

# Daughters of Mary Mother of Mercy Waverley Care Home

## Inspection report

14-16 Waverley Road  
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18 September 2019  
23 September 2019

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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 caring?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

Waverley Care Home is a large three-story building. The service supports people with nursing needs. The service can accommodate up to 20 people. At the time of the inspection, there were 15 people living at the home.

### People's experience of using the service

At our last inspection in February 2019 the registered provider was in breach of regulations in relation to safe recruitment, consent, governance and person-centred care. We found during this inspection that the service had taken action to meet most of these breaches, however remained in breach of regulations in relation to governance.

Records were poor in quality in some areas and not always accurate, fully completed or reviewed. We also saw that some audits required improving as they had not highlighted some of the concerns during our inspection, and some audits, in relation to care plans, were not taking place. There was a manager in post who had registered with the Care Quality Commission. Staff had team meetings and people told us they felt engaged with and they liked the registered manager.

It was difficult to tell from the records if staff training was in date. We saw gaps in the training matrix in relation to some subjects the registered provider had deemed mandatory. After viewing some certificates, observing and speaking to staff, we saw evidence staff were trained. There was an ongoing plan in place to improve this which the registered manager and deputy manager have shared with us.

We observed mostly kind and caring interactions from staff, however some care plans did not always reflect what staff were doing and did impact on the caring domain in this report. People did tell us they liked the staff and felt they were kind.

Complaints were dealt with in accordance with the organisation's complaints procedure, people said they knew how to complain. People were supported to engage in activities in the home and in the community.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

The last rating for this service was requires improvement (published 27 March 2019)

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found that even though some improvements had been made, in some areas enough improvement had not been made and the provider was still in breach of regulation.

The last rating for this service was requires improvement. The service remains rated requires improvement. This service has been rated requires improvement for the sixth consecutive time.

### Why we inspected

This was a planned inspection in line with our methodology.

You can see what action we have asked the provider to take at the end of this full report.

### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme.

## 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well led.

Details are in our well led findings below.

**Requires Improvement** ●

# Waverley 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 Care Act 2014.

#### Inspection team

The inspection team consisted of an inspector, an Expert by Experience and Specialist Nursing Advisor.

An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Waverley care home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager in post who was registered with the Care Quality Commission. 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.

#### Notice of inspection

This inspection was unannounced.

#### 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.

The provider was asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We spoke with three people who lived at the home and one relative who was visiting on the day of our inspection. In addition, we spoke with four staff, the registered manager, the nurse in charge, the Human Resource manager, the chef and the activities coordinator.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and updated quality assurance records.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- There was information recorded in care plans with regards to management of risk. However, the level of detail varied.
- For example, the deputy manager had introduced new care files. Despite the information in the new care files being more robust and better quality, this had only been implemented to four out of 15 care plans. Therefore, the majority of care plans lacked some detail and reviews and actions were not always recorded. One person had a pressure ulcer which was healing. The staff at the home had been given a regime in order to change the dressing to the ulcer. The dressing was not recorded as being changed for one of the days.
- When we followed this up further we saw evidence in the handover that the care had been given as directed, it had not been recorded correctly on the wound management plan.
- Some risk assessments had not been reviewed since July 2019, when they were supposed to be reviewed monthly. Some staff were recording in daily notes that risk assessments had been reviewed, which meant that people were not at risk of unsafe care, however, the recording of information was not robust.

This is a Breach of regulation 17 of the Health and Social Care Act 2008 Regulated Activities (Regulations) 2014.

- People told us they felt safe at the home, one person said, "I feel safe because I do not get out of bed, but staff are always popping in and out of my room." Someone else said they were happy their relative gets safe care at Waverley.

At our last inspection the provider had failed to undertake safe recruitment checks on staff before they started work. This was a breach of regulation 19 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

### Staffing and recruitment

- Staff were recruited and selected safely.
- Checks were undertaken on staff members employment history, which included two verified references and a DBS check.
- There was enough staff employed by the home to support people safely. Staff told us they did not feel rushed or pressured and had time to spend with people.

#### Using medicines safely

- Medications were managed safely.
- Medication which was to be given as and when required, often referred to as PRN medication, had a separate PRN protocol for staff to refer to.
- Medications were stored safely, and balances of stock were accurate.
- One person had their medication administered covertly, which means hidden in food or drink. There was a process in place for this, which was recorded in their care plan.
- Cream charts were not always in place for people who required creams to be applied to their bodies. We spoke to the deputy manager about this who advised us this would be implemented straight away.

