

S.J. Care Homes (Wallasey) Limited

Aynsley Nursing Home

Inspection report

60-62 Marlowe Road
Wallasey
Merseyside
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16 August 2018

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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?	Requires Improvement ●

Summary of findings

Overall summary

This inspection was carried out on 14 and 16 August 2018 and was unannounced.

Aynsley nursing 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 is registered to provide accommodation with personal care or nursing care for up to 28 people and 19 people were living there when we visited, some of whom were living with dementia. The accommodation is provided in single and double rooms. However, no one was sharing a room at the time of the inspection. Access to the upper floors is by way of stairs or passenger lift.

At the last inspection on 19 July 2017 we rated the service requires improvement overall and in each of the five questions we ask. This was because improvements made since the previous inspection needed to be sustained.

The service had a registered manager. A registered manager is a person who has registered with the CQC 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.

Improvements to the service provided identified at the last inspection had been maintained. However, we identified some gaps in the completion of some records that needed to improve.

People and relatives told us they felt the service was safe. People were protected from the risk of abuse because staff understood how to identify and report it.

The provider had arrangements in place for the safe management of medicines. People were supported to get their medicine safely when they needed them. People were supported to maintain good health and had access to health care services.

Staff considered people's capacity using the Mental Capacity Act 2005 (MCA). People's capacity to make decisions had been assessed. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS).

People and their relatives felt staff were skilled to meet the needs of people and provide effective care. Staff felt fully supported by management to undertake their roles and were given training updates, supervision and development opportunities.

People were encouraged to express their views at meetings and results of customer satisfaction surveys were positive. People and relatives felt listened to and any concerns or issues they raised had been addressed.

Staff supported people to participate in activities of their choice and trips to the local shops and tourist attractions had been organised.

People were supported to eat and drink sufficient amounts and they were given time to eat at their own pace. People's nutritional needs were met and people had a good choice of food and drink.

The service had a relaxed and homely feel. Everyone we spoke with commented positively on the caring and respectful attitude of a consistent staff team which we observed throughout the inspection.

People's individual needs were assessed and care plans were developed to identify what care and support they required. People were consulted about their care to ensure wishes and preferences were met. Staff worked with other healthcare professionals to obtain specialist advice about people's care and treatment.

People, staff and relatives found the management team approachable and professional.

The manager had notified the Care Quality Commission (CQC) of events and incidents that occurred in the home in accordance with our statutory notifications. The ratings from the previous inspection were on display in accordance with requirements.

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.

People were supported by sufficient numbers of appropriately recruited staff.

People received their medicines when they needed them.

Steps had been taken to ensure that care was delivered in a clean and safe environment.

People were supported by staff who had a good understanding of safeguarding.

Is the service effective?

Good ●

The service was effective.

People received care from appropriately trained staff.

People's needs had been assessed and care was delivered in line with the Mental Capacity act (MCA).

People's dietary needs were met and the environment had been adapted to meet people's needs.

People were supported to access healthcare support when needed.

Is the service caring?

Good ●

The service was caring.

People were supported by a kind a caring staff team who had a good understanding of their needs.

People were encouraged to maintain their independence.

People's privacy and dignity was respected.

Is the service responsive?

The service was responsive.

People's needs had been planned for and kept under review.

People were listened to and complaints were responded to appropriately.

People's wishes on their end of life care were met.

People's care needs had been planned for and kept under review.

People were supported to participate in activities they enjoyed.

Good 

Is the service well-led?

The service was not always well led.

Some improvements were needed to ensure records were accurately and fully completed.

Systems in place for stakeholders to provide feedback on the service were effective and led to improvements being made.

People and their relatives felt listened to and could influence the running of the service.

The registered manager was aware of their regulatory responsibilities.

Requires Improvement 

Aynsley 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.

The inspection took place on 14 and 16 August 2018 and was unannounced. The first day of the inspection was carried out by an adult social care inspector and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The second day of the inspection was carried out by two adult social care inspectors. Before the inspection we looked at all the information that CQC had received about, and from, the service since the last inspection. This included reviewing notifications that had been sent to us by the provider. A notification is information about important events which the provider is required to send us by law. We also reviewed the Provider Information Return (PIR) the provider had completed on 5 July 2017. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we looked at all parts of the premises. We spoke with 10 people, five visitors, the registered manager, registered provider, administrator, cook, activity organiser, two nurses and three care staff. We also spoke to one person's relative over the phone after the visit to the service. We observed staff providing support for people in the lounge and the dining room. We looked at medication storage and records. We looked at staff rotas, training and supervision records, and recruitment records. We looked at maintenance records, care records for five people, records relating to the management of the service, health and safety documentation and the audits that the registered manager and provider had carried out.

