Rolfields Limited

Anchorage Nursing Home

Inspection report

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Date of inspection visit:
01 August 2017
09 August 2017

Date of publication:
04 September 2017

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

This inspection of Anchorage Nursing Home was carried out on 1 and 9 August 2017 and was unannounced on the first day. Anchorage Nursing Home is a large detached property in a residential area of Hoylake. The home is registered to provide accommodation for up to 39 people who require nursing or personal care. At the time of our visit, 37 people were resident at the home, many of whom were living with dementia.

At our last inspection in March 2016, we found a breach of Regulation 9 of the Health and Social Care Act because not all of the people who lived in the home had a plan of care that was appropriate and met their needs. Since that inspection, care plans had been moved to an electronic system. We found the electronic records were easy to read and reflected a person-centred approach to people's care. Care staff recorded the personal care they had provided for people in their daily records.

The home was required to have a registered manager. 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 home had a registered manager who had been in post for two years.

All of the relatives we spoke with were happy that their family member was in a safe environment and people who lived at the home said they felt safe at all times. Policies and procedures were in place to manage safeguarding concerns. The manager had reported safeguarding incidents to the Local Authority and Care Quality Commission appropriately and promptly. Staff had attended safeguarding training and those we spoke with were aware of their responsibilities regarding safeguarding. People's medicines were managed safely.

There were enough staff to ensure that people received the support they needed in a timely way. Staff had regular training and supervision. We looked at the staff files for four new members of staff. Appropriate recruitment procedures had been followed to ensure that staff were safe and suitable to work with vulnerable people.

People we spoke with were happy with their meals and said they had plenty of choices.

The service was compliant with the Mental Capacity Act 2005. The manager had made relevant Deprivation of Liberty Safeguard applications to the local authority. The care plans we looked at detailed people's capacity to give consent and, where appropriate, relatives had been involved in making decisions about people's care.

People told us that the staff were kind and caring and respected their privacy and dignity. Throughout the inspection we observed that staff interacted with people in a friendly and caring way.

The home's complaints policy was displayed in the entrance hall and gave details of who people could contact if they wished to make a complaint. The manager maintained records of complaints she had dealt with and the action taken.

Everyone we met spoke highly of the home's activities coordinator. Activities planned for the week were shown on a notice-board. They included puzzles and board games; armchair exercises; arts and crafts; gardening; one to one chats and singalongs.

All of the people we spoke with said they knew the manager because she came round and chatted to them. All said she was approachable and all felt she would act if they made a complaint. Staff we spoke with also considered that the manager was approachable and listened to them.

The manager shared with us the plans and ideas she had for further improvement of the home and it was evident that she was continuously looking for ways to take the service forward.

Records showed that regular meetings were held for all staff, and for specific groups of staff such as nurses, senior carers, kitchen staff. There were also relatives and residents meetings and all of the visitors we met said that they had attended a relatives meeting and had felt able to contribute. We looked at the minutes of meetings which showed that those attending had felt able to express their views and raise any concerns they had.

Regular audits were carried out covering accidents, environment, medication, kitchen, infection control, meal observation. The manager told us she planned to revamp the audits to ensure that they provided the information she needed to better monitor the quality and effectiveness of the service.

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.

The home was clean and well maintained and records showed that regular safety checks were carried out.

There were enough staff to support people and keep them safe.

The required checks had been carried out when new staff were recruited.

People's medicines were managed safely.

Is the service effective?

Good

The service was effective.

People we spoke with were happy with their meals and said they had plenty of choices.

The service was compliant with the Mental Capacity Act 2005.

Staff completed an electronic training programme and had regular supervision meetings.

Is the service caring?

Good

The service was caring.

People told us that the staff were kind and caring and respected their privacy and dignity. Throughout the inspection we observed that staff interacted with people in a friendly and caring way.

There was a friendly and inclusive atmosphere and visitors were made welcome.

Is the service responsive?

Good

The service was responsive.

People's care plans provided information about their care and support needs and how their needs should be met.

A copy of the home's complaints procedure was displayed and people told us they would feel able to make a complaint if necessary.

There was a regular programme of social activities that people enjoyed.

Is the service well-led?

Good

The service was well led.

The home had a manager who was registered with CQC. People told us that the manager was approachable.

There was a positive, open and inclusive culture and people had opportunities to express their views.

Regular audits were carried out and recorded to monitor the quality of the service and identify areas for improvement.

Anchorage 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 inspection took place on 1 and 9 August 2017 and was unannounced on the first day. The inspection was carried out by an adult social care inspector, a specialist advisor who was a nurse with experience of caring for older people, and an expert by experience. An expert by experience is person who has personal experience of using or caring for someone who uses this type of service.

We looked at the information CQC held about the service and any feedback we had received since our last inspection. During the inspection we spoke to four people living at the home, five relatives, and seven members of staff including the registered manager. We observed the care provided to people in communal areas. We reviewed documentation including four care plans, medication records, recruitment records, staff training and supervision records, auditing records, health and safety records and other records relating to how the home is managed.

