Daughters of Mary Mother of Mercy

Waverley Care Home

Inspection report

14-16 Waverley Road
Sefton Park
Liverpool
Merseyside
L17 8UA

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Inadequate**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This unannounced comprehensive inspection took place on 26 and 28 February 2019. Waverley Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided and both were looked at during this inspection. At the time of our inspection 12 people were accommodated at the home, one of whom was currently in hospital.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We last inspected Waverley Care Home on 12 and 13 February 2018 and gave it an overall rating of 'requires improvement'. During that inspection we found that the home was in breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, because the home's approach to assessing people's mental capacity was poor and was not in line with the principles of the Mental Capacity Act 2005 (MCA) and the associated DoLS.

During this inspection we found breaches of Regulations 9, 11, 17 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to ensure that each person received appropriate person-centred care and treatment that was based on an assessment of their needs and preferences. Mental capacity assessments were not consistently recorded in people's care plans and best interests meetings had not been held as needed. The provider did not have effective systems in place to monitor and improve the quality of the service. The provider had not carried out the required checks before new staff were employed.

During the inspection we found enough staff on duty to meet people's needs and the staff we spoke with considered that staffing levels were adequate. We looked all around the home and found that it was clean and adequately maintained. Safety certificates demonstrated that utilities and services had been tested and maintained. People's medication was stored and handled safely, however more detail was needed regarding the administration of medication prescribed to be given 'as required'.

The registered manager introduced a new training system in 2017 but training records showed a poor level of take up of the new training packages. We saw records of regular individual staff supervisions and appraisals with the manager, but not always follow ups where improvements to practice had been identified. Monthly staff meetings were held.

People we spoke with told us they enjoyed their food and drinks at the home and we observed that drinks were offered regularly. Improvements were needed to the meals service to ensure that people received food at a safe temperature and at appropriate intervals.

One of the activities organisers brought in daily newspapers for people and supported people to go out regularly to local leisure activities, a gym, shops, cafes, and Sefton Park. Our observations in the lounge during the morning showed that people were able to express themselves and we saw friendly and cheerful interactions between people who lived at the home, and between them and the staff.

We saw that confidential information about people was stored securely in the nurses' office which was locked when not in use.

Care plans did not adequately documents people's care and support needs or their personal choices and preferences.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

The required pre-employment checks had not been carried out before new staff were employed.

There were enough staff on duty to meet people's needs.

Medication was managed safely.

Policies and procedures were in place to inform staff about safeguarding adults and whistle-blowing.

Is the service effective?

Inadequate

The service was not effective.

The service was not acting in line with the Mental Capacity Act 2005 (MCA) and the associated DoLS.

Staff had not received training about important subjects.

Improvements were needed to catering arrangements.

Is the service caring?

Requires Improvement

The service was not always caring.

People who had communication difficulties did not receive the support they required.

We saw friendly and cheerful interactions between people who lived at the home, and between them and the staff.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Care plans did not contain adequate information and were not presented in a person-centred style.

People were supported to take part in a range of activities and to

go out regularly to places they enjoyed.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The home had a manager who was registered with CQC.

The home had some systems to assess the quality and safety of the service but these were not always effective.

The standard of record keeping was poor.

Waverley Care Home

Detailed findings

Background to this inspection

This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection was carried out on 26 and 28 February 2019 by one adult social care inspector.

We reviewed the information we held about the service before we carried out the visit. This included a provider information return (PIR). The PIR is a document the provider is required to submit to us which provides key information about the service, and tells us what the provider considers the service does well and details any improvements they intend to make.

During the inspection we looked around the premises and observed the support provided to people in the communal areas of the home. We spoke with five people who lived at the home and seven members of staff who held different roles within the home.

Most of the people living at the home were not able to communicate well enough to tell us about their experience of living at the home so we also 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 looked at a range of documentation including four people's care records, medication records, three staff recruitment files, staff training records, accident and incident report forms, health and safety records, and records relating to the management of the home.

We also contacted the local authority for feedback about the home.

Requires Improvement

Is the service safe?

