

Greenacres Nursing Home Limited

Wavertree Nursing and Care Home

Inspection report

Pighue Lane
Wavertree
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Tel: 01512284886

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07 June 2016

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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

We carried out an unannounced comprehensive inspection of this service on 27th January 2016. At that inspection a breach of legal requirements was found.

This was because people who used services were not protected against the risks when receiving care or treatment. The premises used by the service was not always safe, medicines in the home were not always managed in a proper or safe way and the provider had not ensured infection control was properly managed. These were breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider did not have effective systems in place to assess and monitor their service against Health and Social Care Act Regulations or to assess, monitor and mitigate the risks to the health, safety and welfare of people who used the service. These were breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We issued the provider with warning notices in relation to the breaches. A warning notice is an enforcement action used by the Care Quality Commission to direct a provider to improve their service to meet requirements of a specific regulation within a set time period. We gave the provider until the 01 March 2016 to meet their legal requirements in relation to assessment and mitigation of risk.

We undertook a focused inspection on the 07 June 2016 to check that they had met the requirements of the warning notice in order to meet the legal requirements in relation to the breaches described above. This report only covers our findings in relation to these topics. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Wavertree Nursing and Care Home' on our website at www.cqc.org.uk.

Wavertree Nursing and Care Home provides accommodation for older people who require nursing care. The service accommodates up to 46 adults. The service is located in the Wavertree area of Liverpool and is close to local public transport routes. Accommodation is provided on the first floor and this floor can be accessed via a stair case or passenger lift.

The home did not have a manager in place as the manager at the time of the last inspection was no longer in post. There was a Home supervisor, a clinical lead nurse and the providers were in attendance at the time of our inspection. 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.

We saw that some improvements had been made to medication processes, premises, infection control and quality assurance processes.

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's safety was improving

Medications were appropriately managed and audited.

Additional domestic staff had been employed by the service improving infection control practices.

Infection control auditing systems that had been put into place.

Requires Improvement ●

Is the service effective?

The service's effectiveness was improving

The service was in the process of being refurbished.

Lighting in corridors had been improved.

Requires Improvement ●

Is the service well-led?

The service was improving but the manager is not yet registered with CQC

Record keeping had improved and information was easier to locate.

A new resident contract and service user guide had been implemented.

Monitoring information about people who lived at the home was improving.

Requires Improvement ●

Wavertree Nursing and Care 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.'

We undertook a focused inspection of Wavertree Nursing and Care Home on 07 June 2016 which was unannounced. The inspection was carried out by one adult social care inspector. This inspection was completed to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection 27th January 2016 had been made.

We inspected the service against three of the five questions we ask about services: is the service safe, is the service effective and is the service well led. This is because the service was not meeting legal requirements in relation to these questions at our last inspection on 27th January 2016.

We reviewed the information we already held about the service and any feedback we had received including whistleblowing information. We observed care and support for a number of people who lived at the home. We reviewed a range of documentation including care plans, medication records, policies and procedures, auditing records, health and safety records and other records relating to how the home is managed.

Is the service safe?

Our findings

At our comprehensive inspection of Wavertree Nursing and Care Home on 27th January 2016 we found that the home was not protecting people sufficiently from the risk of receiving inappropriate or unsafe care. We saw that medicines at the home had not always been managed in a proper or safe way. We saw that the provider had not ensured infection control was properly managed. These incidences were a breach of the Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

At our focused inspection on the 07 June 2016 we found that the provider had taken appropriate action to meet the majority of the shortfalls in relation to the requirements of Regulation 12 described above.

We saw that kitchen staff had been provided with new uniforms. Additional domestic staff had been employed by the service. This meant that the domestic and laundry needs of the service on a day to day basis were being met.

The home manager was able to show us the infection control auditing systems that had been put into place. These had been carried out on a monthly basis and included the kitchen. We saw how the home supervisor had identified issues and how they planned to carry out any action to rectify these. Some of the actions had yet to be carried out. An infection control lead had been put into place and the home supervisor was able to tell us how they worked together to ensure the home was effectively controlling infection. At the time of inspection the infection control lead was not available.

We saw that ten staff had been signed up to an Infection control training course and the home supervisor talked us through the future plans for additional staff training surrounding this subject. This showed us that the service was committed to improving staff knowledge and practice surrounding infection control.

The service had separated the nursing and residential medication trolleys and had implemented new systems in relation to the management of medication. The service had accessed medicines management training and had re trained all the staff in the handling of medicines. The home manager was able to show how the staff competencies were now monitored regularly with checks of practice in place. The service had implemented monthly audits of the medication systems and trolleys. This had been in place for two months and was to continue. We were also shown a new medication policy had been written and put into place by the home supervisor, this document had been signed by staff to show who had accessed and read it. The service had also devised and implemented a new protocol regarding medications that were prescribed for when needed (PRN).