Is the service safe?

Our findings

People and their relatives said they felt safe and that they had no concerns about their safety. One person told us "I feel safe here; as safe as I would anywhere". A relative told us they felt their loved one was safe at the service and commented "If I had any concerns what so ever about my loved one's safety then they wouldn't be here. They are completely safe".

At our last inspection of the service in July 2017 we found improvements had been made in relation to the safety of the equipment and the environment. The maintenance file was more organised and had an index in the front which showed when all equipment and services had been tested and serviced by contractors and when the next check was due. At this inspection we found these improvements had been sustained and equipment and services had been tested and serviced as required.

Risks associated with the safety of the environment and equipment were identified and managed appropriately. Regular fire alarm checks had been recorded, and evacuations were completed so that staff knew what action to take in the event of a fire. The fire service undertook an inspection of the premises in November 2017 and wrote to the provider with some recommended actions for them to take. One of these actions was for staff to be trained in the use of fire evacuation equipment. The registered manager told us that they had personally trained all staff in the use of this equipment and staff confirmed this. People's ability to evacuate the building in the event of a fire had been considered and where required each person had an individual personal evacuation plan (PEEP).

Health and safety checks had been undertaken to ensure safe management of utilities, hazardous substances and moving and handling equipment. There was a business continuity plan which instructed staff on what to do in the event of the service not being able to function normally, such as a loss of power or evacuation of the property. There were further systems to identify risks and protect people from harm. Each person's care plan had risk assessments completed which were specific to their needs, such as mobility, risk of falls, risk of developing pressure ulcers and risk of malnutrition. The assessments outlined the associated hazards and what measures could be taken to reduce or eliminate the risk. We saw safe care practices taking place, such as staff supporting people to mobilise around the service and cutting up food for people, when needed, to reduce the risk of choking.

When accidents and incidents had occurred these had been recorded and any action had been taken to prevent reoccurrence. For example, referrals for people who had experienced falls had been made to the falls team for further assessment. Accident and incident records had also been audited by the registered manager to look for patterns and trends so that action could be taken to avoid reoccurrences and keep people safe.

We looked at the arrangements for the management of people's medicines. Medicines were only managed and administered by registered nurses and the registered manager had observed their practice to ensure their practice was safe. Medicines were stored securely in locked cupboards in a locked room. Medication administration records (MAR's) had been completed accurately and spot checks of the quantity of

medicines in stock balanced with the records.

During our last inspection we found there was no information readily available about how to contact social services to report any safeguarding concerns. During this visit we saw this information on display. Staff told us they knew who to contact should they have any safeguarding concerns and had completed training in safeguarding. Records confirmed staff had received safeguarding training as part of their essential training and this was refreshed regularly. Staff described different types of abuse and what action they would take if they suspected abuse had taken place.

Documentation in staff files demonstrated that satisfactory recruitment procedures had been followed and appropriate references and Disclosure and Barring Service checks had been obtained. Staffing levels were assessed daily, or when the needs of people changed, to ensure people's safety. We were told existing staff would be contacted to cover shifts in circumstances such as sickness and annual leave and that agency staff were used when required. Feedback from people and staff indicated they felt the service had enough staff on duty to meet people's needs and our own observations supported this.

People told us that they felt the service was clean and well maintained. Staff told us that Protective Personal Equipment (PPE) such as aprons and gloves was readily available and we observed staff used this appropriately. Hand sanitisers and hand-washing facilities were available, and staff told us they had completed training in relation to hand washing and the correct technique to be used. The laundry had appropriate systems and equipment to clean soiled washing, and we saw that any hazardous waste was stored securely and disposed of correctly. An inspection by the environmental health food standards agency in February 2018 had awarded the service three stars. The registered manager told us that immediate action had been taken to make the required improvements which included maintaining accurate records of fridge temperatures, food cooling times and completing records of the cleaning of kitchen storage areas and equipment. Records we saw confirmed this

Is the service effective?

