

Mr Carl Denis

# The Aylsham Manor

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

The Aylsham Manor is registered to provide accommodation and personal care for up to 29 people. There were 27 older people living in the service at the time of the inspection.

This unannounced inspection took place on 29 November 2016.

There was a registered manager in post at the time of this inspection. Although they were unavailable at the time of the inspection. 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.

Risk assessments provided information for staff about how to manage risks to people. Accidents and incidents were being reviewed to reduce the risk of any reoccurrence.

People received their prescribed medicines in a timely manner and medicines were stored and disposed of in a safe way.

The provider had a recruitment process in place and staff were only employed within the service after all essential safety checks had been satisfactorily completed. People were safe and staff were knowledgeable about reporting any incident of harm. People were looked after by enough staff to support them with their individual needs.

People were provided with a good choice of meals. When necessary, people were given any extra help they needed to make sure that they had enough to eat and drink to keep them healthy. Staff referred people appropriately to healthcare professionals.

The Care Quality Commission (CQC) is required by law to monitor the Mental Capacity Act (MCA) 2005, Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The provider was acting in accordance with the requirements of the MCA including the DoLS. The provider was able to demonstrate how they supported people to make decisions about their care. Where people were unable to do so, there were records showing that decisions were being taken in their best interests. DoLS applications had been submitted to the appropriate authority. This meant that people did not have restrictions placed on them without the correct procedures being followed.

Although care plans were brief, staff knew how to meet people's current needs. Staff were trained, supported and supervised to do their job. Staff treated people with dignity and respect.

Audits were regularly carried out to assess what improvements were needed to improve the quality of the care people received. Action plans had been put in place as needed.

## 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.

Risk to people had been identified and recorded.

People were supported to take their prescribed medicines.

There were sufficient numbers of staff with the appropriate skills to keep people safe and meet their assessed needs.

Staff were only employed after all the essential pre-employment checks had been satisfactorily completed.

### Is the service effective?

Good ●

The service was effective.

When appropriate people were assessed for their capacity to make day-to-day decisions. Appropriate DoLS applications were being made to the authorising agencies to ensure that people were only deprived of their liberty in a lawful way.

Staff were trained to support people with their care needs. Staff had regular supervisions to ensure that they carried out effective care and support.

People's health and nutritional needs were met.

### Is the service caring?

Good ●

The service was caring.

Staff treated people with respect and were knowledgeable about people's needs and preferences.

People could choose how and where they spent their time.

### Is the service responsive?

Good ●

The service was responsive.

Whilst Care plans did not always contain up to date information

about the support that people needed. Staff were aware of people's needs.

People were encouraged to maintain hobbies and interests and join in the activities provided at the service and in the community.

People's views were listened to and acted on. People received care and support in the way they preferred.

**Is the service well-led?**

The service was not always well-led

The registered provider had failed to notify the CQC of notifiable events that had occurred as required by the law.

There were opportunities for people and staff to express their views about the service.

Systems were in place to monitor and review the quality of the service provided to people to ensure that they received a good standard of care.

**Requires Improvement** 

# The Aylsham Manor

## **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 29 November 2016. It was undertaken by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using, or caring for someone who uses this type of care service. Their area of expertise was in caring for older people and those living with dementia.

Prior to our inspection we looked at information that we held about the service including information received and notifications. Notifications are information on important events that happen in the service that the provider is required to notify us about by law. We also made contact with the local authority contract monitoring officer to aid with our planning of this inspection.

The provider completed a Provider Information Return (PIR) and sent this to us before the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with 11 people and two visitors. We also spoke with the registered provider of the service, training manager and six staff who worked at the service. These included a senior care worker, three care workers, the activity co-ordinator and the housekeeper

We looked at two people's care records. We also looked at records relating to the management of the service including staff training records, audits, and meeting minutes.

# Is the service safe?

## Our findings

People and their visitors we spoke with all told us they felt safe. One person who attends for day care said, "I come here once a fortnight to have a bath and my lunch. I certainly feel very safe here. If I didn't then I would not come." Another person said, "I certainly feel safe here and I have no concerns. If I need help at any time there is always someone there to help me." A third person said, "I most certainly feel very safe here and I have no worries. Everybody is so nice and if I need any help then I can just call and one of the staff will come and see to me." A visitor said, "[Family member] came here in January and I feel that they are very safe here. They have no worries and I have no worries."

