

Nursing Home Management Limited

Avenswood Nursing Home

Inspection report

20 Abbotsford Road
Blundellsands
Liverpool
Merseyside
L23 6UX

Tel: 01519240484

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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?

Good ●

Summary of findings

Overall summary

Avenswood Nursing Home provides nursing care for up to 19 people. It is a detached house with both single and double rooms. Some have ensuite facilities. Accommodation is provided over four floors accessible by using a stair lift. There is a garden to the rear of the building.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

A registered manager was in post. 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.

The service maintained effective systems to safeguard people from abuse.

The service operated in accordance with the principles of the Mental Capacity Act 2005 (MCA).

Risk assessments, a plan of care and supporting care documents were completed to help ensure people's needs were met by the staff.

People told us that staff treated them with kindness and respect and their consent was sought around daily activities.

Staff knew people well and had a good knowledge of their individual support needs.

Staff received training and support to ensure they were skilled in their job role and support people safely. This included a formal programme to promote and enhance staff's knowledge and skills for the provision for end of life care.

Staff had been appropriately checked when they were recruited to ensure they were suitable to work with vulnerable adults.

People were receiving care and support which included advice from external professionals to maintain their health and wellbeing.

People's dietary needs and requirements were assessed. People were offered a good choice of meals and they were complimentary regarding the food served.

The service had a complaints' policy and procedure. The registered manager had responded to concerns raised in accordance with the complaints' procedure.

Medicines were administered safely and audited to ensure the overall management remained safe.

Quality assurance systems and processes were in place to maintain standards and drive forward improvements.

Further information is in the detailed findings below.

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 remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

Avenswood Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection. The inspection was unannounced.

The inspection took place on 18 February 2019 by one inspector.

Prior to the inspection we checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all of this information to plan how the inspection should be conducted. We also contacted a local commissioner who contracts with the service to gain their views.

We spoke with three people using the service, a relative, the registered manager, the care manager, two care staff, the cook and maintenance person. We spent time looking at records, including three people's care records, two staff files, medication administration record (MAR) sheets, staff training plans, complaints and other records relating to the management of the service.

Is the service safe?

Our findings

During the inspection we spoke with people though people's feedback was limited due to their frailty. People, however, told us they did feel safe at Avenswood Nursing Home and this was due to the good standards of care they received. A relative also told us the staff ensured people's safety on all counts.

The service had effective systems to safeguard people from abuse. Staff were aware of what to look out for and how to report any concerns. Information about local safeguarding procedures were available for staff referral. Staff we spoke with were able to explain their responsibilities in relation to safeguarding and whistleblowing (reporting outside of the organisation). During the inspection we were notified of an incident that needed to be safeguarded to protect a person; the registered manager made the safeguarding referral to the appropriate local authority and will advise us of the outcome of the information shared.

At the time of the inspection staffing levels were appropriate to meet people's needs. We saw people receiving care when they needed it and staffing rotas showed staffing numbers were maintained. People told us when they called for assistance staff were prompt in responding.

Robust recruitment processes were followed to ensure staff were suitable to work with vulnerable people. We looked at two files of staff employed and asked the registered manager for copies of appropriate applications, references and necessary checks that had been carried out. These were present in the staff files we viewed.

Medication systems and processes were being safely managed. Medication was administered by staff who were trained and deemed competent. We provided the registered manager with advice regarding the recording of thickening agents to drinks and the registered manager took swift action to improve these records. Thickening agents are added to drinks should a person have difficulty swallowing fluids and are at risk of choking. Topical preparations such as, creams, were being applied by staff and body maps provided details of where and how to apply the creams. A number of people received 'as and when' (PRN) medicines for medicines. An example of this is Paracetamol. There was guidance around the use of PRN medicines however people did not have individual protocols in place to support the use of these medicines. Following the inspection the registered manager confirmed PRN protocols were now in place.

Health and safety assessments of the environment and equipment were available to promote a well maintained and safe place for people to live. Risk assessments and care plans had been completed to help ensure people's needs were met and to help protect people from the risk of harm. We saw risk assessments had been completed in areas such as, falls, mobility, care of vulnerable skin and dietary requirements. Risk assessments were subject to ongoing review and updated to report any change. Staff told us they were informed of these changes.