Good

Is the service safe?

Our findings

We asked people who lived at the home and their relatives if they felt the people were safe. All of the relatives were happy that their family member was in a safe environment and people who lived at the home said they felt safe at all times. One person said "I feel really safe and loved here as I have no family." and "I require hoisting and I always feel safe when the carers are moving me about." We saw risk assessments in people's care records that gave guidance to staff about how risks related to people's care and support should be managed.

Policies and procedures were in place to manage safeguarding concerns. The manager had reported safeguarding incidents to the Local Authority and Care Quality Commission appropriately and promptly. Staff had attended safeguarding training and those we spoke with aware of their responsibilities regarding safeguarding.

Two people said they thought there were generally enough staff but sometimes they could do with more. One person said "Sometimes staff seem to be running around like headless chickens because they are doing all sorts of jobs." One visitor told us "Always enough staff about and always a nurse about."; but another visitor said "Not enough staff to deal with the nature of the residents here." Staff we spoke with said they thought there were enough staff and we observed that call bells were responded to quickly. People we spoke with also said that their call bells were answered very promptly.

We looked at the staff files for four new members of staff. Appropriate recruitment procedures had been followed to ensure that staff were safe and suitable to work with vulnerable people.

We spoke with the home's maintenance person. He recorded regular checks of services and equipment, however we considered that some of the records lacked detail. For example, the monthly room checks did not specify what had been checked in each room and were all recorded as being "OK". Maintenance certificates showed that services and equipment were tested and serviced as required.

Records showed that people who lived in the home were protected from the risk of fire. A new fire risk assessment had been written in January 2017 and a weekly fire alarm test was carried out and recorded. Automatic closing devices were fitted to bedroom doors. We also saw records of regular fire drills. The maintenance person told us that he provided fire safety training for all new members of staff including the use of evacuation equipment. Personal emergency evacuation plans had been written for people who lived at the home.

Two housekeeping staff were on duty each day and all parts of the home looked clean. Staff wore gloves and aprons when assisting with personal care and antibacterial soap was available throughout the home.

We looked at the arrangements for the management of people's medicines. There was a medicines room on each floor. The room on the first floor was used to store medication for people receiving nursing care and it was small and crowded. Records we looked at indicated that people always received their medicines as

prescribed by their doctor. Nurses and senior care staff had undertaken medication training and competency assessments. Care staff were responsible for applying prescribed creams and ointments and this was recorded using the electronic care records.

Good

Is the service effective?

Our findings

People we spoke with were happy with their meals. One person said "The food is wonderful, it is like a five star hotel. There are always plenty of choices." Another person commented "It's basic but well cooked. It's repetitive but I understand they have to work to budgets." A visitor told us "My [relative] has lost a great deal of weight but the staff weigh him regularly and are always monitoring the situation." People told us they got plenty of snacks and drinks throughout the day and a milky drink in the evening. People could choose whether to have meals in their bedrooms, in a lounge or in the dining room. People's dietary requirements and preferences were well documented in the care records we looked at. One person told us they were diabetic and said the staff were "right on the ball" in managing this.

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. The application procedures for this in care homes and hospitals are 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 were being met and found that they were.

The manager had made relevant DoLS applications to the local authority. The care plans we looked at detailed people's capacity to give consent and, where appropriate, relatives had been involved in making decisions about people's care.

Training records showed that staff had completed a variety of training modules that included first aid, fire training, infection control, moving and handling and safeguarding. The manager told us that she used both on-line and face to face training though an external company. A dietician had been booked to provide training for staff on 25 August. A member of staff we spoke with said he was working towards a national vocational qualification in care and had completed all of the in-house training and some external training including dementia awareness and diabetes. We saw evidence that the manager had a supervision and appraisal system for the staff and this was up to date.

The home is an old building that has been extended and refurbished over a number of years. Communal areas were all on the ground floor, with space for people to walk around and choose an area where they felt comfortable to sit. The front garden was a safe and attractive area for people to use. Signage on bedroom doors, toilets and bathrooms was large and brightly coloured to help people living with dementia to find their way around. People had the equipment they needed in their bedrooms and this included profiling beds, pressure relieving mattresses and pressure mats.

Good

Is the service caring?

Our findings

A person who was having a temporary stay at the home said they were not looking forward to leaving because "I have a great quality of life here and feel all my worries have been lifted from me." They went on to say "I absolutely love this place and would recommend it to anyone. They treat you like family at all times." A person who lived at the home said "They are extremely kind and caring and I feel like they are part of a big family." and another person said "The staff are brilliant and really nice." All of the visitors we spoke with said the staff were very kind and considerate to their family member. One visitor commented "The kindness of the carers out-weighs any complaints."

