

Mr Carl Denis

The Aylsham Manor

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

The Aylsham Manor is a residential care home providing care and support to up to 29 people aged 65 years and over, some of whom were living with dementia. At the time of our inspection there were 26 people using the service. The service consisted of an extended main house with bedrooms across two floors, and communal facilities, with accessible outside space.

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

We continued to find concerns in relation to the management and oversight of incidents involving people and found multiple examples of where safeguarding referrals had been made to the local authority, but no notification had been made to CQC in line with the provider's regulatory responsibilities. We reviewed people's dependency needs, against staffing levels, and identified there were not sufficient numbers of staff on shift at night time. This was of particular concern in the event of needing to support people to evacuate the building in an emergency such as a fire. We also identified an example of poor risk management in relation to pre-employment checks, and management of known risks which did not ensure the protection of people living at the service; resulting in ongoing breaches of the regulations.

Overall standards of care, and the systems required to support care delivery had improved since the last inspection. People consistently gave positive feedback about the care they received, including the choice of meals, flexibility in timing of when they got up or went to bed. We received positive feedback in relation to people's levels of individual and group activity involvement within the service, as well as enjoying the option of accessing the local community.

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. However, we continued to identify the assessment of people's mental capacity to be of poor quality, resulting in an ongoing breach of the regulations.

Improvements had been made in the monitoring of risks, within their care and support needs and the wider care environment, to maintain people's safety and well-being. People's care records were an accurate reflection of their day to day needs and were regularly reviewed following incidents and accidents such as falls. People received their medicines on time, from staff trained to safely support them, with timely access to medical input if their needs were felt to have changed.

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

Rating at last inspection and update

The last rating for this service was Inadequate with breaches of the regulations, (published 29 November 2021).

At this inspection we found some improvements had been made, however the provider remained in breach of the regulations.

At our last inspection we recommended for the use of recognised risk assessment forms, to ensure all relevant checks were recorded and risk mitigation in place, as part of the pre-employment process. At this inspection we found the provider had not acted on this recommendation, which resulted in a breach of the regulations.

This service has been in Special Measures since 21 July 2021. During this inspection the provider demonstrated some improvements have been made. The service is no longer rated as inadequate overall but is in the key question of well-led. Therefore, this service remains in Special Measures.

Why we inspected

As an outcome of the last inspection, due to continued breaches of regulation and remaining in special measures, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Aylsham Manor on our website at www.cqc.org.uk

The overall rating for the service has changed from inadequate to requires improvement, based on the findings of this inspection. We have found evidence the provider continues to need to make improvements. Please see the safe, effective and well-led sections of this full report.

Enforcement and Recommendations

We have identified ongoing breaches in relation to governance and oversight of the service, staffing, consent and capacity, and protecting people from risk of harm or abuse. We have also identified a new breach of regulation in relation to recruitment processes. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

Inadequate ●

The Aylsham Manor

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

Consisted of two inspectors and one specialist medicines inspector.

Service and service type

The Aylsham Manor is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Aylsham Manor is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The provider had registered with the Care Quality Commission. This means they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with the provider and members of the management and staff team, including two senior members of care staff, an agency staff member and the service's independent consultant. We observed the provision of care and support in communal areas and spoke with eight people living at the service. We

observed part of the morning medicine round. We reviewed a range of records. This included care records relating to 11 people and 18 medication records. We looked at staff files and a variety of records relating to the management of the service, including policies and procedures. Formal feedback was given to the provider at the end of the site visit.

After the inspection

We liaised with the provider to source additional information.

Is the service safe?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

At the last inspection, the provider had failed to ensure risks to people and the condition of the care environment were fully assessed and mitigated. This resulted in a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, sufficient improvement had been made and the provider was no longer in breach of regulation 12.

- Since the last inspection, the service had changed from paper to electronic care records. This had made a significant improvement to the accessibility of information, and quality of content.
- Risk assessments were now more personalised. These detailed risks relevant to the individual, and highlighted things staff needed to consider maximising people's independence.
- Risk items were now stored securely. Personal care products, including creams, and risk items such as teeth cleaning tablets were locked away. Where people experienced falls, post falls monitoring was in place, and being thoroughly recorded.
- We identified water temperatures to be running hot to the touch in some areas of the service, accessed by people. However, the provider had recently sourced an external safety review, and their report indicated compliance with temperature and safety checks.
- We identified concerns in relation to the lack of detailed risk management plans for one person's moving and handling needs. The person's records lacked clear guidance to keep the person or staff member's safe. We received written assurances from the provider that guidance was provided by a healthcare professional.
- Where people required regular turning and repositioning, to protect the condition of their skin, we identified examples of where the timing of these turns exceeded the frequency recommended by health care professionals. This placed people's skin at risk, however we were told no one living at the service had a pressure sore at the time of the inspection.

Preventing and controlling infection

At the last inspection, the provider had failed to prevent the risk of the spread of infection, including COVID-19. This resulted in a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, sufficient improvement had been made and the provider was no longer in breach of regulation 12.

