be supported. These were reviewed monthly or as people's needs changed. Care plans gave direction and guidance for staff to follow to meet people's needs and wishes. Staff were responsible for making daily records about how people were being supported and communicated any issues which might affect their care and wellbeing. Staff told us this system made sure they were up to date with any information affecting a person's care and support. Where people required additional support from specialists, referrals had been made and responded to. Daily notes covered the care provided, the person's mood, any activity they had enjoyed and any visitors they may have had. This information helped staff coming on duty to get an overview of any changes in people's needs and their general well-being.

Staff responded to individual needs based upon information in the care planning and risk records. Risks associated with people's individual needs were being recorded and regularly reviewed in order to respond to changes. Risk planning covered areas including falls, communication, mental capacity and responding to hydration and nutritional risk.

Activities took place in a way which was responsive to the needs and choices of people. For example during the morning staff were supporting people on an individual basis by talking with them, choosing music and films for people to listen to and watch. Entertainers visit the service on occasions. There had been a recent garden part. Relatives said, "It was a wonderful day and everyone thoroughly enjoyed it" and "Such a lovely day and everyone got involved." There was no expectation for people to participate unless they wanted to. One person said, "I like to get involved in some things but it's not a problem if I don't want to."

People and their families were provided with information about how to make a complaint. Details of the complaints procedure were displayed at the service. People told us they would speak to the manager or staff if they had any concerns. The service had not received any complaints since the previous inspection. One person told us they felt confident the manager would act on any issues they might raise with the

service.

## Is the service well-led?

### Our findings

People who lived at Ar-Lyn and their relatives spoke positively about the provider and staff. Staff told us they felt they could approach the provider with any issues and that they would be listened to and acted upon. They told us, "They (Provider) lives here so available the majority of the time" and "Feel it is well led because it's run as a caring home. It has all the home from home comforts and people like that." Relatives and people using the service said, "Very approachable (Provider). I have full confidence in how this care home runs" and "(Provider name) is always asking are we alright and do we need anything. I have no complaints at all."

There were clear lines of responsibility and accountability the provider had overall responsibility for the service. People who lived in the service and their relatives told us the provider or staff members were there to support them with advice and answer any queries.

There were systems in place for the provider to monitor the quality of the service provided to people. This included regular individual or group discussions with people living at the service. The most recent survey took place in June 2016. A satisfaction result of 96% showed people were very satisfied with the service they were receiving. The topics included all aspects of living at Ar-Lyn including, food, care, premises, daily living and management.

Staff told us the philosophy of the service was to make it as homely for people as possible. One staff member said, "This is a home from home service and that's what people like about it". This was supported by people we spoke with throughout the inspection visit. Another staff member told us, "Everything is done around the residents and what their needs are". People told us about a student who had created a photographic profile of the service. It had involved photos of staff and people using the service at various times and included individual quotes from staff and people using the service. Consent had been sought prior to the profile being made. The book had been well received and people told us they were proud of the finished product. One person said, "It's put us on the map so to speak. It helps people see we do have things to say."

There were systems in place to support staff. This was a small staff team therefore formal staff meetings did not take place but the provider made sure there were regular updates so staff were told of any operational changes. Staff told us day to day communication was good and any issues were addressed as necessary. They felt confident the provider respected and acted on their views. Comments included, "We work as a team and information gets shared between each shift" and "If there are changes or things we need to know it's shared at handover and written in the daily communication record. Nothing gets missed."

The provider worked alongside staff to monitor the quality of the care provided by staff members. They told us that if they had any concerns about individual staff practice they would address this through additional supervision and training. It was clear from our observations and talking with staff that they had high standards for their own personal behaviour and how they engaged with people.

The provider took operational responsibility for the service. This included reviewing and updating policies and procedures. Most of which had been reviewed in May 2016. Regular audits of medicines, accidents and incidents and maintenance of the home were also the provider's responsibility. Further audits were carried out in line with policies and procedures. For fire tests and emergency lighting was tested regularly and recorded. A recent fire inspection found the service to be broadly compliant.