People also told us "My dignity is respected at all times. They allow me to feed myself but I am totally reliant on the staff washing me and dressing me which they do respectfully. I do not mind whether it's a male or female, they are all kind." and "Privacy and dignity is well respected. I can wash myself but the carers assist me to dress. I do not mind male or female carers." All of the relatives said their family member was treated with dignity and respect. One visitor told us that their relative was doubly incontinent and that staff "allow him as much dignity as possible". We observed that staff knocked on people's doors before entering.

There were no visiting restrictions and visitors said they were always made welcome and offered refreshments.

Throughout the day we observed interaction between staff and people who lived at the home. All of the staff dealt with people in a friendly, caring way. They often had physical contact, for example holding hands, putting an arm round people's shoulders. The staff were patient and kind when dealing with repetitive questions. When people were transferred using a hoist, this was always carried out by two staff with plenty of chat and reassurance to the person.

We saw evidence in people's care plans of their choices at the end of life. Staff had completed the "Six Steps" programme with the focus of this being care in the last six months of life.

A 'Service User Guide' was available for people and this gave information about the services available at the home and details of advocacy services that people could use. There was evidence in some care plans that advocates had been involved in people's support.

Good

Is the service responsive?

Our findings

People living at the home told us they got the right medical care and doctors were called promptly when needed. One person said "They don't need to ask am I happy with the care and treatment I receive, they can tell I am very happy here." Another person told us "It's good quality because I am basically bed bound but I am comfortable." It was apparent that staff had a good understanding of the people they were caring for and were able to communicate effectively with them.

Visitors we talked with said they knew the names of the staff and their job roles. They were involved in their relatives' care plans. Two relatives said they were always kept informed and updated as necessary but a third relative considered that the family was not always kept informed.

Two visitors told us that they weren't always satisfied with the way their relative's continence needs were dealt with. The manager explained that the NHS only provided three continence pads per 24 hours for people, two for day and one for night. The provider bought additional continence products so that they could be changed more frequently.

Two of the visitors we spoke with had made a complaint about specific aspects of the service. They both told us that their complaint had been dealt with straight away and they were satisfied with the action that had been taken. People living at the home said they had never had to complain but they would tell the staff if they did have a complaint.

Since our last inspection, care plans had been moved to an electronic system. The manager told us that this had been introduced in March 2017 and it had been a big piece of work to transfer all of the information onto the new system. We found the electronic records were easy to read and reflected a person-centred approach to people's care. Care staff recorded the personal care they had provided for people in their daily records.

The home's complaints policy was displayed in the entrance hall and gave details of who people could contact if they wished to make a complaint. The manager maintained records of complaints she had dealt with and the action taken.

People we spoke with took part in social activities in different ways. One person said "I take part in quizzes and any activities in the garden." Another told us "I don't take part in the activities but just enjoy watching what's going on." A third person said "I cannot physically take part in the activities but the activities organiser comes into my room and arranges things I can do whilst I am in bed such as colouring, painting my nails etc."

Everyone we met spoke highly of the home's activities coordinator. They told us she was liked and respected for her hard work and enthusiasm. Activities planned for the week were shown on a notice-board. They included puzzles and board games; armchair exercises; arts and crafts; gardening; one to one chats and singalongs. We spoke with the activities organiser and she told us that when time allowed she took people

out to a local luncheon club.

Good

Is the service well-led?

Our findings

The home had a manager who was registered with CQC. She had been in post for two years and was working towards a management qualification. The manager told us she received excellent support from the provider, who was also actively involved in the day to day running of the service. A new deputy manager had been recruited and the intention was for the deputy to have one day a week supernumerary to the staff rota to be involved in management activities such as audits and staff training and supervision. The home also had an administrator.

All of the people we spoke with said they knew the manager because she came round and chatted to them. All said she was approachable and all felt she would act if they made a complaint. Staff we spoke with also considered that the manager was approachable and listened to them.

Records showed that regular meetings were held for all staff, and for specific groups of staff such as nurses, senior carers, and kitchen staff. There were also relatives and residents meetings and all of the visitors we met said that they had attended a relatives meeting and had felt able to contribute. We looked at the minutes of meetings which showed that those attending had felt able to express their views and raise any concerns they had.

Regular audits were carried out covering accidents, environment, medication, kitchen, infection control, and meal observations. The manager told us she planned to revamp the audits to ensure that they provided the information she needed to better monitor the quality and effectiveness of the service.

A satisfaction survey had been conducted recently and the completed forms contained many positive comments. The provider had not yet written a summary or action plan to address any areas for improvement. All of the relatives we spoke with, and two of the people living at the home, said they had completed a questionnaire recently.

The manager shared with us the plans and ideas she had for further improvement of the home and it was evident that she was continuously looking for ways to take the service forward. Future plans included new name badges for staff and a staff identification board, further development of garden areas, and more external training in specialist subjects.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service. The registered manager had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken. A copy of the home's last inspection report was available for people in the entrance hall.