Risk assessments had been completed and identified where a person was at risk. Identified risks included people being at risk when they were mobilising and people being at risk when they were being transferred.

Staff we spoke with told us they had received training to safeguard people from harm or poor care. They showed us that they had understood and had knowledge of how to recognise, report and escalate any concerns to protect people from harm. One member of staff told us, "If someone's mood, behaviour or appetite changed I would always tell the senior [care worker] of my concerns". Another staff member said, "If I saw a staff member speaking or shouting to a person disrespectfully or not respecting their dignity I would report them to the [registered] manager or [name of registered provider]". There was information available to staff on safeguarding people from harm which included telephone numbers to ring with their concerns.

Staff were aware of the registered provider's reporting procedures in relation to accidents and incidents. The training manager audited incident and accident reports and identified where action was required to reduce the risk of reoccurrences. For example, where a person had had a number of falls they had sought additional advice about the use of equipment and a medication review would be carried out where this was deemed appropriate.

People and staff we spoke with told us that they felt there were enough staff on duty to meet people's support needs both during the day and at night time. One person told us, "If I have a problem I know that I can ring the bell and somebody will come. They always have time to stop and chat which is really nice. It's like having a big family." A visitor said, "Everybody is so nice here. They always respond to [family member's] needs in a timely manner." We observed staff worked together well and had the time to speak with people and to notice and respond when people called for help or assistance.

The registered provider and training manager told us that they assessed regularly the number of staff required to assist people with higher dependency support and care needs. This was in line with their company's policy on staffing levels. Records we looked at confirmed this.

There were recruitment procedures in place to ensure that only suitable staff were employed to look after people using the services. Staff confirmed that they did not start to work at the service until their pre-employment checks, which included a satisfactory criminal records check, had been completed. One staff member told us that they had an interview and had to wait for their references to be returned before they

started work at the service. Staff personnel files confirmed that all the required checks had been carried out before the new staff started work.

Staff who were responsible for the management of people's medicines were trained and assessed to be competent. People we spoke with told us about the medicines support they received. One person said, "I always get any tablets I need." Another person told us, "They always make sure that I get all my pain relief on time which helps. If I need anything then I only have to ring the bell and they will come." A third person said, "They [staff] are very good with my tablets and make sure I take them." We observed the administration of medicines during the morning and at lunch time. Medicines were administered and signed for correctly. Staff made conversation and interacted with people whilst they were supervising them taking the medication. Where people needed extra prompting and time to swallow tablets, this was given.

Medicines were stored securely and within the required temperature range. This ensured medicines remained effective. Medicines were reviewed by the GP and any changes were actioned swiftly. Monthly audits were conducted and any issues were highlighted and appropriate action taken. This showed us that the provider had systems in place to help make sure people were safely administered their prescribed medicines.

## Is the service effective?

### Our findings

People and visitors we spoke with told us staff knew how to meet people's needs. One person said, "The girls [staff] here certainly know what they are doing and are always ready to help me. They are always polite and always ask if it is alright before they start doing things for me." One visitor said, "The staff here are really well trained and know exactly how to do things for my [family member] to make them feel happy and comfortable. They always ask if it's alright for them to do things for them before starting on their care. They are so thoughtful." Another person told us, "The staff are very well trained in all they do particularly when they are getting me out of bed. They always ask if it's alright before they do anything for me including personal care. They are all so polite."

Staff members told us that they had the training to do their job. This included training on infection control; safeguarding; moving and handling and fire training. Staff were able to demonstrate how their learning was applied and how they supported people with their moving and handling needs. Especially when using a hoist and the different slings that were available for individual people. This meant that people had staff that were correctly trained to support their assessed needs.

Members of staff also said that they had the support to do their job and this was provided on both an informal and formal basis. One member of staff said, "I get supervision with the [registered] manager or [name of training manager]. We do it when it is required. If I have any queries or problems [in the interim] any member of the senior team are here to answer any queries or give support". There was a plan in place which had scheduled dates for staff to attend future one-to-one supervision and appraisals.