Our findings

During the inspection we found enough staff on duty to meet people's needs and the staff we spoke with considered that staffing levels were adequate. In the PIR the manager told us three new staff had been employed since our last inspection and we looked at their records. We found that robust recruitment processes had not been followed. One of the staff had given no names for references on their application form and their employment history only covered the last two years. There were records of two telephone references, but no satisfactory explanation of who the referees were. There was no reference from the person's current employer.

Another candidate had completed a different type of application form which did not ask for their previous employment dates. There was only one reference on file for this member of staff, which stated it is was from their most recent employer but was not verified with, for example a company stamp or compliments slip. There was also only one reference for the third new member of staff. There was a Disclosure and Barring Service disclosure on file for each of these staff, but no interview notes.

One of the new staff was a registered nurse. There was no record of their Nursing and Midwifery Council (NMC) registration number and their registration with the NMC had not been checked. The registration of all the home's nurses was checked during the inspection.

This is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the provider had not carried out the required checks before new staff were employed.

During our inspection we looked all around the home and found that it was clean and adequately maintained. We looked at safety certificates which demonstrated that utilities and services, such as gas and electric had been tested and maintained. The fire escape was in good condition and free of obstruction. Frequent fire drills were held, and weekly checks of the fire alarm and emergency lighting. A personal emergency evacuation plan was in place for each of the people who lived at the home giving information about what assistance they would need to evacuate the premises in an emergency.

We observed part of the morning medication round which was safe and unhurried. People were asked if they required pain relief and a pictorial pain chart was used for a person who had communication difficulties. Medication was stored and recorded safely with a minimal quantity of stock and good arrangements for the disposal of unused medication. We found that guidance for the administration of medication prescribed to be given 'as required' (PRN) lacked detail. For example, it did not state whether the person was able to say when they required the medication, or if not, what was the indication that they might need it.

Risk assessments were included in people's care files and were reviewed monthly. Detailed moving and handling plans were in place for people who required assistance with transfers. We looked at accident and incident records. In the accident book there were five forms that had been filled in during 2017/18, but no evidence that they had been followed up with any action.

The home had policies and procedures in place to guide staff in relation to safeguarding vulnerable adults and whistle-blowing. Staff had received training about this, and information about how to raise safeguarding concerns was readily available in various places throughout the home. One of the home's nurses had raised a safeguarding concern regarding an unsafe hospital discharge but had not copied the information to CQC as required.

Inadequate

Is the service effective?

Our findings

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

At previous inspections of the home we found that the service had not followed the requirements of the MCA and DoLS. Mental capacity assessments had not been carried out properly, nor had best interests meetings been held to assist in this process. As a result, the home was in breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found that mental capacity assessments were not consistently recorded in people's care plans. DoLS applications had been made on behalf of some of the people who lived at the home and acknowledged by the local authority. Two of the people who lived at the home were smokers and staff kept their cigarettes and lighters. They only smoked outdoors. There were no best interests records to show how these arrangements had been decided and agreed, and who had been involved.

Another person received their medication covertly ie disguised in food or drink. No DoLS application had been made for this person and no best interests meeting had been held, although there was a written record of agreement from the person's GP. The person's medication administration records showed that staff were frequently unable to administer the person's prescribed medication and we advised the nurse that a full medication review should be requested without delay.

This meant that the home remained in breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager introduced a new training system in 2017. The training records for 2018 that we were provided with showed a poor level of take up of the new training packages. Most staff had completed four or five of the 20 modules. No staff had done the training about pressure care, diet and nutrition, or malnutrition. Only one member of staff had completed the training about record keeping, fire safety, and falls awareness, and only two had done the moving and handling theory, mental capacity, and food hygiene training. No practical moving and handling training was recorded during 2018.

However, the nurse who took responsibility for staff training said that the records were not all up to date and there were other modules waiting to be marked. Staff had attended other courses, for example 'React to Red' training about pressure area care but this was not recorded. On 28 February 2019 a number of staff were attending external training about Infection Control.