Our findings

At the last inspection in July 2017 we saw that an electronic learning programme had been put in place and all staff had completed training modules relating to mental capacity and moving and handling. However, some staff still needed to complete training in safeguarding, fire safety, health and safety, infection control and food hygiene. At this inspection we found most staff had now completed this training. Some face to face training had also been provided for practical topics such as moving and handling and using the evacuation sledge in the event of a fire. The registered manager told us that in response to feedback from some staff that the on-line infection control training was 'a bit basic', they arranged for an external training organisation to provide more detailed face to face training on the subject. They told us 85% of their staff had attended this training and a nurse who worked at the service confirmed they reinforced this training during group supervisions and team meetings.

Staff completed an induction when they started working at the service and 'shadowed' experienced members of staff until they felt comfortable to work unsupervised. New staff were required by the provider to complete the on-line training programme within three months and staff new to care were required by the provider to complete the care certificate. Feedback from staff and the registered manager confirmed that formal systems of staff development including one to one supervision meetings and annual appraisals were in place. Supervision is a system that ensures staff have the necessary support and opportunity to discuss any issues or concerns they may have. In addition to the registered nurses employed two care staff held a nationally recognised qualification in care at level three and a further five held a qualification at level two. Another seven staff were working towards the care certificate.

Staff undertook an assessment of people's care and support needs before they began using the service. The pre-admission assessment was used to develop a more detailed care plan for each person which detailed the person's needs, and included clear guidance for staff to help them understand how people liked and needed their care and support to be provided. Paperwork confirmed people were involved where possible in the formation of an initial care plan and were subsequently asked if they would like to be involved in any care plan reviews. Relatives confirmed they were kept informed of changes to their loved one's needs and were invited to reviews of the loved one's care.

Relatives told us that their loved one's received the support they needed to access healthcare support. Staff liaised effectively with other organisations and teams and people received support from specialised healthcare professionals when required, such as GP's, chiropodists and social workers. Access was also provided to more specialist services, such as opticians and podiatrists if required. Staff kept records about the healthcare appointments people had attended and implemented the guidance provided by healthcare professionals.

People's nutritional needs were met. People had an initial nutritional assessment completed on admission, and their dietary needs and preferences were recorded. This was to obtain information around any special diets that may be required, and to establish preferences around food. There was a varied menu and people were offered alternative food choices depending on their preference.

We observed lunch. People were encouraged to be independent throughout the meal and staff were available if people required support or wanted extra food or drinks. People ate at their own pace and all the time staff were checking that people liked their food and offered alternatives if they wished. One person's relative told us their loved one often changed their mind about what they liked and didn't like to eat but confirmed that staff always offered an alternative. They also told us they felt there was a "Good selection of food". We saw people were offered drinks and snacks throughout the day, and staff told us people could have a drink at any time. A relative confirmed this and commented "Staff are always offering, cakes, drinks and biscuits". People's weight was regularly monitored and staff had liaised with the Speech and Language Team (SALT) to ensure that specialist diets were catered for, such as for people who required pureed food. Nobody at the service required a culturally appropriate diet. However, staff stated that any specific diet would be accommodated should it be required.

At our last inspection on July 2017 we saw that the premises had been significantly improved. Many rooms had been painted and were lighter and brighter. Many carpets had been replaced and people told us that they were very happy with the improvements that had been made. At this inspection we found these improvements had been maintained. Hand rails were fitted throughout the service, and the upper floors were accessible via a lift and stair lifts. There were adapted bathrooms, a wet room and toilets with hand rails in place.

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 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. Our checks confirmed the provider was working within the principles of the MCA.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm. Applications had been sent to the local authority and notifications to the Care Quality Commission when required. We found the registered manager understood when an application should be made and the process of submitting one. Care plans clearly reflected people who were under a DoLS with information and guidance for staff to follow.

Is the service caring?

Our findings

People were supported with kindness and compassion. People told us caring relationships had developed with staff who supported them. Everyone we spoke with thought they were well cared for and treated with respect and dignity, and had their independence promoted. One relative told us staff were "Friendly and attentive to people's needs" and commented that "Nothing is too much trouble for them". Another relative told us "All the staff are really friendly; we looked at quite a few and liked the homely feel here". A further relative commented "The staff are lovely, I can't complain about anything".

Everyone we spoke with thought they were well cared for and treated with respect and dignity. From talking with people, their relatives and staff, it was clear that they knew people well and had a good understanding of how best to support them. People looked comfortable and they were supported to maintain their personal and physical appearance in their own chosen style.

