

# Daughters of Mary Mother of Mercy Waverley Care Home

## Inspection report

14-16 Waverley Road  
Liverpool, Merseyside  
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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?

Is the service responsive?

Is the service well-led?

Requires improvement



### Overall summary

We carried out an unannounced, comprehensive inspection of this service on 19 and 20 August 2015. Breaches of legal requirements were found. We served warning notices relating to the premises and equipment and governance which told the provider what action to take to meet the legal requirements. We also served requirement actions for medicines management and consent.

After the inspection the provider wrote to us to say what they would do to meet the warning notices and the requirement actions.

We undertook this focused inspection to check that they had followed their plan and to confirm that they now met

legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Waverley Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

Waverley Care Home is located in a period property near to Sefton Park Liverpool and is close to local amenities such as cafes, restaurants, shops and public transport links. There is on street parking and a garden to the rear of the property. The service provides care over three floors. The service is registered to provide care and accommodation for up to 20 people. At the time of this inspection, there were 12 people living in the home.

# Summary of findings

The home required 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 found that the breaches we had identified in August 2015 had been met but that there still was further work needed to ensure a good standard in these the home.

At our last inspection there were concerns about the management of the home. The home had not had a registered manager for some time. The home had recently appointed a manager who told us they would apply for registration with the Care Quality Commission. They also told us they had set up processes and procedures, such as audits and would ensure that these happened in order to monitor the quality of the service. We saw that this had started to happen.

We saw that the medication administration had improved but that there were still some areas which required further work, such as the medication policy needed updating and that audits needed to be re-instated. However the medication was correctly counted and recorded and stored appropriately and securely.

The premises had been improved and were now safer, for example, window restrictors had been fitted and an electrical consumer box being had been safely concealed. Flooring and beds were being replaced and some area of the home had been re-decorated. Fire equipment had also been sited more securely. Further work was needed to continue these improvements throughout the home.

The manager showed us evidence that applications for a Deprivation of Liberty Safeguards had been made for some people living at Waverley Care Home but they also needed to update some capacity assessments.

# Summary of findings

## 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 mainly safe.

Medication administration had improved.

The home had improved its premises safety but further work was required.

Requires improvement



### Is the service effective?

The service was mainly effective.

The Mental Capacity Act 2005 and the associated Deprivation of Liberties Safeguards legislation was mostly being followed.

Further work need to be done to ensure that up to date mental capacity assessments were completed.

Requires improvement



### Is the service caring?

N/A

### Is the service responsive?

N/A

### Is the service well-led?

The service was mainly well-led.

The home required a registered manager. At the time of the inspection, it did not have one. A manager was currently post who told us they would apply to be a registered manager.

The quality assurance processes were improving and we saw positive feedback from relatives.

Requires improvement



# Waverley Care 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 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.

The inspection took place on 23 March 2016 and was unannounced. The inspection team consisted of two adult social care inspectors and one specialist adviser. The specialist adviser was a registered nurse with experience of medication administration and storage.

We considered the information that we had on our systems and contacted the local authority to see if they had information to share with us. After our inspection, we contacted the local fire authority to request their view on the premises.

We looked at three care files, medication records and various other records relating to the home.

We talked with four people who lived in the home, with four staff and with one professional for the local fire brigade.

# Is the service safe?

## Our findings

In a letter to the home from a recently bereaved relative of someone who had lived in the home, the relative wrote, 'I know it's not the flashiest of places in nursing, but there is no question that there is a feeling of unity and community amongst the residents.'

We observed an afternoon medicine round in the main lounge. We noted that the medication was carefully checked against the medication administration records (MAR) sheet and the person's consent was obtained before the medication was administered. Medication was administered by the staff member in a respectful manner, with an explanation to the person of what the medicine was for.

It was noted that the staff member wore a clean blue plastic apron during this medicine round. Blue aprons are worn for cleaning and kitchen duties. We discussed this with the manager who assured us she would remind staff that this is not appropriate, as only white aprons should be used for personal care and medication administration.

The medication room was clean and tidy. The trolley was orderly and clean. The medicine trolley was stored securely as were the other medicines in the medication room.

MAR sheets for two people were examined and checked against the blister packs. It was observed that the stock levels had been clearly recorded and these were up to date. People's MAR sheets had been utilised to record allergies or they stated 'none known', if that were the case. We saw that that opened bottles of medication had been clearly signed and dated. The amount of medication administered was shown on the MAR sheet. The staff member confirmed that there were no controlled drugs currently being prescribed to any of their service users. The controlled drug cupboard was checked and this was empty. PRN medicines (prescribed but taken as required) and home medicines (such as cough medicine) were all appropriately stored and recorded.

Some of the MAR sheets contained clear photographs of the service users, however a number of photographs seen were black and white, old and unclear. Some did not contain any photographs. The manager confirmed that these were awaiting printing.