#### Preventing and controlling infection

- The home was clean and tidy.
- There were cleaning rotas in place; there were procedures for the disposal of hazardous waste.
- Sluice room doors were not locked on the first day of our inspection, which we raised at the time with the nurse in charge. These were locked straight away.
- There was guidance for staff on correct hand washing techniques and staff wore protective clothing such as gloves and aprons when they provided personal care.

#### Learning lessons when things go wrong

- There was a process for recording incidents and accidents.
- We saw one accident had identified more training was needed for staff with regards to catheter care.
- The deputy manager and registered manager had implemented this training within the staff team and discussed how they could work differently to prevent this accident from re-occurring. This included more training, and better staff communication.

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

- Staff knew how to protect people from harm and abuse.
- Although not always recorded on the training matrix, staff told us they had undertaken safeguarding training and described the accurate process to follow if they suspected abuse or harm had occurred.

# 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 the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Our conversations with staff and observations of one on one care evidenced that staff had skills and knowledge to complete their role effectively.
- Records in relation to training were poor. There was a training matrix which had been implemented recently, however it had not been filled out with courses staff had completed.
- The deputy manager was in process of changing between training providers, but due to the lack of accurate records around staff training, it was difficult to determine what courses staff were due to be refreshed. Staff had attended fire training, moving and handling and safeguarding. There were other certificates in staff files for other subjects, however these dates were not recorded anywhere.
- There was no evidence to suggest staff were not trained, however the recording of training and the maintaining of accurate training records needed to improve.

This is a Breach of regulation 17 of the Health and Social Care Act 2008 Regulated Activities (Regulations) 2014.

At our last inspection the provider had failed to ensure people's rights under the mental capacity act were protected. This was a breach of regulation 11 (Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw during this inspection, improvements had been made and the registered provider was no longer in breach of this regulation. There were still some issues which were corrected at the time of the inspection.

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

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).

Where the service is currently depriving a person of their liberty, whether under a Deprivation of Liberty Safeguards (DoLS) authorisation or under authorisation from the Court of Protection:

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.

- People's capacity was assessed. There was a new care plan format which was being implemented, and we saw that there was more information with regards to capacity and consent in the new care plans.
- For example, a best interest meeting had been arranged for one person. Their family member and GP had been involved, and the decision was focused around a hospital appointment.
- Another person had information documented with regards to simple decisions they could make, and there were best interest decisions for other areas, such as bedrails.
- We discussed at the time with the deputy manager, that some of the best interests meetings would benefit from having more information. This is because we could not always be sure if the person had been involved or not, despite their care plan stating they could communicate their views.
- DoLS applications were made for people where needed.

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

- People were assessed before they came to live at the home.
- The assessment went on to the form their care plans and risk assessments.
- People and their relatives had been involved in their assessment process, and the assessment process was stored in people's care plans for staff to refer to if needed.

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

- We received positive comments regarding the food. We observed and partook in lunch. We found it was a calm and a social event. The food was appetising and presented nicely.
- The chef was knowledgeable concerning people's likes, dislikes and specialist diets, and there was always choice available for people.
- For people who required support with eating and drinking, staff did this in a respectful way, and documented on food and fluid charts how much the person was consuming.

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

- Referrals were made appropriately to other health care professionals, such as the GP, podiatrists and dieticians.
- A record of professional visits was kept in people's care plans, and advice was added to care plans when needed, such as a change in a person's medication or dietary needs.

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

- Some areas of the home differed in decoration and design. We saw most of the communal areas would benefit from redecoration and some fixtures and fittings would benefit from being replaced, along with some of the bathrooms and toilets.
- The registered manager had already begun making lists of areas and objects in the home which needed to be replaced and we saw this was ongoing.
- People's bedrooms were bright and airy, there was new furniture and people could choose to have their

own bedding or personal items around them.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant people did not always feel well-supported, cared for or treated with dignity and respect

At our last inspection the provider had failed to ensure people received care which was person centred to their needs. This was a breach of regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

Respecting and promoting people's privacy, dignity and independence

- Due to the repeated rating of requires improvement despite some improvement being made, we do not feel this demonstrates a caring attitude from the leaders of the home.
- During the first day of our inspection we saw a care file belonging to someone who had stayed in the home left in the communal hallway. We raised this with the senior and they moved the care plan to the office. However, we also saw the office door was not locked and accessible to visitors and other people. We raised this at the time of our inspection and the door was locked immediately.
- We observed people were treated kindly by the staff and they had good relationships with them. We observed staff knocking on doors before entering and addressing people with respect and as stated in their care plan.
- People were supported to practice their faith, and we saw this was comforting for people.
- The newer care plans were written in a dignified way, and there was language used such as 'please ask me what I would like' and 'please ask me if I would like to do it myself', which respected people's dignity and choice. One person also told us, "They [staff] encourage me to walk around with my zimmer but I am never left alone to walk in the corridors." Another person told us how the staff encourage them to feed themselves at mealtimes despite them being a 'bit messy' to maintain their independence.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they received good care at Waverley. Some of the comments we received included, "I like the staff who look after me, they are very kind and always have time to listen to me." Someone else said, "The staff are very patient and kind to me."
- We observed lots of engagement and people received one to one support from staff. People looked happy and well cared for.