We saw that staff were respectful when talking with people, referring to them by their preferred names. Staff were seen to be upholding people's dignity, and we observed them speaking discreetly with people about their care needs, knocking on people's doors and waiting before entering.

When we observed lunch, we saw people being helped to eat, with kindness by staff. We observed one member of staff knelt at the persons level while supporting them and showed patience ensuring the person did not feel hurried. We saw another staff member was holding a person's hand and talking to them about their food, describing it to them.

People told us they that they were free to do what they wanted throughout the day. They said they could choose what time they got up, when they went to bed and how and where to spend their day. One person told us, "I like sitting here with my friends". A relative told us their loved one liked to spend their time in one of the lounges and that they were always supported to sit in their favourite chair.

The registered manager recognised that people might need additional support to be involved in their care and information was available if people required the assistance of an advocate. An advocate is someone who can offer support to enable a person to express their views and concerns, access information and advice, explore choices and options and defend and promote their rights.

Staff supported people and encouraged them, where they were able, to be as independent as possible. For example, one relative told us "They've been encouraging [my relative] to walk and be independent. She's built her strength up in her legs since she's been here and can stand up now". Care staff informed us that they always prompted people to carry out personal care tasks for themselves, such as brushing their teeth and hair and we saw people being encouraged to eat independently.

Staff encouraged people to maintain relationships with their friends and families and to make new friends with people living in the service. People were introduced to each other and staff supported people to spend time together, in this way friendships were formed within the service. Visitors were able to come to the

service at any reasonable time, and could stay as long as they wished. Visitors told us they were welcomed and always offered a drink. One relative told us, "We visit on most days; at all different times of day and we are always made welcome". Staff engaged with visitors in a positive way and one relative referred to feeling "Part of one big team".

People's individual beliefs were respected. Staff understood people wanted to maintain links with religious organisations that supported them in maintaining their spiritual beliefs. Discussions with people on individual beliefs were recorded as part of the assessment process. Staff confirmed a Eucharist minister visited people on behalf of the priest from the local Catholic church and a Baptist minister had visited people at the service in the past. The registered manager told us they would make the relevant arrangements to support anyone moving into the service to follow their chosen faith or beliefs.

Is the service responsive?

Our findings

At the last inspection on 17 July 2017 we saw that the information contained in people's care plans had significantly improved. We saw that small things that may be very important to people in their day to day lives had been documented so that people could be supported in the way that they chose. At this inspection we saw that these improvements had been maintained.

People's equality and diversity was considered as part of the assessment process and respected through the delivery of their care. Staff adapted their approach to meet peoples' individualised needs and preferences. There were individual person-centred care plans that documented peoples' preferences and support needs, enabling staff to support people in a personalised way that was specific to their needs and preferences. For example, they described people's preferences for hot drinks, what television programmes they enjoyed, what their interests were, whether they preferred a bath or a shower and what food they enjoyed.

Care plans were regularly reviewed. People, and where appropriate, their relatives were involved in this process. One relative confirmed this and told us "I've seen the care plan and signed it. I'm always invited to reviews and kept informed".

Care plans contained information on people's communication needs and how to communicate with them effectively. Staff confirmed they were aware of people's communication needs and told us how they adapted their approach to sharing information with some people with communication difficulties. For example, by making eye contact and speaking clearly and making sure people wore their hearing aids and spectacles. One person's relative told us their loved one was "Hard of hearing" but that staff always put their loved one's hearing aids in and made sure they were working. They also told us that, due to living with dementia, their loved one "Doesn't always quite grasp everything" but that staff were patient when speaking to them and explaining things. Throughout the inspection, there was sociable conversation taking place and staff spoke to people in a friendly and respectful manner, responding to requests for assistance. People and their relatives confirmed people had call bells they could use to alert staff when they needed help and that these were responded to promptly.

Since the last inspection 17 July 2017 an activity organiser had been employed and a programme of activities and outings had been introduced. The registered manager told us that because of feedback from a satisfaction survey the range of activities and outings on offer had increased. A staff member confirmed this and told us "It came up in surveys that people wanted more activities so we had a meeting and asked people what they wanted to do". They explained that some people had asked for more trips out had been supported to go to the local shopping centre and to local attractions and that four more-day trips to local attractions had also been arranged. They also told us how one person was supported to go out to a local café for coffee and another person prefers to stay in and to have their nails painted. Although we saw there was no information on display to inform people what activities were on offer each day the activities person explained people were informed of the trips out in advance and that they spoke to people daily to find out what they would like to do and arranged activities accordingly. Our observations confirmed this and saw that a group of people had decided they wanted to sit in the garden and listen to music together. Some

people were also doing arts and craft whilst others had chosen to watch television in the lounges.

