

Mr Carl Denis

# The Aylsham Manor

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

The Aylsham Manor is a residential care home providing accommodation and personal care to up to 30 people. The service provides support to older people some of whom may be living with dementia. At the time of our inspection there were 27 people using the service.

The home provides accommodation over 2 floors of a converted period building. There are multiple communal areas and extensive gardens and the home is close to local amenities.

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

The provider had made significant improvements across the service since our last inspection. However, further embedding and additional progress was required. For example, the governance systems in place had not wholly identified and rectified some issues such as gaps in recruitment practices and training and the need for better records in relation to the Mental Capacity Act 2005 (MCA).

People told us the service had a positive impact on their lives and their relatives agreed. People told us they were happier, more confident and felt a sense of belonging living at The Aylsham Manor. Relatives told us the home provided them with peace of mind, confidence in the staff and the knowledge their family members were well cared for. People told us they would recommend the service.

We saw that 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, associated records did not always consistently demonstrate this, so the provider needs to ensure this is achieved.

Staff demonstrated the appropriate skills and knowledge to support people in an individualised, respectful and compassionate manner; people told us this and our observations confirmed it. However, there were some gaps in training and the provider needs to ensure this is rectified.

People felt safe living at the service and the associated processes in place helped to achieve this. For example, people received their medicines as prescribed and risks had been identified, managed and mitigated. Improvements had been made in relation to safeguarding practices and we saw the provider was engaging with other professionals appropriately and as required.

People's needs had been assessed holistically and met on an individual basis. They, their relatives and staff were involved in the service and felt supported and listened to; communication was good. Improvements had been made in recording and analysing accidents and incidents and in the use of reflective practice to further improve the service and reduce future risk.

The culture of the home was positive, nurturing and welcoming. People told us this and our observations

confirmed it. Staff felt valued and supported and the people who used the service told us their lives were led happily and with quality.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 12 October 2022) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations. However, the service remains rated requires improvement. This service has either been rated requires improvement or inadequate for the last 5 consecutive inspections.

#### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

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

#### 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 safe.

Details are in our safe findings below.

Good 

### 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 always well-led.

Details are in our well-led findings below.

Requires Improvement 

# 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was carried out by 2 inspectors, 1 medicines inspector and 2 Experts by Experience, 1 on site and 1 making telephone calls to people. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### 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.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 7 people who used the service and 7 relatives. An additional 3 relatives also provided us with written feedback. One healthcare professional who regularly worked with the service also provided written feedback. We spoke with 8 members of staff including the manager, nominated individual, care and ancillary staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider. A further 9 staff provided us with written feedback.

We reviewed the care records for 9 people who used the service and the medicines administration records for 12 people. We observed the care and support provided and the administration of medicines; the environment was also assessed for safety, cleanliness and suitability. Multiple governance records were reviewed including 3 staff recruitment files, policies, quality assurance audits, maintenance records, risk assessments and training statistics.

# 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 requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

At our last inspection the provider had failed to complete appropriate checks to ensure staff were suitable to work in a care setting. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19. However, we have reported on this further in the well-led section of this report.

- The provider had made improvements in relation to the recruitment of staff since our last inspection.
- Since our last inspection, every staff member had undergone a Disclosure and Barring Service (DBS) check to ensure they were safe to work with those people that lived at The Aylsham Manor. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. However, for a staff member who had been employed for some years, there were no references on file.
- People told us there were enough staff to meet their needs in a person-centred manner and this was observed on our inspection. One person who used the service told us, "Staff always attend to you very quickly."
- All the relative's we spoke with agreed there were enough staff to meet their family member's needs in an individualised and attentive manner. One relative told us, "The staff have time for us both", referring to their family member as well as themselves.
- Staff agreed that whilst pressurised at times and sometimes short of staff, there were generally enough staff to meet people's needs. Rotas confirmed that some shifts did run short of the levels of staff assessed by the provider as being required, however people told us this did not impact on the quality of care they received.

### Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to ensure robust systems were in place to help protect people from the risk of abuse or improper treatment. This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- People told us they felt safe living at The Aylsham Manor and that they were treated with respect and kindness.
- One person who used the service said, "I have never seen anything that worried me. I have no concerns about anyone whether it's staff or other residents." People's relatives agreed and one told us, "We come out of there (The Aylsham Manor) feeling that [relative] is safe."
- Staff had received training in safeguarding and, through discussions, were able to demonstrate they understood their responsibilities in relation to helping to protect, identify and report any safeguarding concerns they may have. They told us they were confident that safeguarding concerns would be managed appropriately by the management team.
- The provider had made improvements in how they recorded and responded to concerns of a safeguarding nature and we saw appropriate referrals had been made to the local authority.