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was meeting shielding and social distancing rules.

- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises. However, some bins continued not to be foot-peddle operated or have a lid in place.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date and was seen to be implemented into staff practice.

Visiting in care homes

- Relatives and healthcare professionals visited the service regularly. People met with their relatives in communal areas of the service, as well as outside in the garden. Policies and procedures were now in place to support safe practices.

Systems and processes to safeguard people from the risk of abuse

At the last inspection, the provider was unable to demonstrate action taken to maintain people's safety and protection from harm. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, sufficient improvement had not been made and the provider remained in breach of regulation 13.

- The provider was not ensuring notifiable incidents and accidents were being reported to CQC in line with their regulatory responsibilities.
- Care and governance records contained examples of where staff members had made repeated medicine errors. Whilst appropriate action had been taken to address the staff member's performance, this would meet the threshold to be referred to the local authority safeguarding team, and to CQC.
- Most staff had completed safeguarding training, but there were gaps in staff supervision, and the need for competencies and embedding of training into practice to be reviewed in relation to staff understanding of their own accountability within the safeguarding process.

The provider continued to be unable to demonstrate action taken to maintain people's safety and protection from harm. This was a continued breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

At the last inspection, we made a recommendation for the use of recognised risk assessment forms, to ensure all relevant checks are recorded and risk mitigation in place, as part of the pre-employment process.

At this inspection, sufficient improvement had not been made and the provider was now in breach of regulation 18.

- People were not always being protected from harm. Enhanced pre-employment safety checks where risks and concerns were identified had not been completed in detail, to ensure staff were appropriate to work within care settings.
- Where additional safety measures were being put in place to manage risks to people, the evidence provided demonstrated this guidance was not adhered to.
- The provider had not sourced references from most recent employers to assure themselves new staff were of good character.

- Concerns regarding HR records had been identified two months prior to our inspection by the local authority but remained an area of concerns at this inspection.
- The provider's own records showed 16 staff with DBS had not been checked between a four and twenty year period, to provide the required levels of assurances that staff continued to be safe and suitable to work with vulnerable adults. Disclosure and Barring Service (DBS) checks were in place. DBS checks provide information including details about convictions and cautions held on the Police National Computer.

Required checks in relation to character, and suitability to work within a care setting were not in place. This was a breach of regulation 19 (Fit and Proper Persons Employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- The service had maintained improvements with the management of people's medicines, since the last inspection.
- Medicines were stored safely and at correct temperatures. Records showed people received their medicines as prescribed, and staff carried out regular checks.
- Staff authorised to give people their medicines had been assessed as competent and we observed they followed safe procedures when giving people their medicines.
- Written guidance for medicines prescribed on a when required basis (PRN) was available for staff to follow and there was person-centred guidance on how people liked to take their medicines.
- There was improvement in the accuracy of information available about people's known medicine sensitivities.

Learning lessons when things go wrong

- The provider and staff team had reflected on the feedback provided from our last inspection, as well as from other stakeholders. In response to this, the provider had appointed an independent consultant, and was supporting staff to make changes and drive improvement at the service.
- There was an improved culture of learning from incidents, with daily reviews of what had happened in the last 24-hour period, and ensuring where required, actions were completed to mitigate the risk of reoccurrence.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 MCA 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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

At the last inspection, the provider continued not to work in line with the MCA and DoLS, which resulted in decisions not being made in line with legislation and legal frameworks. This was a continued breach of regulation 11. (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, sufficient improvement had not been made and the provider remained in breach of regulation 11.

- Assessments of people's mental capacity remained poor. Assessments were not decision, time and date specific, therefore staff continued not to be working in line with the MCA legal framework.
- People's capacity assessments made generalised statements about conditions such as being diagnosed with dementia, and the assumption this impacted on their ability to make decisions. Assessments did not demonstrate what measures were put in place to support the person to fully participate in the assessment process.
- Where we would expect people's mental capacity to be considered, for example when using equipment or approaches would restrict their freedom of movement, these had not been completed.

The provider continued not to work in line with the MCA and DoLS frameworks, which resulted in decisions not being made in line with legislation and legal frameworks. This was a continued breach of regulation 11. (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Care records now contained copies of relevant legal paperwork to evidence where people's relatives and friends had the required authority to make decisions about their health, welfare and or finances.
- There was only one person with an authorised DoLS in place, the provider was aware of the associated conditions attached. A log was in place to ensure where DoLS were due for renewal this was applied for in a timely way to uphold people's human rights.

Staff support: induction, training, skills and experience

At the last inspection, risks relating to staff training, supervision and appraisals were identified. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, whilst some improvement had been made, the provider remained in breach of regulation 18.

- Staffing levels at night were not sufficient to meet people's assessed dependency needs and risks, particularly in the event of an emergency situation, such as a fire evacuation.
- There were two staff on shift at night time. Bedrooms were located across two floors with an extensive layout to be able to monitor people's needs closely overnight.
- The provider was not completing evacuation drills and fire practice sessions at night time, to fully assess how many staff were needed in the event of an emergency such as a fire evacuation.
- Whilst improvements continued, there were still gaps in the completion of staff mandatory training.
- No staff had completed a performance appraisal, but dates for these were being booked.

