

Rolfields Limited

Anchorage Nursing Home

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?

Requires Improvement 

Summary of findings

Overall summary

About the service

Anchorage Nursing Home is a 'care home' providing accommodation, nursing and personal care for up to 40 older people; some of whom lived with dementia. At the time of the inspection 37 people were living at the home.

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

We were not always assured that infection prevention and control (IPC) measures were appropriately followed. We identified some areas that were unkempt and not well-maintained. We have made a recommendation regarding this area of safe care.

Management of risk and safety monitoring had improved since the last inspection. People's needs were appropriately assessed, and the relevant support measures were put in place as a way of keeping people safe.

People's overall health and well-being was closely assessed, and appropriate referrals were made to other healthcare professionals as and when needed.

People's care plans and risk assessments were up to date, contained relevant information and were regularly reviewed. We saw a variety of different monitoring tools such as diet / fluid and weight charts; these helped to ensure that people's level of risk was appropriately monitored.

Improved medication systems and procedures had been implemented. Trained staff administered medicines to people who required support, people received their medicines as prescribed and improved recording, storage and disposal processes were in place.

The provider increased staffing levels since the last inspection to ensure people received safe, timely and effective support. Staff told us that the improved staffing levels had made a positive difference.

Safe recruitment processes ensured that people were supported by staff who had been safely recruited and able to work in health and social care environments.

Staff were effectively supported by the management team. They received regular supervisions, annual appraisals and completed the relevant training courses as a way of developing and enhancing their skills and abilities.

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

The provider confirmed that although structural changes could not be made to the communal areas, alternative dining options were being explored to improve the dining experience of people living at the home.

Rating at last inspection and update

The last rating for this service was 'requires improvement' (published 17 March 2020) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection, which identified the improvements they would make and when actions would be completed. At this inspection the provider was no longer in breach of regulations, but improvements are still required.

Why we inspected

We undertook this focused inspection to check the provider had followed their action plan and to confirm they were now meeting legal requirements. This report only covers our findings in relation to the key questions Safe, Effective and Well-led which contain those requirements.

Our report is only based on the findings in those areas at this inspection. The ratings from the previous comprehensive inspection for the caring and responsive key questions were not looked at during this visit. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used to calculate the overall rating at this 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 coronavirus and other infection outbreaks effectively

The overall rating for the service has remained 'requires improvement'. This is based on the findings at this inspection. We found evidence that the provider still needs to make improvements.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Anchorage Nursing Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to our inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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 always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Anchorage Nursing Home

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 Care Act 2014.

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

The inspection was carried out by two inspectors, an Expert by Experience and a specialist medicines advisor. 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

Anchorage Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave 24 hours' notice of the inspection because infection prevention and control arrangements had to be agreed with the provider and put in place prior to our visit; this helped to mitigate the risk of any cross contamination or transmission of Covid-19.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection and formulate a 'planning tool'.

During the inspection

We were unable to speak to any people living at the home during the inspection, but we spoke with eight relatives about their experience of the care provided, five members of staff as well as the registered manager and the provider.

We reviewed a range of records. Records included four people's care records, several medication administration records and four staff personnel files in relation to recruitment and staff supervision. We also reviewed a variety of records relating to the management and governance of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at audit and governance data, as well as infection prevention and control policies and procedures.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as 'inadequate'. At this inspection this key question has now improved to 'requires improvement'. Although we received assurances that people were safe and protected from harm, we need to see consistent good practice being delivered over a longer period of time. We will check this during our next planned comprehensive inspection.

Assessing risk, safety monitoring and management; using medicines safely

At our last inspection the provider failed to robustly assess people's risks and medicines were not safely managed. This was a breach of regulation 12 (Safe Care and Treatment) 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 12.

- People's support needs and areas of risk were appropriately assessed, monitored and regularly reviewed; staff told us they received up to date and consistent information about the level of care people required.
- Individually tailored risk assessments meant staff were able to provide the support people needed and knew how to mitigate risk.
- Environmental risk management procedures were in place, although we did identify a number of environmental risks which were immediately responded to. The provider ensured that all regulatory compliance certificates were also in date.
- Medication management procedures had improved. Medicines were routinely ordered, safely stored, administered and disposed of in accordance with medication policy.
- People had medication risk assessments in place and staff were familiar with individual medication administration procedures.
- Staff received regular medication training, regularly had their competency levels checked and routine medication audits were completed.

Staffing and recruitment

At our last inspection we found that staffing levels were not safely managed. This was a breach of regulation 18 (Staffing) 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.

- Staffing levels had improved, and people received care and support from a consistent staff team who were familiar with their support needs.

- During the inspection we saw that there was an appropriate number of staff on duty. One relative also told us, "There's always loads of staff."
- Staff personnel files contained the appropriate information needed to ensure 'fit and proper persons' were employed.
- Suitable references were obtained, and application forms contained all the relevant information.
- Disclosure and Barring Service (DBS) checks were completed for all staff who worked at the service. This ensured that all staff were deemed 'suitable' to work in health and social care environments.

Preventing and controlling infection

- The environment was not always well maintained. We were not always assured that effective infection prevention and control (IPC) procedures were always in place.
- We were not always assured that the provider was promoting safety through hygiene practices of the premises. For instance, the basement / laundry area required immediate attention and air vents throughout the home were unclean.

We recommend that the provider strengthens IPC procedures to ensure all aspects of the home have the appropriate IPC arrangements in place.

- We were assured that staff were provided with the appropriate personal protective equipment (PPE) and essential Covid-19 guidance and information was being circulated.
- Following the inspection, we received updated IPC audits and an IPC action plan had been implemented.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong.