The 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 DoLS.

We checked whether staff were working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. All of the staff we spoke with had an understanding and were able to demonstrate that they knew about the principles of the MCA and DoLS. All staff confirmed that any decisions made on behalf of people who lacked capacity, were made in their best interests. This showed us that the provider was aware of their obligations under the legislation and was ensuring that people's rights were protected. The registered managers had submitted several applications for a DoLS to the supervisory body (local authority) and they were awaiting the outcome.

People said that they liked the food and had a choice of what they wanted to eat. One person said, "The food is really good and I really enjoy it too much." Another person said, "The food is excellent and I cannot

fault it." People had cold and hot drinks and these were placed within their reach. During mid-morning people were offered biscuits and drinks. When people needed help to eat and drink, they were given the encouragement and support with these needs. Cultural and specialist diets were catered for, which included vegetarian and soft food diets. One person said, "The food is alright and I get my vegetarian option."

We were told by staff and the people that menus are discussed so they can decide what they would like to eat. A member of catering staff told us that they knew what people's individual dietary needs and preferences were. They said, "I go around and ask people what they want to eat. People can have whatever they want". One person confirmed this and said, "The food is really good and I enjoy it. There is always choice and they make something especially for you if you want it. A visitor said, "The food is really good here and they get exactly what they want. I sometimes have lunch with them and it's really nice." People's weights were monitored and the frequency of this monitoring was based on people's nutritional assessments. Dieticians' advice was obtained for people where they had been assessed as being at high risk of undernourishment.

We observed lunchtime in two of the dining rooms. We noted that people were sat at the table for quite some time before their meal arrived. One person said, "The food is very nice here and we get a good choice. However, when we sit down for lunch it can take some time before it arrives which is a bit frustrating." We spoke with the registered provider and the training manager who agreed to review the timing of meals in the different areas that people chose to eat. People were asked if they would like to wear a tabard to protect their clothes. We saw that meals were already plated up when they were served to people. Staff told people what was on their plates and then asked if they would like gravy. People were then offered cutlery that suited their needs, which was either a knife and fork or a spoon. One member of staff asked one person if they would like some help to cut up their food, they accepted the assistance. Throughout the meal people were being asked if they wanted more to drink.

We noted that where people's intake of food or fluid was being monitored, the records were completed accurately. This was to help identify any change in people's food and fluid intake. We saw action had been taken as required.

Records showed that people's health conditions were monitored regularly. They also confirmed that people were supported to access the services of a range of healthcare professionals, such as the community nurses, the GP, the dietician, the dentist, opticians and therapists. One person said, "Whenever I need medical help I can see the Doctor or the Nurse." Another person told us, "I can get to see the Doctor or the Nurse whenever I want to, which makes you feel much better." A third person said, "I can see the local doctor or dentist whenever I want to." A visitor said, "[Family member] can get the doctor whenever they need one. The local surgery is very good at helping when needed."

Staff made appropriate referrals to healthcare professionals. This meant that people were supported to maintain good health and well-being.

## Is the service caring?

### Our findings

Our observations showed the staff were kind and respectful to the people they were caring for. Staff called people by their preferred name and spoke in a calm and reassuring way. We saw staff speak to a person in a quiet and calm manner when they became anxious. One person said "The care I get is excellent and I cannot fault it. The girls are very polite and never raise their voices, only when they are laughing." Another person said, "The girls who work here are all very caring. They are all very courteous and polite and always have time for you." A visitor said, "They care so well for [name of person] and nothing is too much trouble for them. It is such a happy place and everybody is so cheerful."

People's comfort was maintained and promoted. One person told us "The staff really know what they are doing and I have every confidence in them. They are all so polite and respectful which is really nice for me." Another person said, "The girls [staff] here know exactly what they are doing and are so helpful which makes my time here so nice. They are all so polite and always ask before doing anything for me, even the young ones." We saw a member of care staff ask a person if they were alright as the sun was shining in through the window and making them squint. They asked it if they would like the curtain closing. They said, "Yes please." The staff then kindly shut the curtain. We also saw a member of care staff adjust a person's cushion to make them feel more comfortable while sitting in their chair. This showed us that staff thought about people and ensured they remained comfortable.

