

Capital Healthcare Limited Ainsdale Court

Inspection report

Holt Lane
Rainhill
Prescot
L35 8NB

Tel: 015149313451

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

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

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

People were not supported to have maximum choice and control of their lives. Staff did not always support them in the least restrictive way possible and in their best interests.

Checks on the quality and safety of the service were either not in place or robust enough to ensure that people continually received a safe, effective service.

Recruitment procedures needed to improve to ensure all staff recruited were suitable to support people using the service.

We have made recommendations in relation to medicines management and monitoring of risk to people around the service.

People were supported by a sufficient number of staff to meet their needs. Accidents and incidents were monitored. Procedures were in place to safeguard people from harm.

People were given a choice of menu at mealtimes. Staff worked with health care professionals to ensure that people's medical needs were met.

The service was clean and a programme of re-decoration was in progress throughout the building.

People were generally happy with the support they received from staff who knew them well. People's care planning records gave the opportunity to record their needs and lifestyle preferences. An activities co-ordinator was newly in post to provide activities and interaction to stimulate people.

For more details, please see the full report which is on the Care Quality Commission website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 3 November 2020 and this is the first inspection.

The last rating for the service under the previous provider was requires improvement, published on 19 July 2019.

Why we inspected

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

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively. This included checking the provider was meeting COVID-19 vaccination requirements.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to obtaining consent, safe recruitment and a lack of effective oversight at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from 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 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 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 caring.

Details are in our caring section below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Ainsdale Court

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. 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 carried out by two inspectors.

Service and service type

Ainsdale Court is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Ainsdale Court is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. This means that the provider is 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. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key

information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with six people who used the service and three family members. We spoke with nine members of staff including the manager, deputy manager, clinical lead, nurses, care staff, cook and activities co-ordinator. In addition, we spoke to the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included a number of people's care and medication records. We looked at nine staff files in relation to recruitment and training and records relating to the management of the service.

After the inspection

We continued to seek clarification from the manager; nominated individual and director of the company to validate evidence found during the visit to the service and information sent to during the inspection process.



Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement. 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.

Staffing and recruitment

- Systems in place for the recruitment of staff were not always safe.
- Appropriate checks had not been completed prior to newly recruited staff starting their role. Not all applications had been completed and required references had not been requested or received.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to ensure that safe, effective recruitment procedures were in place. This placed people at ongoing risk of harm. This was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Sufficient numbers of staff were on duty to meet the needs of people. However, people and their family members told us there appeared to be less staff available at weekends. Comments included "Staff have been alright, seem to be short at weekends" and "There seem to be staff shortages at the weekend."
- Further comments were received around the high use of agency staff within the service. Comments included "Always a lot of new faces" and, "Agency staff coming and going."

Assessing risk, safety monitoring and management

- Systems in place to identify, assess and monitor risk were not always effective.
- In one area of the service, several internal doors had not been maintained appropriately. This could affect their efficiency during a fire. For example, gaps under the doors and areas where the doors had been filled and handles replaced. No assessment had been completed to identify and minimise any potential risk relating to the doors. Following discussion, the provider took immediate action to address these issues.

We recommend the provider consider current guidance and take action to update their practice accordingly in relation monitoring of the environment.

- People's care planning documents detailed known potential risks for them. These risks were monitored.
- Regular checks and monitoring of equipment around the environment took place to maintain its safety.

Using medicines safely

- A medicines trolley was found unlocked and unsupervised with a number of medicines stored that were accessible to all. This was identified to the manager who addressed the issue immediately with staff on duty.

We recommend the provider consider staff awareness of current guidance and take action to update their

practice accordingly in relation to the storage of medicines.

- Systems were in place for the safe management of people's medicines.
- Stocks of people's medicines were monitored by the service's clinical lead.
- Records were maintained of people's administered medicines.

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

- Effective safeguarding procedures were in place. Staff had access to information about how to protect people from harm.
- Safeguarding concerns relating to people were reported to external agencies when required.
- Procedures were in place to support staff in responding and recording accidents and incidents which occurred.

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was admitting people safely to the service.
- We were assured 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 the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider was facilitating visits in line with national government guidance.

Care homes (Vaccinations as Condition of Deployment)

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement.

The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the 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.

- Systems were not in place to obtain people's consent in a way which demonstrated decisions made on behalf of people were fully considered.
- CCTV equipment had been installed in communal areas throughout the building which included dining rooms and lounges. The provider failed to demonstrate appropriate decision making had been implemented when needed under the MCA.
- Decisions had not been made in a person's best interest. Recent DoLS applications did not include the use of CCTV or how this was used to monitor a person's care. This demonstrated that people's rights to consent had not been fully considered with the installation of the CCTV.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to ensure that people rights under the Mental Capacity Act were promoted and maintained. This was a breach of Regulation 11 (Need for Consent)) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Systems were in place to assess and review people's needs and wishes in line with legislation and best practice prior to them moving into the service.
- During the COVID-19 pandemic, changes were made as to how people's needs were assessed prior to

moving into services. These changes included the increase in use of health and social care trusted assessors.