We looked at four medication administration records these had been completed but we saw that staff practice had not been standardised and different staff were using different codes if a person had refused or did not need their medications. This was brought to the home supervisor and clinical leads attention, and we were told that this was to be brought up in the forthcoming staff meeting. We saw that medication stocks had been checked and signed for, and MARS were correct when checked against the stock levels.

On the comprehensive inspection on 27th January 2016 we had observed creams and lotions in bathrooms. On the tour of the service on the focussed inspection 07 June 2016 there was no evidence of creams and lotions in any of the bathrooms. The service had implemented medication records for the administration of creams and lotions and had included a body map to show where they were to be applied. These were up to date.

The temperatures of the refrigerated storage system was seen to be regularly checked and was up to date. The temperature of the clinic room where the refrigerator and medication trolleys were stored had not been logged for three days. This was brought to the home supervisor and clinical leads attention.

Is the service effective?

Our findings

At our comprehensive inspection of Wavertree Nursing and Care Home on 27th January 2016 we found that the premises used by the service provider were not always safe. This incident was a breach of the Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We had previously seen that the environment in general had been dark and gloomy. Lighting was inadequate throughout the building. This was a risk for people with restricted vision and mobility and meant that poor visibility could lead to errors being made with medication and recording, for example. We previously saw some carpets in poor condition and there was malodorous smell in some areas.

We had previously noted that the bedrooms had sinks in them. These sinks had built in cupboards under them and many of these cupboards were in extreme disrepair. They looked unsafe, dirty and in some places were falling apart. The doors to these rooms were classed as fire doors but two had been wedged open.

At our focused inspection on the 07 June 2016 we found that the provider had taken appropriate action to meet the majority of the shortfalls in relation to the requirements of Regulation 12 described above.

We walked about the building and saw that the home was in the process of having bedrooms refurbished, this included new flooring and new furniture. The home supervisor was able to show us the plan in place for the continuing improvements to the home. During our tour we saw that some doors were still being wedged open inappropriately. This was immediately brought to the attention of the clinical lead and later to the home supervisor.

On our tour of the building we were able to see that the lighting in some of the corridors had been significantly improved. We were told that this was an on-going improvement with brighter bulbs being put into place and side lights being installed. We saw that some of the dark woodwork had been brightened in the lounge area and this was seen to be an on-going process of improvement.

Is the service well-led?

Our findings

At our comprehensive inspection of Wavertree Nursing and Care Home on 27 January 2016 we found that the provider did not have effective systems in place to assess and monitor their service against Health and Social Care Act Regulations or to assess, monitor and mitigate the risks to the health, safety and welfare of people who used the service. These incidences were a breach of the Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

At our focused inspection on the 07 June 2016 we found that the provider had taken appropriate action to meet the majority of the shortfalls in relation to the requirements of Regulation 17 described above.

The home was using a new auditing system. We saw a range of audits had been implemented and were being completed on a monthly basis. These included complaints, infection control, medication and a monthly kitchen audit. The home supervisor told us that these had been prioritised following the inspection on 27 January 2016.

The service had implemented a new system regarding monitoring falls. This was monitored weekly and audited on a monthly basis. This had been completed for three months and was up to date. This meant that the service was able to identify trends and patterns and so would be able to refer appropriately to the falls team.

Meetings had been held with relatives of people living in the home and an additional meeting had been planned for the week following the inspection. We saw that the home supervisor had addressed concerns raised from the meeting and had spoken about future plans for the service. This showed that the manager had listened to people's views and taken appropriate action. Quality questionnaires had also been introduced which meant that feedback on the quality and safety of the service was now being sought.

We saw that record keeping had improved and information was easier to locate. The home supervisor had written a new resident contract and service user guide with two other managers. This was available to all people who used the service and was due for review in 2017. These documents contained up to date and correct information on who to contact if someone wanted to make a complaint. This meant that people now had information about the home and what they could expect from their service.

All staff had received an appraisal and supervision and we were able to see the plans in place for regular supervision and appraisal. The clinical lead has plans in place for the nursing staff clinical supervision. We also saw how staff meetings were being held and how these were being used to identify and address issues with practice, an example being report writing not being completed appropriately. This meant the service was improving communication with staff as well as the quality of the care being delivered.

We saw that monitoring information for the people who lived at the home had significantly improved but there was still some charts that had not been updated. These included nutrition, bowel and turning charts. This was brought to the home supervisors attention who informed us that this will be brought up again at

the next team meeting.

The home supervisor had responded proactively to the feedback provided at last inspection and had worked hard to improve the service. However there was still no registered manager in place in the home which is required by law for the home's registration with CQC.