Sufficient levels of suitably trained staff were not in place to keep people safe overnight. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Changes to the staff supervision structure was now in place, and staff had been given additional training. We were told joint appraisal and supervision meetings were being arranged to ensure this process was completed.
- The service was using regular agency staff to address shortfalls in safe staffing numbers. We spoke with an agency staff member who told us they shadowed an experienced member of core staff and were given an induction on arrival to the service.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff were now consistently implementing government guidelines into practice, to ensure care was delivered safely and in line with expected standards; particularly in relation to the management of COVID-19.
- Where people had experienced falls, we saw evidence of post fall monitoring in place, to ensure any changes in need could be reported to the GP in a timely way.
- People's own values, beliefs and preferences were respected by staff, and reflected in people's care choice of activities, decoration of their rooms, times they got up and went to bed. One person told us, "I love being able to access the garden, I am responsible for watering the plants. It is lovely to be able to get outside."
- We identified improvements were still required in relation to staff adherence and implementation of the Mental Capacity Act (2005) into areas of their practice.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier

lives, access healthcare services and support

- Improvements had been made to the assessment, review and oversight of people's choking risks. Staff were familiar with guidance in place by the speech and language therapy team.
- We saw where people required specialist diets, their food was presented well, and if people preferred a small portion, this was provided.
- People told us they had a good choice of what they wished to eat, and if they changed their mind at meal times, alternatives were provided. One person told us they chose to vary their breakfast to prevent getting bored, and hot or cold options were always accommodated.
- Records of people's food and fluid intake contained more detail, and meaningful information.
- Improvements had been made to the recording and monitoring of people's weights, and any action required where risks were identified.
- The provider continued to work closely with the GP practice and other health and social care professionals to achieve positive outcomes for people.
- The service supported people to attend medical appointments or healthcare professionals would visit people living at the service.

Staff working with other agencies to provide consistent, effective, timely care

- Care records contained copies of health and social care assessments, such as choking management plans from the speech and language therapy team, to ensure staff had accurate guidance to follow.
- People's care records contained relevant, up to date information, was reflected in different sections of their records to ensure their needs were consistently identified and met.

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

- There continued to be a lack of signage throughout the service, particularly to support people living with dementia or sensory impairments to maintain their levels of independence.
- People decorated their bedrooms with their own furniture and personal effects. This made each person's bedroom individualised in line with their personal tastes. One person told us they really liked their bedroom, as it opened out onto the garden, which made them feel well.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question inadequate. At this inspection the rating remains the same. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

At the last inspections, the provider continued to have poor governance arrangements in place to drive improvement at the service. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, sufficient improvement had not been made and the provider remained in breach of regulation 17.

- We continued to find breaches of the regulations and the need for further improvement to be made to achieve compliance with the regulations, and the provider's legal responsibilities. These findings also demonstrate the provider was not working in line with their own statement of purpose, which identified the, "Responsibilities to safeguard people in our care."
- The service had two improvement plans in place, but many of the action points were set in the future and did not reflect the timescales associated with the service being in special measures.
- There were more formalised audits in place, however, there were no frequency in place for the checking of the condition of bed rails, or to ensure window restrictors remained in working order.
- Inspection findings show the provider still needs to improve their understanding of local safeguarding procedures and their own accountability within this process.
- We identified areas of improvement at the service, the provider had been made aware of two months before our inspection, as an outcome of a local authority inspection.
- Risks relating to fire evacuations practices in place by the provider was identified. This was not in line with nationally recognised fire safety guidance.

Improvements to the provider's governance and oversight arrangements in place to maintain standards and drive improvement at the service was still required. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Significant improvements had been made as a result of the provider changing to use of electronic care

records. The provider confirmed this had made a positive impact on auditing and the monitoring of staff performance.

- Staff were keen to show inspectors what work they had completed since the last inspection to drive improvement and changes at the service. They spoke passionately and proudly of their achievements, and felt they were making a difference to people's lives.
- Cultures within the service were evolving. The provider had recognised the need to delegate tasks, and for some staff, they were keen to develop new skills or take on new responsibilities to support their own development.
- The provider had reflected on the findings from our last two inspections, and external stakeholder assessments, and had hired an independent consultant to implement changes and support them to improve the service.
- Daily meetings were held, where staff reviewed any accidents, incidents, safeguarding concerns, changes in people's medical status etc. to ensure the whole staff team were briefed, but also to make sure any action points from the meetings were being met and not rolled over.
- Care records were being regularly reviewed and updated. The service had a 'resident of the day' system in place, to ensure each person's records were reviewed a minimum of monthly.
- The provider completed daily walk arounds and a written record of their findings.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The care provider was not completing the required checks in relation to character, and suitability to work safely within a care setting of new or existing staff where risks were identified.</p> <p>Regulation 19 (1) (a) (b) (2) (a) (3) (a) (b) (5) (a)</p>