Staff offered people choices about where they wanted to sit and one person said that they chose to sit with other people to eat their meals. Other people chose to remain in their rooms. One person told us, "The food is very nice and we can eat wherever we want to. I like sitting with my friends at mealtimes." People were offered choices of when they wanted to get up and go to bed. People told us that their choice was respected by staff. One person said, "I got up about ten o'clock. As I chose to stay in bed".

People were enabled to maintain contact with members of their families. One person said, "My family are able to visit whenever they want". We saw that some people had made friends with others living at the service. This fostering of relationships was encouraged during activities, and whilst having a drink and a snack they would spend time talking with each other. One visitor said, "The staff here are very caring. Nothing is too much trouble. They are all very polite and have such good relationships with [family member] and all the residents. They all speak so nicely to [family member]."

People's privacy and dignity was maintained. People were provided with personal care behind closed doors. Our observations throughout our inspection showed us that staff knocked on people's doors and waited for a response before entering. They also let people know who they were as they entered. One person told us, "Staff always close the curtains and door, when they are helping me". Another person said, "Oh yes, they [staff] are very respectful". A third person said, "The care the staff give is first rate. They [staff] are all so respectful and polite and nothing is too much trouble. They help me have a bath in their very comfortable bath. (The bath has a hoist) It helps to keep me as independent as possible. This meant that staff respected and promoted people's privacy.

People told us that the way they preferred to have their personal care provided was respected. Members of care staff demonstrated an understanding of the principles of caring for people. A staff member said, "I love working here. We all respect people's privacy, dignity and choice. All staff help each other and it's like being one big family". The activities co-ordinator told us that they involved people in making choices about what hobbies or interests they would like to take part in. They said, "I did talk to everyone. What they like to do. What they don't like to do".

Information about advocacy services was available to support people in making decisions about their care and support. Advocacy services are organisations that have people who are independent and support people to make and communicate their views and wishes.

Staff knew people well and told us about people's history, health, personal care needs, religious and cultural values and preferences. This information had been incorporated into people's care plans.

## Is the service responsive?

### Our findings

People, and their relatives, said that staff met people's care needs in the way they preferred. One person said, "The care I get is excellent. The girls [staff] know exactly how to care for me and are so helpful." Another person said, "The staff here are caring. They are polite and helpful." Overall, we saw that people were happy with lots of smiles and laughter.

Although care plans did not contain detailed information about people, staff we spoke with were knowledgeable about the people they supported. They were aware of people's preferences and interests, as well as their health and support needs. They provided care in a way people preferred. One member of staff said, "I love working here and making sure that people get the care and support they need. Just like I would expect my mum or dad to receive". Another member of staff told us, "We work well together, I wouldn't want to work anywhere else its lovely here." We spoke with the registered provider and training manager who said that they would add further information to the care plans to ensure that care was always provided in a consistent way.

We saw that although care plans were reviewed monthly they did not always documents any changes or updates required.

Pre admission assessments were undertaken by the registered manager and or training manager. This helped in identifying people's support needs and care plans were then developed stating how these needs were to be met. People were involved with their care plans as much as was reasonably practical. Where people lacked capacity to participate, people's families, other professionals, and people's historical information were used to assist with people's care planning. One person said, "They [staff] understand me and know what I need". Another person said, "I am directly involved in my care which enables me to make my own choices." A visitor said, "I always get feedback from the staff how my [family member] is progressing which gives me confidence in their care. Her [another family member] is directly involved with planning of their care."

People were encouraged to follow their own interests at the service or in the community. People were supported to keep community contacts and to remain in touch with friends and family. The registered manager employed one person whose sole responsibility was to support people with social activities. These included trips to local places of interests as well as group and individual activities at the service. A timetable was available to people showing the regular activities that took place. These included religious services, visit from a therapy dog, word quizzes and scrabble.

One person said, "I am able to as independent as possible. I can go on visits, get involved in the activities like the art sessions which I love." Another person said, "I love being involved in the activities and the visits we go on, particularly at Christmas time". A third person said, "I do like the activities and really enjoy my trips out."