- Safeguarding and whistleblowing procedures were in place; staff knew how to report their concerns and the importance of keeping people safe.
- Safeguarding incidents were appropriately reported to the local authority and CQC.
- Staff and relatives, we spoke with all expressed that safe care and support was provided. One relative said, "Very good care, staff know all residents well and we've never had any concerns."
- Accident and incidents were clearly recorded; staff completed the relevant documentation and follow up actions were completed.
- The registered manager ensured that accident and incidents were routinely monitored; this helped to establish if any trends were emerging and if further support measures needed to be applied.

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 the last inspection this key question was rated 'requires improvement'. At this inspection this key question has remained the same. We could not improve the rating for effective from requires improvement because to do so requires consistent good practice over a longer period of time. We will check this during our next planned comprehensive inspection.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

At our last inspection, the provider was not complying with the principles of the MCA (2005). This was a breach of Regulation 11 (Need for Consent) 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.

- Principles of the MCA (2005) were complied with. We saw a variety of individually tailored capacity assessments for a range of different decisions that needed to be made.
- People were not unlawfully restricted; measures were in place to ensure people received the safest level of care in the least restrictive way possible.
- Care files contained the relevant level of information in relation to people's capacity and support needs; consent to care and treatment was obtained (where possible) and best interest decisions were clearly recorded.

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

At our last inspection, we identified that people were not always receiving care and treatment in line with guidance and law. This was a breach of Regulation 12 (Safe Care and Treatment) 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 12

- People's needs, choices and preferences were assessed and supported; the provider was complying with standards, guidance and law.
- People received a tailored level of care that was centred around their assessed needs.
- Staff were familiar with individual needs, risks and knew how to refer to external healthcare professionals accordingly.

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

At our last inspection we recommended the provider consider layout of the home to ensure communal areas are accessible, of adequate size and suitable for people living there. The provider had made improvements although due to the pandemic not all planned adaptations had been made.

- Service design and adaptations continue to be made; decoration of the home and personal spaces met the needs of people living in the home.
- People were able to choose several communal areas they wished to relax in but not all had the opportunity to eat in the main dining room; alternative options were in the process of being trialled.
- Due to the pandemic and visiting restrictions that had been placed on the home, a 'visiting pod' had been designed, which enabled people to maintain contact with their loved ones in a safe and effective way.

Staff support: induction, training, skills and experience

- Staff were effectively inducted into their roles, completed the relevant training and supported to develop their skills and experience.
- Staff received regular supervisions and annual appraisals were taking place; staff told us they had many opportunities to raise issues, provide feedback and discuss any issues with the management team.
- Staff told us they received support on a day to day basis from the management team. Staff members told us, "[Manager] supports me in every way possible" and "The [staff] team is really good, the training is really good. The owners are amazing, can't fault them, [they're] really approachable."

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

- People were supported to maintain a healthy balanced diet and the appropriate care plans and risk assessments were place; diet / fluid and weight charts were regularly completed.
- People's nutrition and hydration support needs were regularly reviewed, referrals were made to external healthcare professionals when extra guidance and support was required.
- People were supported to make decisions around their meal preferences; we observed a variety of choices and appetising meal options available.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People received effective and timely care by both Anchorage Nursing Home staff and other healthcare professionals.
- People's health and well-being was routinely assessed, monitored and discussed amongst the staff team. People had access to other healthcare services as and when it was required.
- Care records clearly contained any advice and guidance that had been provided by external healthcare professionals. For instance, one person's care record contained all relevant information that had been provided by a community dietician in relation to their specialist diet.

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 the last inspection this key question was rated as 'requires improvement'. At this inspection this key question has remained the same. We could not improve the rating for well-led from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

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

At our last inspection, governance assurance measures and processes were not effectively in place. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities).

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- An inclusive, person-centred culture had been created at the home. People were supported to achieve positive outcomes and empowered to involve themselves in the care they received.
- Managers and staff team understood the importance of their roles, effectively managed risk and complied with regulatory requirements.
- Governance and quality assurance measures and processes had improved, although we identified that IPC measures needed to be strengthened.
- Planned adaptations to further support people living with dementia had not yet been completed however staff have developed a greater understanding of dementia awareness and the importance of providing such person-centred care.
- Managers and staff were committed to their roles and expressed the importance of providing safe, effective and compassionate care. One member of staff said, "The quality of care is amazing, residents are looked after so well."

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; Continuous learning and improving care

- Duty of candour, legal and regulatory responsibilities were complied with.
- The registered manager maintained open and transparent lines of communication with people, relatives, CQC and the local authority accordingly.
- Effective systems and processes meant that accidents, incidents and safeguarding's were appropriately recorded, investigated and analysed.
- Improved audit systems and quality assurance checks meant that the provision of care was continuously reviewed and helped to identify where lessons needed to be learnt.

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

- Staff, relatives and people were involved in the provision of care being provided; Partnership work had been well established, and the provider successfully engaged with people living at the home, their relatives and staff.
- A variety of staff meetings, daily handovers, 'resident' and family meetings took place; staff told us they were well informed and felt involved. Staff said, "We are like a family now more than ever" and "There are day and night meetings so everyone can attend, and we get lots of reminders and updates."
- Quality surveys were circulated to people living at the home and their relatives; they were encouraged to share their thoughts, views and suggestions about the provision of care being provided.
- Effective working relationships had developed with external healthcare professionals such as speech and language therapy teams, podiatrists, local GP's and falls teams. People received a holistic level of care.