Staff support: induction, training, skills and experience

- People were supported by a team of staff of mixed skills and experience.
- Staff told us they felt supported in their role.
- Records relating to up to date training for staff were not available during the inspection process due to technical issues with the training management company. The provider showed that they were in the process of sourcing an alternative training system. The manager was in the process of evaluating all of the staff training. We saw staff supporting people in a safe, positive manner

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

- Systems were in place to protect people from the risk of poor nutrition and dehydration.
- People had access to sufficient food to meet their dietary needs. People's comments included, "The food is good"; "Food is dependent on who is cooking." Family members told us "Has a choice of foods. Meals look nice and smell delicious" and "[Name] is a traditional eater. They will give her an alternative or make her something else." One family member told us that staff "Try and make the blended foods look appetising and always separate the different foods."
- Staff had access to information for the preparation of people's food where specific dietary needs were required.

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

- Systems were in place for people to have access to healthcare support required.
- Where people required support from health care professionals this was arranged.

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

- The buildings facilities and bedrooms were situated on the ground floor and there was easy access into the service.
- Some of the areas had been newly decorated and as part of a planned redecoration of the service.
- People had access to equipment specific for their use and comfort. For example, a family member told us that their relative "Had their own chair so they can sit safely."

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.

This is the first inspection for this newly registered service. This key question has been rated as Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were well treated and staff respected their equality and diversity needs.
- People and their family members spoke positively about the support they received. Comments included, "Staff are very patient, very good"; "Staff very good with [name]"; "Seems well looked after. Staff are very fond of [name]" and, "Carers are fantastic. Everything is fine."
- People's care plans gave the opportunity to record personal wishes, including any characteristics identifiable under the Equality Act 2010.

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

- People were supported to express their views and were involved in making decisions about their care and support.
- People told us that staff always ask and explain what they are doing prior to delivering personal care.

Respecting and promoting people's privacy, dignity and independence

- People were supported by staff who were respectful and promoted privacy and dignity. Comments included "Privacy and dignity maintained."
- People's personal records were stored securely.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; 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's care needs were assessed and planned for.
- Care delivered to people was recorded in their own personal records.
- People's care plans were reviewed on a regular basis. This enabled staff to review people's care and support to ensure that care plans met the needs of people.
- People had access to activities. An activities worker had been recently employed and was in the process of reviewing and developing activities for people.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People were supported by staff who understood their communication needs. We saw staff taking time to communicate with people in a positive manner. This gave time for people to express themselves. One person told us that they "Communicate well with staff."
- People's care planning documents gave the opportunity to record their communication needs and wishes.
- Signage and information around the service was not always in place or up to date. For example, there was limited signage in relation to the use of CCTV around the service and information on menu boards was not up to date. Discussion took place with the management team in making improvements in the displaying of information.

Improving care quality in response to complaints or concerns

- A complaints policy and procedure was in place and accessible.
- Family members were aware of who they would speak with if they had a concern about the service.
- A system was in place for to record and monitor the outcomes of complaints received about the service.

End of life care and support

- Care planning records gave the opportunity for people's specific wishes as to how they wanted to be cared for at the end of their life.

- The care planning system in use enabled specific care planning to take place for people who were on an end of life care pathway. This included anticipatory medicines being available for use when needed.
- Where required, GP services were involved in the planning of a person's end of life care.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Systems in place to monitor and ensure quality and safety were not always effective and put people at risk of not receiving the care and support they needed. The provider had no formal oversight of the management of the service.
- Daily, weekly and monthly checks relating to the overall management of the service had not taken place as planned. The lack of monitoring had failed to identify improvements needed within the service. For example, furniture and equipment placed in areas causing potential hazards.
- Monitoring systems had failed to identify and improve practice, guidance and procedures in place for the improvements needed that are identified in this inspection report.
- Required records in relation to recruitment; staff training; care planning information and staff rotas were difficult to access or were incomplete.
- There was a lack of clarity around the specific roles of senior staff within the service.

Systems were either not in place or robust enough to demonstrate that governance within the service was effective. This placed people at risk of not receiving their planned care. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 provider had some understanding of their responsibilities in responding to people who use the service under the duty of candour following incidents and when things had gone wrong.

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

- A system was in place to gather people's views on the service.
- People were asked to complete a questionnaire for their views about the service they received. The manager showed that people were asked to complete the questionnaire periodically. Discussion took place around how people's opinions should be shared and how people are informed of actions taken in response to people's comments.

Continuous learning and improving care; Working in partnership with others

- The manager worked in partnership with the Local Authority; Clinical Commissioning Group and community based healthcare professionals to improve the service.
- Learning took place from incidents to minimise the risk of re-occurrence.

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 11 HSCA RA Regulations 2014 Need for consent
Treatment of disease, disorder or injury	Systems were either not in place or robust enough to ensure that people rights under the Mental Capacity Act were promoted and maintained. This was a breach of Regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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	Systems were either not in place or robust enough to demonstrate that governance within the service was effective. This placed people at risk of not receiving their planned care. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed
Treatment of disease, disorder or injury	Systems were either not in place or robust enough to ensure that safe, effective recruitment procedures were in place. This placed people at ongoing risk of harm. This was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