Contracts for services and equipment to the home were current though we found some discrepancies with regard to recording checks for fire safety and hot water temperatures. During the inspection a fire alarm was activated; the safety check was satisfactory, staff responded appropriately and the fire check was recorded.

A new maintenance person was in post and the registered manager agreed to provide more support with completion of these records.

The care manager informed us there had been no recent accidents or incidents affecting people's health and safety. Previous incidents had been analysed for potential trends or patterns. We saw equipment was being used to support people with their mobility to decrease the risks of falls.

Procedures to reduce the risk of infection were in place. We saw staff using gloves and aprons appropriately. The use of personal protective equipment (PPE) such as this, helps to maintain good standards of infection control. The areas of the home we saw were clean.

Is the service effective?

Our findings

People and relatives told us their care and support needs were met by the staff. A person said, "The care is really good, the staff are lovely." Likewise, a relative said, "Very good care, the staff know what they are doing."

We saw how people were supported with their health and wellbeing. Staff were prompt in seeking treatment and advice from external professionals to keep people healthy. Staff were following treatments plans from professionals which included the community dietician and speech and language team (SALT). Their advice was recorded in people's plan of care and risk management plans.

Staff were trained appropriately. Training was subject to regular review so that staff were equipped to provide safe, effective care and support. Staff attended courses considered mandatory such as, moving and handling and also courses to meet people's specific care needs. This included, end of life care and pressure sore prevention. Staff told us they attended courses which provided them with the skills they needed to undertake their job role.

New staff received an induction and worked alongside more experienced staff when they commenced their employment. Staff induction included the Care Certificate, which nine staff had completed. The Care Certificate is the government's recommended blue print for induction standards.

Staff attended supervision meetings and staff appraisals were being completed at this time. Supervision sessions between staff and their manager give the opportunity for both parties to discuss performance, issues or concerns along with developmental needs. Staff undertook training in care such as, an NVQ (National Vocational Qualification) to support their professional development.

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. We discussed with the registered manager the need to review a person's mental capacity assessment to support changes to the health and well-being. The registered manager took action to address this to ensure the person was fully supported.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw where an appropriate DoLS authorisation was in place to lawfully deprive a person of their liberty for their own safety. Staff had an understanding of these pieces of legislation and when they should be applied.

People's dietary requirements were assessed and closely monitored by the staff with referrals to a dietician if needed. The menu offered a good choice of home cooked foods and considered people's preferences and

dietary requirements. People spoke positively regarding the meals and told us they was plenty of choice. A number of people required support with their meals to maintain their hydration and nutrition. We observed this support being given appropriately.

A programme of re-decoration for the hall, stairs and landing was underway and the registered manager informed us new carpets would be fitted on completion of this work. There was little signage to support people's orientation in the home. However, due to people's frailty, most people spent time in their room and when needed staff provided support accessing communal areas and bathrooms.

Is the service caring?

Our findings

The people we spoke with and a relative spoke positively about the staff at the home. Words such as, 'caring, respectful, attentive and professional' were used to describe the staff team.

There was relaxed and friendly atmosphere in the home and our observations helped to evidence warm, caring, patient relationships with people. We saw good examples of positive interactions by staff when supporting people with personal care, when chatting generally with people about day-to-day matters and family connections. Staff made sure they sat close to people and at and at the right level to maintain eye contact. Staff addressed people by their preferred name and the tone of their voice was calm and reassuring. Staff knocked on people's doors and waited to be asked in before entering and used people's preferred name of address

Staff were attentive to people's needs and for people being nursed in bed due to their frailty, staff completed regular checks on their comfort and welfare. A person said, "They (staff) come to see and check I am alright, its nice to know they are close."

Staff had access to policies which encompassed people's rights and equality and diversity. There has been no recent equality and diversity training though from our observations and by reviewing people's plan of care, we saw staff treated people as individuals and were respectful of their rights and choices. Staff considered people's personal histories and any religious and cultural preferences when drawing up people's plan of care and providing support.