We saw records of regular individual staff supervisions and appraisals with the manager, but not always follow ups where improvements to practice had been identified. Monthly staff meetings were held and there was a file of information to be shared with staff at the meetings.

The people we spoke with told us they enjoyed their food and drinks at the home and we observed that drinks were offered regularly. Staff told us that two people required pureed meals but there were no other special diets. We observed breakfast being served in the lounge. Porridge was brought up from the kitchen on a trolley then a cooked breakfast already individually plated. People seemed to enjoy this.

One person refused all food and drink and staff offered them various foods. They told us that some days the person would eat and other days they would not. Concerns regarding this person's nutrition were documented in their care plan and they had been visited by relevant health professionals. However, their weight had not been recorded in their care plan since 1 December 2018.

Lunch was the main meal of the day and was served at 12pm, although some people were still eating their cooked breakfast at 10am. People were asked for their lunch choice. The main meal was chicken and vegetable fried rice, with an alternative that appeared to be tinned spaghetti hoops with chicken. The pudding was Angel Delight. One person said they didn't want lunch as they were still full from breakfast.

The unheated food trolley was taken first to the bottom floor dining room, then to the ground floor lounge where most people were sitting. There was no hurry in serving out the meal. The trolley was then taken to serve meals to people in their bedrooms. Clearly, the food would not be hot by the time it reached these people. We discussed these observations with the registered manager who said she would review meals arrangements.

The accommodation is provided over four floors which does not make it easy for some people to move around. The dining room is on the bottom floor and did not appear to be well used. One person liked sitting in this room, however it was a mixture of dining room, lounge, and office and was very cluttered. Some of the people living at the home were living with dementia. There was a lack of dementia friendly adaptations in the environment, for example easy-read noticeboards or clocks to help people know the time and date and clearly visible signage to help people navigate their way around.

Care records we looked at showed that people had visits from various health professionals. One of the nurses told us that people received a good service from the Community Matron but it was sometimes difficult to get a GP visit.

Requires Improvement

Is the service caring?

Our findings

One person we spoke with had lived at the home for many years and considered it very much her home. She told us she could please herself how she spent her time and liked the meals. She enjoyed going out shopping with the activities organiser.

We also saw positive feedback from two visiting health professionals who had written "All the staff at Waverley have always been very welcoming and professional. If I have ever recommended anything for a service user it has always been acted on promptly." and "I have always found the staff to be caring and professional. The patients are well cared for with genuine empathy."

The home is owned by the organisation 'Daughters of Mary Mother of Mercy' and some of the staff working there were sisters of the order. People living at the home did not have to be members of any religion, but a Sunday service was held for those who wished to participate. A church visitor had written "The home is a welcoming and caring place. The residents are well looked after and happy. I would happily recommend this home to families in my parish."

One of the activities organisers brought in daily newspapers for people and supported people to go out regularly to local leisure activities, a gym, shops, cafes, and nearby Sefton Park. During our inspection, one person had their hair done in their bedroom by a hairdresser who visited every two weeks, and another person was supported to visit the barber. People had been supported to personalise their bedrooms with family photos and other personal items which made their rooms feel homely.

Our observations in the lounge during the morning showed that people were able to express themselves and we saw friendly and cheerful interactions between people who lived at the home, and between them and the staff.

We had some concerns about two people who were sitting in the lounge and were unable to express themselves verbally. We looked at medical notes for one of these people which referred to a 'language difficulty', but this was not explained in their care plan. The manager told us that the person came from the same country as some members of staff and spoke the same language. However, when we asked a member of staff about this they told us the person came from a different country and the staff did not speak the same language. No plans were in place for supporting this person to communicate. We also saw reference from a medical professional to this person having a visual impairment, but there was no reference in the care plans to the person having sight difficulties or the support they required as a result.

The second person, who had lived at the home for several years, became agitated during lunchtime. This was evident from their body language. We looked at their care plan for any information about what might make the person become agitated, or how staff should respond to this. We found no information and no evidence that any aids to communication had been considered or used.

This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations

2014: Person-centred Care, because the provider had failed to ensure that each person received appropriate person-centred care and treatment that is based on an assessment of their needs and preferences.