#### Assessing risk, safety monitoring and management

- Risks to people had been identified, recorded, mitigated and reviewed. People told us the service responded appropriately to any adverse incidents.
- Relatives gave us examples of how the service responded to deteriorating health in their family members as well as incidents such as falls. They told us medical professionals were appropriately engaged and that they were informed of incidents. They told us the service was proactive in managing incidents and risks.
- Records assessed confirmed that risks to people had been identified and mitigated. For example, where people had specific health conditions, care plans and risk assessments were in place to manage these. They gave staff detailed and individual information on what they needed to do to support that person to remain safe.
- Appropriate measures were in place to manage the risks associated with the environment and we saw that equipment had been serviced and maintained as required.
- Improvements had been made in relation to the management of fire. Evacuation equipment had been purchased and regular fire drills and simulations were taking place with staff knowledge tested.
- There remained only 2 staff on at night however, due to the improvements made in relation to the management of fire such as the purchasing of fire evacuation equipment and regular fire drills, the risks to people had been reduced.

#### Using medicines safely

- Medicines were stored safely and at correct temperatures. Records showed that people received their medicines as prescribed. Staff carried out regular checks to ensure this.
- Staff authorised to give people their medicines had been trained and assessed as competent and we observed that they followed safe procedures when giving people their medicines.
- Information was available for staff to refer to about people's medicines. There was person-centred guidance on how people had their medicines given to them.
- Written guidance was available for medicines prescribed on a when required basis (PRN). However, further detail was needed for medicines that had variable doses to ensure staff gave them consistently and appropriately. We also noted that when these medicines were given additional records were not always completed to state why they were needed or that they achieved a satisfactory outcome. The provider acknowledged this and told us this would be rectified.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was using PPE effectively and safely.



- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks could be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- People told us they could see family and friends whenever and wherever they wished and that there were no restrictions in place, as per Government guidance.

#### Learning lessons when things go wrong

- Whilst continued improvements were required, as recorded in the well-led section of this report, we saw that, since our last inspection, the provider had developed more effective systems in relation to learning lessons when things went wrong.
- Accidents and incidents were now robustly and individually assessed, and we saw that appropriate reflective practice was taking place to reduce the risk of reoccurrence.
- Staff told us the systems in place ensured they kept up to date in relation to incidents and any changes to people's needs or recommendations made by health professionals. They told us incidents were discussed daily and included reflective exercises to mitigate future risk.

# 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 requires improvement. The rating for this key question has remained requires improvement. This meant that whilst people's outcomes were good, and people's comments confirmed this, further developments were needed to ensure a consistent approach.

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 our last inspection the provider had failed to adhere to the MCA. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- Since our last inspection, the provider had made improvements to systems to ensure they met the requirements of the MCA. However, further improvement was required.
- We found in most cases the provider had assessed people's capacity to make decisions where their capacity was in doubt. We found these assessments adhered to the requirements of the MCA and were decision and time specific. They showed people had been given every opportunity to contribute to the decisions and that appropriate others had been consulted.
- However, for 2 people where DoLS had been applied for, their capacity in relation to the associated decisions had not been assessed at the time of application. These were completed in response to our inspection.
- For a third person, who required their medicines to be administered covertly (hidden in food and without their knowledge), whilst the service had completed an MCA assessment and consulted all appropriate others, they had not formalised the agreed best interest decision as required by the MCA.

- For another person, who had an authorised DoLS in place, we saw that the associated conditions had been met.

#### Staff support: induction, training, skills and experience

At our last inspection we had concerns there were not enough suitably deployed and trained staff at all times. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18. However, further improvement was required.

- People told us they had confidence in the staff's abilities, skills and knowledge and our observations and discussions confirmed this.
- One relative told us, "The staff know exactly what they are doing all the time. I see they are caring, compassionate and patient, unfailingly polite and they know what they are doing." All the people we spoke with, agreed.
- We saw staff skilfully support people both in relation to meeting their emotional needs as well as their physical. For example, we saw a staff member assist a person to transfer into a wheelchair reassuringly explaining what was needed to ensure the person understood and was engaged in the manoeuvre.
- Staff had received inductions, training, supervisions and appraisals. However, we could not be fully assured that all staff had received training in the topics the provider deemed mandatory.

#### Supporting people to eat and drink enough to maintain a balanced diet

- People's hydration and nutritional needs were met, and associated risks identified, mitigated and reviewed.
- People told us they enjoyed the food, had input into the menu, received enough to eat and drink and were offered choice. One person told us the service accommodated their specific needs and wishes well stating, "Staff act in response to what the SALT (Speech and Language Therapist) have said."
- Observations made at lunchtime showed people received the diet they required, had choice as to where they ate and that their needs were met. We did note that only one choice of food was available at the point of delivery, but people told us staff accommodated any alternative choices and wishes.
- Records showed that people's nutritional and hydration needs were well documented and provided staff with information to help support them.

