

Advinia Care Homes Limited

Arncliffe Court Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Arncliffe Court Care home provides accommodation, personal and nursing care to people some of whom were living with dementia. At the time of the inspection there was a total of 63 people accommodated in three of the five units, the other two units were closed.

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

Risks to people were assessed, monitored and managed. Staff provided people with the care and support they needed to minimise the risk of harm. They monitored people's health safety and wellbeing where this was required and completed records to reflect the care and support people 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 now supported this practice. Decisions made on behalf of people who lacked the mental capacity to make particular decisions for themselves were made in line with the Mental Capacity Act (MCA).

The systems for monitoring and improving the quality and safety of the service were used effectively. They brought about the required improvements to the quality and safety of the service following the last inspection. The manager promoted a culture of continuous learning and improvements.

Medicines were in the main safely managed. Medication for one person was not given at the right time and the procedure for ensuring one person received their medicines whilst out was not followed. These were isolated incidents and the manager addressed them immediately. Staff with responsibilities for managing medicines had completed the required training and their competency was regularly checked. Regular audits of medicines and records were completed.

Regular safety checks were carried out on the environment and equipment and records of the checks were maintained. Improvements were made during the inspection to secure some rooms which contained hazards.

Safe infection prevention and control (IPC) practices were followed. Staff completed IPC training and were kept up to date with current national IPC guidance. There was a good stock of PPE and staff used and disposed of it safely. Safe visiting arrangements were followed.

People received care and support from the right amount and skill mix of staff. Safe recruitment processes were followed. Applicants underwent a range of pre-employment checks to assess their suitability and fitness for the job. Induction training for agency staff had improved and staff were provided with further training in relation to the MCA which helped improve their knowledge.

There were processes for protecting people from the risk of abuse. Staff knew the signs and symptoms of

abuse and the safeguarding reporting procedures. The manager worked with local authority safeguarding teams to minimise risk to people and others. People told us they felt safe with staff and they were treated well. Family members told us they were confident their relative was kept safe.

The manager had applied to CQC to become the registered manager of the service. They understood their role and responsibilities and regulatory requirements. We received positive feedback about the manager and the way they managed the service.

There was good partnership working and communication with external health and social care professionals and good communication with people, family members and staff.

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 requires improvement (published 11 August 2021).

Why we inspected

We carried out an unannounced inspection of this service on 16 and 19 July 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve, safe care and treatment, consent to care and treatment and good governance.

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

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. This is based on the findings at this inspection.

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

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 effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Arncliffe Court Care 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 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 completed by two inspectors and a medicines inspector.

Service and service type

Arncliffe 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. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was no registered manager, however there was a manager in post and they had applied to CQC to become the registered manager.

Notice of inspection

We announced the inspection visit from the car park prior to us entering the service. This was because we needed to obtain information about COVID-19.

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 and professionals who work with the service. 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 nine people who used the service and seven family members about their experience of the care provided. We also observed interactions between staff and people living at Arncliffe Court. We spoke with the manager, deputy manager, area manager and a total of ten staff including care, nursing and ancillary staff.

We reviewed a range of records. This included eight people's care records and multiple medication records. We reviewed three staff recruitment and staff supervision records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At the last inspection the systems in place to mitigate risks in respect of people's needs and care were not robust. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

Assessing risk, safety monitoring and management

- The systems in place for assessing, monitoring and managing risk had improved.
- Risk assessments were completed, and risk management plans provided staff with guidance on how they were to safely manage risk. This included the management of conditions some people had such as diabetes and epilepsy.
- Monitoring charts had been completed to show people had received the care and support they needed to minimise the risk of harm. This included charts to monitor repositioning, air flow mattress settings and food and fluid intake.
- Regular safety checks were carried out on the environment, equipment, utilities and fire safety and records of the checks and safety certificates were maintained. We did however note on one unit doors were not secured to a sluice room and storerooms which contained hazardous items. The manager immediately addressed this when we raised it with them.
- Each person had a personal evacuation plan (PEEP) which detailed the assistance they needed to evacuate the building or reach a place of safety in the event of an emergency. However, PEEPs for some people had not been updated following a change which impacted on their mobility. This was actioned after we raised it with the manager.
- People and family members told us the care provided by staff was safe. Their comments included, "They [staff] do things carefully, take their time" and "They [staff] keep [relative] safe at all times."

Using medicines safely

- Medicine training and competency assessments had been completed by all staff administering medicines.
- Medicines audits have been completed, and any issues raised were dealt with in a timely manner.
- Medicines records were generally well completed and accurate and information about how to safely administer medicines was in place.
- We found one medicine that should have been given before food was given after food which could stop it

working properly.

- Although there was a system in place to support people to take their medicines when away from the home, we found that this had not been properly followed for one person. These were isolated incidents which the manager addressed immediately.

Staffing and recruitment

- People's needs were met by the right amount of suitably skilled and experience staff and robust processes were followed to make sure they were fit for the job.
- Staffing levels and skill mix for each of the units was determined based on people's needs and occupancy levels. Staff were observed responding promptly to people's requests for assistance and they took their time providing the care and support people needed.
- Applicants underwent a series of pre-employment checks to assess their fitness and suitability for the job including, a disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National computer. The information helps employers make safer recruitment decisions.