We saw that confidential information about people was stored securely in the nurses' office which was locked when not in use.

Requires Improvement

Is the service responsive?

Our findings

At our last inspection we found that the home's care plans did not have a clear and consistent structure and that they lacked personalisation, giving staff only very basic information about the people they were supporting. The registered manager told us they planned to review and transfer everyone's care plans onto improved paperwork in Spring 2018.

During this inspection we found that new documentation had been introduced, however only one of the four care files we looked at had been filled in to a satisfactory standard. The files contained a lot of pieces of paper but very little information about the person and their individual needs and preferences. The new format did not lend itself to a person-centred style of care planning. Only one of the files we looked at had information about the person's past life to help staff understand them better.

There was no evidence that people who lived at the home and/or their relatives had been involved in the process of writing or reviewing this information.

Daily records of the support people received were kept in a separate file and had been completed in detail. We saw that people were supported to make choices about how they spent their time, however their wishes, choices and preferred daily routines were not recorded.

We spoke with one of the activities organisers who told us they took people out every day, usually on a one to one basis. There was also a range of activities on offer at the home provided by two activities coordinators who worked five days a week. The activities included armchair exercises, various games, music, reminiscence, and discussions about current affairs. There was also entertainment every Thursday. Records were maintained in an activities book.

Complaints policies and procedures were in place but no complaints had been recorded since 2016.

Requires Improvement

Is the service well-led?

Our findings

The home had a manager who was registered with CQC. The manager was open and helpful with us during the inspection and recognised that there were a number of areas in which the service needed to improve. However, we found that the improvements planned following our last inspection had not been implemented successfully. The service has never had a CQC rating higher than requires improvement.

The staff we spoke with said the registered manager was friendly and approachable and we also saw this during our inspection. The staff we spoke with said that they felt well-supported by the registered manager and that there was a positive culture amongst the staff. One of the care staff told us "We are lovely people, we work as a team, we're like a family." Another said "This is a lovely home. The manager is lovely and I would feel able to go to her, it's a nice community and people get good care."

Arrangements for the safekeeping of people's money was not clear. There appeared to be an appointeeship arrangement for one person, but this was not clearly explained. The administrator told us that the Court of Protection managed the finances of three people. They told us that people's personal spending money was paid into a "Waverley account". There was not a separate bank account for each person. Although the administrator kept very detailed records of people's finances, some of the loose sheet records did not have any name on so could easily have got mixed up. We found no evidence to suggest that people did not receive their personal spending money, however we recommend that whenever the home's staff are involved in handling people's money, the arrangements for this need to be clearly documented and transparent.

The two activities coordinators held regular meetings with the people living at the home. These meetings were well-attended and gave people the opportunity to provide their comments and feedback about the home. People had also been supported to complete a service user survey in November 2018, however we did not see that anything had been learned from this. Staff at the home encouraged visitors to leave their feedback about the home and visitor questionnaires were readily available by the signing-in book. Again, we did not see how any feedback had been used to help improve the service.

A range of quality audits was completed to monitor the quality and safety of the service provided. A maintenance audit and an annual health and safety review had been completed in January 2019. No improvement actions had been identified in either of these. The care plan audits had not identified any shortfalls, however the manager agreed that the standard of the care plans was poor. We found that the overall standard of record keeping was poor.
These were breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good Governance, because the provider did not have effective systems to monitor and improve the quality of the service.

Registered providers are required to inform the CQC of certain incidents and events that happen within the home. CQC records showed that whilst some notifications had been submitted, no accidents had been reported since 2012, and no safeguardings for the last two years.

A copy of the home's last CQC inspection report was available for people to look at in the entrance hall.

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 9 HSCA RA Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	The provider had failed to ensure that each person received appropriate person-centred care and treatment that is based on an assessment of their needs and preferences.

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	Mental capacity assessments were not carried out consistently and best interests meetings were not held to support restrictions on people's liberty.

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	The provider did not have effective systems to monitor and improve the quality of the service.

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	The provider had not carried out the required checks before new staff were employed.