The medication fridge was checked and this was clear and tidy. All eye drops within the fridge had been dated when opened. A daily record of fridge temperatures was in use, this had been fully completed and signed for in March 2016 but gaps were evident on a number of days in January and February 2016. The manager was informed of this by us during our visit and they told us they would ensure the temperatures were taken consistently.

The medications policy was out of date as it was from 2010. Another policy document was found but this had no date on it and it was not clear if it was the service's own document. This policy was also out of date as it referred to outcomes not regulations. We discussed this with the manager who told us they would ensure an up to date policy would be completed as soon as possible.

We saw that the safety of the premises had improved. Window restrictors had been fixed to most windows, although some very high transom windows had not been fitted with a restrictor. One bedroom window also was missing a restrictor but we were told this was because the window was rotting and in need of replacing, which would be happening soon. We noted that there were some other windows, such as the one in the shower room on the first floor, which looked in need of repair or replacement and discussed this with the manager, who told us they were addressing this.

Bed rails were appropriate to the bed and occupant and some old style beds had been replaced. Carpets had been replaced with vinyl or laminated flooring as rooms became un-occupied and we were told that all the flooring would be replaced shortly.

We saw that the consumer unit and an associated electrical box which was situated on a wall in a corridor, which had been unsecured and accessible at our last inspection, was now enclosed within a locked cupboard and accessible only with a key.

Sinks all contained soap and hand towels; however the sink in the communal toilet on the second floor still posed a slip hazard as the water pressure caused the water from the tap, to still spill over onto the floor.

The fire extinguishers had been hung and placed correctly and there was a fire 'evac' chair in between floors in the stairwell. The personal emergency evacuation plans were now situated in the small office on the ground floor, which was used as a nurses station.

## Is the service safe?

We did not notice any smell of cigarette smoke in the home and the garden area was clean and tidy. The smoking area at the rear of the garden had a purpose made communal ashtray for smokers to use. Immediately after our

inspection, we contacted the local fire authority to request their view on the premises. They visited immediately and told us they were happy with the arrangements and equipment in the home.

# Is the service effective?

## Our findings

One person who had a recently authorised Deprivation of Liberty Safeguards to limit their access outside the home, told us, “You have to ask to go out and it’s not allowed after dark. I can go out on my own though, when I do. I don’t have the keypad numbers, you have to ask.”

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

At our inspection in September 2015, we were concerned because people had not been appropriately assessed under MCA and that DoLS applications had been not been made if necessary, to the local authority. Some people had appeared to be having their liberty restricted, for example in being able to leave the premises freely at their own choice and will.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw that the appropriate applications had been made and that several authorisations had been agreed so far by the supervisory body, the local authority.

At this inspection we found that DoLS applications had been approved for three people. Other people awaiting the outcome of their application, had agreed to accept some limitations on their movements and had recorded this and signed to say they agreed. We discussed with the manager that these people should have access to the key code to the front door and the manager agreed to provide this, pending any decision on their DoLS application.

We looked at people’s mental capacity assessment’s and noted that some of these had been written some time ago. We discussed this with the manager who agreed that they needed reviewing and updating as necessary. We saw that people had been asked for their consent for photographs and to agree care plans.

We saw that MCA and DoLS training had been provided for some staff since our last inspection and that training was planned for other staff into 2016. The staff we spoke with were aware of the legislation but said they ‘needed more training.’

# Is the service caring?

## Our findings

## Is the service responsive?

### Our findings

# Is the service well-led?

## Our findings

One person told us, “She’s [the manager] OK.”

Staff also confirmed to us that they were happy with the new manager.

The service had been without a registered manager for over a year. We saw that efforts had been made to recruit a manager who wished to become registered with CQC, but this had been unsuccessful until the current manager had accepted the post in the last few months. This manager told us they would be applying to become a registered manager with CQC.

At the inspection in September 2015, we had a number of concerns about the lack of quality assurance processes in the home to monitor the service provision. There were no consistent processes in place to monitor health and safety, care plans, infection control, incidents and accidents, falls and safeguarding concerns. We also noted that there was no monitoring of staff support and supervision by senior staff in the organisation.

At this inspection we saw that processes, procedures and audits were being implemented and that the manager was

actively assessing the quality of the service. We saw that since January 2016, a new care file format had been piloted which was comprehensive and informative and was electronically stored. This also contained a suite of risk assessments which could be completed or deleted, according to each person’s assessment.

We had been concerned by the ability and knowledge of previous managers but on discussion with the current manager felt that they may be able to implement their knowledge and experience into the home, effectively. They were open and transparent with us and told us of their vision and values for the home. Since their appointment, we had received appropriate statutory notifications and other correspondence from them. The manager told us, “I can’t work miracles, but I will try my best. I am definitely getting support from the provider.”

The manager told us about their plans for the service and how they wanted to increase the frequency and quality of the residents and relatives meetings. We saw that there had been recent positive comments in a letter about the service, from a relative.

We noted that this was work which had commenced well but which required further work to ensure a good service.