People had their own bedrooms and had been encouraged to bring in their own items to personalise them and make them homely. We saw that people had brought in their own furniture and that rooms were personalised with pictures, photos and paintings. This was to help people orientate themselves as well as

being personal to them.

People we spoke with told us they would be confident speaking to the registered manager or a member of staff if they had any complaints or concerns about the care provided. One person said, "They certainly know what I like and do everything to make sure that I get it. I have no reason to complain, everything is working perfectly for me." Another person told us, "Everything is perfect for me and I have a really good time here [the name of registered provider] is always around if you are unhappy you just tell them and they sort it out." A visitor said, "We have never had a reason to complain. In fact we have put down [name of other relatives] to be resident here when they need more extensive care. [The name of registered provider] are always present and will ask what we think of everything."

There had been a number of compliments received especially thanking staff for the care and support their family members received during their time at this service. There was a complaints procedure which was available in the main reception area of the service. There had been no formal complaints received. The registered provider and training manager told us they dealt with any minor issues through care reviews. These were documented in a folder.

## Is the service well-led?

### Our findings

Records, and our discussions with the registered provider, showed us that notifications had not been sent to the Care Quality Commission (CQC) as required. A notification is information about important events that the provider is required by law to notify us about. The registered provider informed that they had tried to submit the notification using the CQC portal this had been problematic.

There were quality assurance systems in place that monitored people's care. We saw that the registered manager and training manager completed audits and checks were in place which monitored safety and the quality of care people received. These checks included areas such care planning, medication and health and safety. Where improvements were needed the action needed had been identified. These were followed up and recorded when completed to ensure people's safety.

Records showed that the registered provider referred to these action plans when they visited the service to check that people were safely receiving the care they needed. We saw that where the need for improvement had been highlighted that action had been taken to improve systems. This demonstrated the service had an approach towards a culture of continuous improvement in the quality of care provided.

There was a registered manager in post at the time of this inspection. People said that they knew who the registered manager was. One person said, "The [registered] manager and registered provider are really nice people and are so approachable and friendly." Another person said, "The management is well organised and very kind. Nothing is too much trouble for them". A visitor said, "The management are very helpful as are the rest of the staff. The registered provider being on site each day makes a real difference."

The registered provider and the training manager were very knowledgeable about what was happening in the service on the day of the inspection. This included, which staff were on duty, people whose health required a follow up visit to the GP or other professional support such as physiotherapist. This level of knowledge helped them to effectively and safely manage the service and provide leadership for staff.

There were clear management arrangements in the service so that staff knew who to escalate concerns to. The registered provider and training manager were available in the service throughout the inspection and they had a good knowledge of people who lived in the service, their relatives and staff.

Staff told us that they felt supported by the registered provider, training manager and registered manager. One staff member said, "All the managers always listen to our views". Another said, "They are excellent and very approachable". Staff all said that the management team were approachable and had an open door policy. All said they could speak freely at team meetings and during supervision.

Staff felt there was good teamwork. One of them said, "The atmosphere is calm and relaxed and we can have a laugh with each other and the 'residents' [people who use the service]". We observed this to be the case during our inspection.

There were regular meetings for all staff which provided them with the opportunity to discuss their roles and suggest improvements to further develop effective team working. These measures all helped to ensure that staff were well led and had the knowledge and systems they needed to care for people in an effective way. Staff said that they were informed of incidents when issues occurred and that they were discussed to reduce the risk of them happening again.

People were given the opportunity to influence the service that they received through residents'/relative meetings. People told us they felt they were kept informed of important information about the service and had a chance to express their views. One person said, "I always tell [name of registered provider & training manager] how I'm feeling and then they can help me feel better". Another person told us, "All the staff listen to me". A third person said, "[Name of the registered provider] is always available to talk to if you want anything special done."

A training record was maintained detailing the training completed by all staff. This allowed the registered manager and training manager to monitor training completed to date and to make arrangements to provide refresher training as necessary. Staff told us that the management work alongside them to ensure they were delivering good quality care to people.

Information was available for staff about whistle-blowing if they had concerns about the care that people received. One member of staff said, "Yes, the staff working here are kind and treat people well. Any of the management team would take action if they are told that a staff member is not treating people right".