Supporting people to express their views and be involved in making decisions about their care

- Despite care plans not always capturing involvement, people told us they were given choice and were able

to make decisions around their care. One person said, "I have a shower once a week and that's my choice. I choose my own clothes."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Some people had information available in their care plans with regards to their routines and likes and dislikes. This varied in its presentation.
- For one person there was lots of person-centred information recorded about them; however, in another two care plans we viewed, information was lacking in some detail. This was because some of the documentation, such as a 'This is Me' document was not completed, and there was no information around people's routines or communication preferences.
- Our conversations with staff evidenced they knew people very well and understood their preferences. This was not reflected in most of the care plans we saw.
- The deputy manager was in the process of introducing new care plan formats and had completed four out of 15. However, this was highlighted during our last inspection and still had not been implemented for everyone across the home.

This is a Breach of regulation 17 of the Health and Social Care Act 2008 Regulated Activities (Regulations) 2014.

- Where people required specific records to be kept regarding food and fluid intake, these were filled out correctly by staff, and totals were added up to ensure people got what they needed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information regarding people's communication needs and how they required information to be given to them was known by staff but this was always not recorded in their care plans.
- We discussed the AIS with the deputy manager who agreed to make some changes to how people's information is shared with them in line with their assessed need.
- Overall, people and their relatives told us communication between staff and themselves was good.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to take part in group activities and given time to spend for one to one activities with the activities coordinator.

- On both days of our inspection people were supported to have lunch out in small groups, and one person was taken to the shops.
- People told us there was enough going on to ensure they were not bored.

#### Improving care quality in response to complaints or concerns

- There had been no formal complaints raised since the last inspection.
- Everyone we spoke with said they knew how to complain and felt their complaint would be suitably addressed.

#### End of life care and support

- There was no one in receipt of end of life care at the time of our inspection. However , some people had 'Do Not Attempt Resuscitation' paperwork in place from the GP.
- Arrangements with regards to end of life had been discussed sensitively with people if they chose to discuss this. Some people did not, and this was respected.

# 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection the provider had failed to have robust quality assurance systems in place. This was a breach of regulation 17 (governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Audits had been completed for each area of service provision, however they were not always completed consistently. For example, a monthly check of the maintenance of the building had not been completed since April 2019; a monthly care plan audit had not been completed since June 2019.
- There were two different types of auditing documentation being used, so we could not be sure if audits were routinely being completed. One care plan audit for May 2019 had identified some improvements were needed to a person's care plan; however, no one had been assigned the actions, and we could not check whether they had been completed.
- The auditing process in place had not picked up on some of the gaps in the care records or the training matrix. However, the training audit implemented since our last inspection had highlighted the need to improve the training procedure.

This was still a breach of regulation 17 (governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Continuous learning and improving care

- We spoke with the registered manager and deputy manager throughout our inspection who accepted despite some improvement being clearly evident, more was needed to improve service provision overall.
- We saw some examples of where some positive learning had taken place in response to an accident, and the feedback from the last inspection report. This showed the service was willing to improve.
- The deputy manager agreed to formulate an action plan and keep us updated of their progress with regards to addressing some of the issues we raised during this inspection.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good

outcomes for people

- Everyone we spoke with said they liked the registered manager and the deputy manager and knew them by name.
- The registered manager and the staff understood and supported the values of the home and respected the diversity of the people living in it, as well as each other's values and beliefs.

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; Working in partnership with others

- The registered manager and deputy manager were responsive during our inspection and acted upon feedback given.
- The Care Quality Commission had been notified of any reportable incidents as required.
- The rating from the last inspection was displayed on the wall in the communal area of the home.
- The service was working with the local authority to complete required action plans.

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

- Staff were encouraged to attend regular team meetings. The registered manager set agendas before each meeting, and we saw the ongoing improvement needed to the home was a re-occurring topic on the agenda.
- Staff, relatives and people who lived at the home were encouraged to submit their views of the home using annual feedback surveys and suggestion boxes. Feedback was analysed; however, we saw no concerns were raised.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Records relating to people's care and treatment were not updated or completed fully or accurately.  Audits were not always effective in identifying shortfalls in the provision of care.