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

- People's needs had been assessed prior to them using the service to ensure they could be met, and that The Aylsham Manor was appropriate for them.
- Care plans demonstrated that all the needs of people had been assessed including their physical, mental health and social needs. Needs had been assessed on an individual basis. The people we spoke with confirmed this.
- Care and support was delivered in line with legislation and best practice, and we saw that nationally recognised risk assessment tools were in place.
- Technology and equipment were being used to promote independence and to help keep people safe. For example, people wore wrist pendants so they could freely mobilise around the home but call for assistance should they need it. Movement sensors were also used for people who were at risk of injuries from falls.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- People told us, and records showed, that the service worked in collaboration with other health and social care professionals to ensure people's health and social care needs were met.
- For example, we saw specialists such as Speech and Language Therapists (SALT), GPs and district nurses had regular input as required and that their recommendations were adhered to.
- One professional who provided us with feedback as part of the inspection told us, "The service most certainly follows my recommendations to the full, not just task-orientated stuff, but also the more complex relational recommendations." They described the care delivered as, 'proactive, responsive, flexible and person-centred'.

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

- Whilst there continued to be a lack of orientation and navigational way markers for people living with dementia, the environment met the needs of most people who lived there.
- We saw that people's rooms were individualised and that there were numerous communal spaces, so people had choice in where and how they spent their day.
- All the people we spoke with talked positively about the homely, clean and welcoming environment. One person who used the service said of the home, "It's beautiful, and I really enjoy planting flowers and being in the garden. I grew tomatoes last year and we ate them for lunch."

# 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 has changed to requires improvement. This meant the improvements observed needed further embedding with additional progress required.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection we identified that the governance systems in place were ineffective in ensuring a consistently good quality service was delivered and driving improvement. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had not been made at this inspection and the provider remained in breach of regulation 17.

- Whilst improvements had been made to the quality monitoring systems in place, they had not been fully effective at identifying and promptly rectifying all issues identified on this inspection.
- We continued to find gaps in staff recruitment files despite the provider telling us they had completed an audit of all files and rectified any gaps.
- The processes in place for ensuring consistent adherence to the MCA had not been fully effective and we found gaps in the records.
- There continued to be shortfalls in the training of staff. For example, despite people living in the service who had a diagnosis of diabetes, 52% of staff had not received training in this.
- The provider had employed two consultants to support the service to make improvements yet despite this, there remained shortfalls in meeting regulations and legislation.
- Whilst improvements had been made to the service, we remain concerned about the impact the withdrawal of the consultants will have on the service and the sustainability and embedding of the improvements made and the further progress required.

The above concerns constitute a continued breach to regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People told us the care and support they received at The Aylsham Manor had a positive impact on their life.
- One person who used the service told us, "We are well looked after here, and I am happy." Another person said, "We are like a family. We look out for each other. We don't feel isolated and we know each other."
- Relatives agreed and when we asked them what the impact was on their family members they replied with

comments such as, "I see how happy [relative] is", "It's the confidence and belonging", "The companionship" and "[Relative] is no longer lonely and they are much happier."

- The provider had made improvements in relation to transparency and reflective practices which had benefitted the culture of the service. Regular and robust handovers were now in place along with daily meetings to discuss the service and people's needs.
- Staff told us they felt supported and valued by the management team and that the manager was visible and approachable. They told us this had impacted on positive changes being made.

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

- People told us the service was honest with them when things went wrong, and relatives were informed of incidents with their family members or when there were changes in their health.
- One relative told us, "If anything happens (to family member), then they contact me and let me know." Another relative said, "I know immediately if anything has happened (to family member)."
- A health professional who provided us with written feedback said, "Staff answer my questions with candour, but have no difficulty admitting what they don't know."
- Records showed incidents were discussed with staff and used to mitigate future risk.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Everyone we spoke with felt involved in the service. They told us their opinions were sought and listened to. They told us communication was good.
- One person who used the service said, "You get plenty of opportunity to speak up about things. We all feel included in what happens here and there is constant interaction between us and the staff. You can generally express your opinion at any time." Other people who used the service agreed.
- Relatives told us the service was good at communicating with them and keeping them informed. One relative told us, "I have attended meetings... they are open and frank meetings and any feedback is acted upon. There are questionnaires/emails/phone calls to ask how things are and we are listened to."
- A health professional who provided us with written feedback said, "I think I have always had a good, professional and productive relationship with management." They went on to say, "Having junior staff who are confident, well-informed and relaxed is a sure indicator of good management to me."
- Records showed that regular meetings were held with the people who used the service, their relatives and staff and we saw questionnaires had been completed and analysed with action plans in place.