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

- Systems were in place to protect people from the risk of abuse.
- Staff completed safeguarding training and had access to safeguarding information and guidance to help support their practice. Staff knew the signs and symptoms of abuse and the reporting procedures.
- The registered manager had alerted the relevant local authority safeguarding teams about any allegations of abuse and worked in partnership with them to keep people safe.
- People told us they felt safe and were treated well. Their comments included; "Oh yes I'm definitely safe here, they look after me very well indeed" and "Yes I'm treated well and feel safe here." Family members told us they were confident their relative was kept safe. Their comments included; "Absolutely safe" and "I've no doubts about [relatives] safety. [relatives] face lights up when they see the staff, that's a sign [relative] is happy and safe."
- There was a culture of learning when things went wrong. Accidents and incidents were reported and recorded in line with the providers procedures and they were analysed to look at ways of reducing further occurrences.

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 meeting shielding and social distancing rules when this was required.
- 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 accessing testing for people using the service and staff.
- 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.

Visiting in Care Homes

Visits to the service were carried out safely in line with current government guidance.

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. At this inspection the key question has improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At the last inspection the provider failed to follow The Mental Capacity Act 2005 (MCA) which placed people at risk of harm and of decisions not being made in their best interest. This was a breach of regulation 11 (The need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 11.

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.

- The service was now working within the principles of the MCA.
- Staff and managers had completed training in relation to MCA and DoLS. They had a clear understanding of the legal framework for making particular decisions on behalf of people who lacked the mental capacity to do so for themselves.
- Best interest processes were now being followed. Decisions made on behalf of people who lacked the mental capacity to make particular decisions for themselves were now made in line with the MCA. A record of the decisions made and those involved in the decision-making process were maintained.
- Staff knew which people had a DoLS authorisation in place and of the conditions attached to them.

Staff support: induction, training, skills and experience

- Staff received the support and training they needed to carry out their role effectively.
- Induction and supervision processes had been strengthened to make sure all staff, including agency staff had the skills and knowledge they needed to provide people with safe and effective care and support.
- At the time of the inspection most care records had been transferred onto the electronic care planning system which was introduced shortly before the last inspection. Staff had received training on the use of the electronic systems and further training had been arranged for those staff who needed or requested it.

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

- People's needs, and choices were assessed, and their care plans now accurately reflected the care and support needed to meet their needs.
- Regular reviews of people's care plans took place to make sure they accurately reflected their needs, wishes and choices.
- People told us they received the care and support they needed and that staff provided them with the right care and support. Their comments included; "They [staff] are so good, always there when I need them" and "Nothing is too much trouble for them." Family members told us; "[Relative] is looked after very well, they know everything [relative] needs."

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

- People received the support they needed to maintain a balanced and healthy diet.
- People's nutritional and hydration needs were detailed in their care plans along with guidance for staff on how they were to be met. This included advice and guidance provided by external professionals such as dietitians and speech and language therapists (SALT).
- People told us they got plenty to eat and drink and that it was of a good standard. Their comments included; "I get more than enough to eat and plenty of drinks" and "The food is nice, I've no complaints, suits me."

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

- Staff worked with other external health and social care services to make sure people received the care and support they needed.
- People had access to healthcare services when they needed it and were referred for healthcare assessments if required.
- When other health and social care professionals were involved in people's care, any advice given was noted within their plans of care.

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

- Areas of the service were adapted and designed to meet people's needs.
- People had access to equipment and adaptations to help them with their mobility and independence and there were signs in communal areas to aid people's orientation.

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 key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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 found systems were either not in place or robust enough to demonstrate the service was safely and effectively managed. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

- Learning had taken place and the required improvements had been made since the last inspection to improve the quality and safety of the service. The provider had maintained regular oversight of the service and the manager had continued to promote continuous learning and improvements across all areas of the service.
- The systems to assess, monitor and review the quality and safety of the service were now used effectively to manage performance and risk and drive improvement. Checks and audits were completed at the required intervals and outcomes of them were used to make improvements where it was required.
- The manager responded immediately by making improvements identified during the inspection and took immediate action to strengthen some checks including safety checks on the environment.
- The manager had applied to CQC to become the registered manager. They had a clear understanding about their role and responsibilities and regulatory requirements, including the events they were required to notify CQC about. Notifications were submitted to CQC in a timely way and the manager worked in partnership with other agencies to minimise risk to people and others.
- Staff were provided with opportunities to learn and develop within their roles through regular training, meetings and supervisions. Staff had access to the providers policies and procedures to guide them on safe working practices.
- Records in respect of people and the running of the service were maintained and kept up to date. Records of a confidential nature were stored securely to maintain people's confidentiality.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 manager promoted a positive and person-centred culture which led to improved outcomes for

people.

- Staff were person centred in their approach, they treated people with respect and had good knowledge of people. A family member commented on how impressed they were about how well staff knew their relative.
- The manager and provider understood and acted on their duty of candour, they were open and honest with people when things went wrong. Investigations were carried out in when this was required, and outcomes and lessons learnt were shared with the relevant people.
- Staff commented on how morale had improved across the service. They told us despite changes happening within the service they felt the manager had been as open and transparent as they could be with them.
- People staff and family members were complimentary about the manager and their approach, their comments included, "Very personable," "The best manager they've had there in a long time," "Approachable and caring" and "Takes time to listen."

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

- The manager and provider worked collaboratively and engaged effectively with people, family members and staff.
- People, staff and relevant others were informed about planned changes to the service and they were involved throughout the process. Family members were invited to meetings and kept informed about changes and the management of them through other lines of communication.
- The manager was open and transparent with people and relevant others about the findings of the last inspection and they shared their plans for improving the service.
- There was good partnership working with key organisations including CQC, local authority commissioners and safeguarding teams.