

# Capital Healthcare Limited

# Ainsdale Court

## Inspection report

Holt Lane  
Rainhill  
Prescot  
L35 8NB

Tel: 015149313451

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Ainsdale Court is a residential care home providing personal and nursing care to up to 46 people older people. At the time of our inspection there were 42 people using the service. All bedrooms and facilities are based on the ground floor of the building.

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

Systems were in place to monitor people's living environment, care planning, health and welfare and records maintained at the service. People's care and support was monitored on a regular basis. An on-going process of improvements were in place to continue to enhance people's experience of living at the service. The service worked with other agencies to identify and improve people health and wellbeing.

People received their medicines when needed. Risks to people were identified and where possible minimised. Systems were in place for infection prevention and control. People felt safe living at the service and spoke positively about the service they received.

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. People were supported by staff who received training for their role.

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

The last rating for this service was requires improvement (published 13 February 2023).

At our last inspection we recommended that the provider reviewed and followed best practice in relation environmental and records management. At this inspection we found the provider had acted on the recommendations and further checks had been implemented in relation people's living environment and the maintenance of records.

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ainsdale Court on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Ainsdale Court

## 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

The inspection was carried out by two inspectors.

#### Service and service type

Ainsdale Court 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. Ainsdale Court is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

The provider did not complete the required Provider Information Return (PIR). This is information providers are required to send us annually with key information about the service, what it does well and improvements they plan to make. We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

### During the inspection

We spoke with 12 people who used the service. We spoke with 8 members of staff including the registered manager, nurses, care staff, cook and activities coordinator. In addition, we spoke to the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included a number of people's care and medication records. We looked 4 staff files in relation to recruitment, training and records relating to the management of the service.

# 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.

### Assessing risk, safety monitoring and management

At our last inspection we recommended the provider consider current guidance and take action to update their practice accordingly in relation monitoring of the environment. The provider had made improvements.

- Effective systems were in place for the monitoring of people's health, safety and wellbeing.
- Identified risks to people's physical and emotional health were assessed and where possible mitigated. For example, risk to people from poor nutrition; falls; skin had been considered and formed part of people's plans of care which were reviewed on a regular basis.
- Regular checks on people's living environment and facilities were in place. This included regular checks on fire detection systems; health and safety and equipment in use to support people.

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

- People told us they felt safe living at the service.
- Effective safeguarding procedures were in place. Staff had access to information about how to protect people from harm.
- Safeguarding concerns relating to people were reported to external agencies and the registered manager worked with other agencies when concerns were raised.

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

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- Systems were in place to continually monitor application of MCA for people.
- Where required DoLS had been applied for/renewed for people.
- Best interest decisions had been made on behalf of people when they were unable to make a specific

decision themselves.

#### Staffing and recruitment

- Sufficient numbers of staff were on duty to meet the needs of people.
- People spoke positively about the support they received from the staff team. Comments included, "Can't say anything about the staff, they are all great" and, "Very happy."
- People were supported by staff who knew them well and it was evident that positive relationships had been formed.

#### Using medicines safely

- People received their medicines when they needed them.
- Systems were in place for the safe management of people's medicines.
- Stocks of people's medicines were monitored. The service was in the process of addressing the timeliness of prescription deliveries for people.
- Records were maintained of people's administered medicines.

#### 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 admitting people safely to the service.
- 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 can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

There were no restrictions on care home visiting at the time of inspection. This was in line with the guidance at that time.

#### Learning lessons when things go wrong

- When things went wrong for people, systems were in place to monitor and make improvement to minimise the risk of re-occurrence.
- The registered manager had a system in place for the clear reporting, monitoring, and taking actions required in the event of an incident or accident.



# 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 requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. The registered manager and the culture they created promoted high-quality, person-centred 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

At our last inspection we recommended the provider consider current guidance the provider consider current guidance and take action to update their practice accordingly in relation to maintain records and checks to the environment. The provider had made improvements.

- Effective quality assurance systems had been developed.
- Audits and checks had been further developed and completed to ensure systems were in place to protect people from the risk of harm. Actions identified during these checked were addressed.
- Regular reviews took place of people's care planning documents to ensure they contained up to date information as to how a person was to be cared for.
- There was a clear line of accountability within the staff team and staff understood their role. The registered manager had and a clear understanding of their role and accountability with the service. They showed a commitment to developing the service further.
- A programme of ongoing decoration and improvement to the environment was in place.

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

- The registered provider had understanding of their responsibilities in responding to people who use the service under the duty of candour following incidents and when things had gone wrong.
- The registered manager had a clear understanding on their duty candour.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- A system was in place to gather people's views on the service. This included regular reviews of people's care and discussion around their individual needs and wishes.
- Regular staff and information sharing meeting took place.
- A suggestion box was available in the entrance to the service for people and visitors. In addition, people and family members had access to social media pages that included activities around the service. Surveys were being developed to gather the views of people using the service, family members and the staff team.

Continuous learning and improving care; Working in partnership with others

- The registered manager worked in partnership with the Local Authority and community-based healthcare professionals to improve the health and welfare of people using the service the service.
- The registered manager was in the process of arranging links to local school and community groups to promote community presence for people using the service.
- Learning took place from incidents to minimise the risk of re-occurrence.