People told us that staff respected and supported them to spend their day how they wished. Examples of this included, people making their own choices about when to get up in the morning and when to go to bed at night or going out with family. For a person who told us they were tired, they had decided to stay in bed longer than usual. They said the staff 'quite understood' and were supportive of their decision.

Advocacy details were available to support people should they require this service. An advocate is a person that helps an individual to express their views and wishes, and help them stand up for their rights.

People's confidential information was stored securely at the home and only accessed by people who had authority to do so.

Is the service responsive?

Our findings

A relatives told us staff were responsive to their family member's care needs and that staff had a good understanding about their family member's likes and dislikes and routine.

Care records we looked at showed people's needs were assessed before receiving a service. This was carried out where possible with each person and with relatives and others involved with their care and support. People and their relatives (where appropriate) were involved in the plan of care so that staff had the information they needed to support people in their usual and preferred way. This considered people's preferences and daily routines, their likes and dislikes and social background. Care documents included care charts, risk assessments, daily reports and care plans. The daily reports provided an over view of the care and support given by the staff. Staff had a good knowledge of people's needs and how they wished their support to be given. A staff member said, "We know everyone so well, they are like our family."

Reference in people's care files was made regarding people's communication to enable staff to understand and converse with them. This considered the Accessible Information Standard to support people's communication in meaningful way. For people who used facial expressions and gestures to communicate, staff understood what these meant and responded appropriately.

Some social activities were arranged for people living in the home; these were staff led and external entertainers brought in at different times.

The provider had a complaints' policy and procedure; information about how to make a complaint was provided to people and relatives. Complaints received had been investigated and responded to in accordance with the complaints' procedure. This included where we had been notified of some recent concerns which the registered manager had investigated and had provided an appropriate response. A relative told us if they had a complaint they would not hesitate to approach the registered manager and had confidence they would be listened to.

The provision of satisfaction questionnaires enabled people and relatives to share experiences and make suggestions to improve the service. The registered manager was in the process of collating information from those sent out in January 2019. They informed us the findings would be shared with staff and they would address any points raised. Previous surveys reported favourably regarding the service.

We saw appropriate documentation was in place to support a person who was receiving end of life care. The staff were supported by the person's GP and community matron to ensure this care was given in a dignified manner and in accordance with the person's and their family's wishes. Staff had completed a formal training programme to promote and enhance staff's knowledge and skill for end of life care. Talking with the care manager, who took the lead for end of life care, evidenced their commitment to the philosophy of palliative care and enhancing staff's knowledge and understanding around this area of practice.

Is the service well-led?

Our findings

A registered manager was in post. 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.

The registered manager was present for the inspection. They were open and constructive throughout the inspection and were receptive to our findings. The registered manager worked closely with the provider, care manager and staff team to maintain a well run service. Staff told us the managers were supportive of the staff team. A relative told us the registered manager was approachable and made themselves available should they wish to meet with them.

Overall, the provider had a performance framework which assessed safety and quality in a number of key areas. This helped to promote standards and drive forward improvements. The registered manager completed monthly service audits which included key areas of practice. We reviewed the registered manager's report and also audits for medicines, infection control and health and safety. The registered manager's last audit was completed in January 2019 and there were no outstanding issues.

The registered manager appreciated the need for more robust monitoring of safety checks for the premises, for example, fire safety and hot water. Following the inspection the registered manager notified us of the new documents in place to record the fire and hot water checks and how these safety checks would be further monitored at senior management level. We were assured by the measures taken.

As part of assuring the service, the provider's clinical director conducted quarterly visits to the service to meet with people, relatives and to review the service provision. A report was available from their latest visit and this evidenced the service was operating effectively.

Staff views were sought via team meeting and also satisfaction surveys. Staff told us they attended staff meetings and these provided a means of sharing information. There were no formal resident and relative meetings held though it was evident staff met regularly with families. People told us the communication was good.

The registered manager provided evidence of how the service engaged in partnership working with local commissioners and services to provide effective outcomes for people living in the home.

It was clear that the registered manager understood their responsibilities in relation to registration and notifications had been submitted in a timely manner. The rating for the home, awarded at the last inspection, was displayed in the hall. The provider did not have a website for the service and therefore the rating was not displayed on the internet.