There was some signage in place to help people orientate themselves around the service such as signs on toilet doors and signs to indicate fire escapes. However, there were no visual aids in communal areas to help to support orientation of people with dementia to move around the home and increase their awareness of their environment or orientate them to the day of the week or time of year. The registered manager told us this was an area of practice they had identified and the activity person would be working with people to improve this.

We saw the complaints procedure on display contained details of who people could contact if they had any concerns. We looked at the complaints log and saw that complaints were recorded including the date they were received, the date they were resolved and whether the complaint was substantiated or not.

People's wishes on their end of life care had been documented and plans put in place to ensure that their preferences were met. We saw from one person's care plan that anticipatory medicines had been obtained and wishes on whether Cardiopulmonary Resuscitation (CPR) should be commenced in the event of a heart attack had been sought and documented appropriately on a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) form. Some staff had received end of life training and we saw cards from people's relatives thanking the management and staff for the care that their loved one's had received at the end of their life.

Is the service well-led?

Our findings

At our last inspection on 17 July 2017 we found significant improvements had been made to the management and the oversight of the service. At this inspection we found these improvements had been maintained. The registered manager was carrying out regular audits to ensure that the service was providing quality care safely and the provider was visiting regularly and monitoring the service. The auditing system was clear and easy to navigate. Systems and processes were in place to ensure safety, cleanliness, safe medicines management and care delivery.

Even though improvements had been maintained we did find some shortfalls in the records we saw. Staff personnel files did not contain some information that providers are required to hold for staff. For example, the reason for leaving their last employment was not always specified, health declarations and explanation of gaps in the employment history of some staff had not been obtained. Induction documentation for some staff was blank. It was evident from speaking to the registered manager and staff that some staff had completed some training that was not detailed on the staff training planner. There were agendas for some meetings that had been held but no minutes were available. There were no records to show that people, staff and relatives who had attended meetings where minutes had been taken had seen the minutes and agreed them. We also saw food and fluid charts were being maintained for each person and were left out on tables in view of visitors. We noted a food standard agency rating of five stars was on display on the front door and not the three-star rating that had been awarded. Although we did not assess that these shortfalls had impacted on the care people received they are areas of practice we identified needs to improve.

People, visitors and staff all told us that they were happy with the way service was managed and stated that the management team remained approachable and professional. We saw people and their relatives came to speak with the manager throughout the day and that their office door was left open to encourage this. People looked happy and relaxed throughout our time in the service. Staff said that they thought the culture of the service was one of a homely, relaxed and caring environment. The registered manager demonstrated they had a good knowledge of people by describing in detail people's personal backgrounds, preferences and personality traits.

There were processes in place to seek feedback on the service people received to identify areas for improvement. At the last inspection we saw that a lot of meetings had taken place with staff, people who lived at the service and their families and friends, to gain their views. We saw that the provider was recording their visits and was part of the team. One relative confirmed meetings were still being held on a regular basis and that any concerns raised at these meetings had been taken seriously by the registered manager and provider. They commented "We can bring suggestions to meetings and they take it on board. There's several examples of that happening like changing the bedroom near the front door to an office, having trips out and name badges for staff. People asked for these things and they happened". Relatives also told us they had a lot of confidence in the provider, registered manager and staff team and felt listened to and commented "We are all on first name terms which is nice. There is no 'us and them' we are like one big family with different roles".

We saw that three health and social care professionals had completed feedback forms within the last 12 months all of which was positive and included the following comments 'Staff friendly and approachable', 'Great friendly staff team' and 'Staff had a detailed history of the person's condition. Feedback obtained from people's families included 'All staff are wonderful and it made me feel so much better to know that dad was so well cared for in his final days' and 'I have never seen my mum so happy and healthy in a long time as she is now, so happy with everything.'

The registered manager and provider told us they continually looked to improve and had liaised regularly with other professionals involved in people's care to share information and learning around local issues and best practice in care delivery for example wound care. This learning was cascaded down to staff. They had also taken immediate action to rectify shortfalls identified as part of a recent infection control audit completed by the local authority and an inspection carried out by the environmental health.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The manager had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken. The manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.