S.J. Care Homes (Wallasey) Limited

Aynsley Nursing Home

Inspection report

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Wallasey
Wirral
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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

Overall summary

We inspected Aynsley Nursing Home on 21 and 25 January 2016. The first day of the inspection was unannounced. Our last inspection of the service was on 18 and 19 February 2015 when we found two breaches of regulations. The breaches we found were that the provider did not have suitable arrangements in place to assess and monitor the quality of the service being provided, and that the provider did not have suitable arrangements in place for obtaining, and acting in accordance with, the consent of service users in relation to the care and treatment provided for them. During this inspection we found that improvements had been made in both of these areas.

The service is registered to provide accommodation with personal care or nursing care for up to 28 people and 24 people were living there when we visited. The manager informed us that some of the registered places were in shared rooms which were now rarely used as shared rooms.

Summary of findings

The home is required to have a registered manager but had not had a manager who was registered with the Care Quality Commission for more than a year. 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.

During our visits we saw that there were enough staff to support people and meet their needs, and people we spoke with considered there were enough staff. People we spoke with described the staff as kind and caring and we observed positive and respectful interactions between staff and people who lived at the home. Staff had received training about safeguarding vulnerable people from abuse.

The home was clean and there were no unpleasant smells. Some improvements had been made to the environment since our last inspection. Medicines were stored safely and people received their medication as prescribed by their doctor.

People were registered with local GP practices and the care plans we looked at gave details of people's health needs. People's needs were assessed before they moved into the home and referrals were made to medical professionals as needed.

Improvements had been made to the standard of meals and this was monitored regularly. People we spoke with were satisfied with the food they received. People told us that they enjoyed the social activities provided.

Care plans recorded people's care and support needs and were being rewritten in a more person-centred format.

Some people were potentially at risk from inappropriately fitted bedrails.

There was no staff training programme in place.

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?

Requires improvement

The service was not entirely safe.

People were potentially at risk from inappropriately fitted bedrails.

The home was clean and adequately maintained.

There were enough staff to support people and keep them safe. The required checks had been carried out when new staff were recruited.

Medicines were managed safely.

Is the service effective?

Requires improvement

The service was not entirely effective.

There was no staff training programme in place.

People's capacity to make decisions and give consent was assessed and recorded. People's healthcare needs were met.

Menus were planned to suit the choices of the people who lived at the home and alternatives were always available.

Is the service caring?

Good

The service was caring.

We observed staff caring for people with dignity and respect.

People we spoke with and their relatives told us that the staff were kind and caring.

Is the service responsive?

Good

The service was responsive.

People had choices in daily living and staff were aware of people's individual needs and choices. A programme of social activities was provided.

The care plans we looked at reflected people's needs and the care and support they received.

A copy of the home's complaints procedure was displayed and complaints records were maintained.

Is the service well-led?

Requires improvement

The service was not entirely well led.

The service did not have a registered manager.

There was a positive, open and inclusive culture and people's views were listened to.

Summary of findings

Regular audits were carried out and recorded to monitor the quality of the service.	

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 21 and 25 January 2016 and was unannounced on the first date. It was carried out by an Adult Social Care inspector and a specialist professional advisor (SPA). The SPA was a registered nurse with considerable experience of providing care for older people.

Before the inspection we contacted Wirral Council's Quality Monitoring and Contracts department. They told us that the service had improved. We looked at all of the information that CQC had received about, and from, the service since the last inspection.

During the inspection we looked at all parts of the premises. We spoke with seven members of staff, three people who lived at the home, and three visitors. 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. We looked at care records for three people who lived at the home and records of the audits that the manager had carried out.

Requires improvement

Is the service safe?

Our findings

People we spoke with said that they felt safe living at Aynsley and visitors we spoke with felt their relatives were safe at the home. The home had safeguarding policies and procedures and there was a copy of Wirral Council's safeguarding guidance manual 'No Secrets' in the office. During our last inspection we found there was no information readily available about how to contact social services to report any concerns. This had been addressed.

The manager told us that training about safeguarding had been provided for 32 of the 39 members of the staff team in November 2014. A member of staff told us "I would report any concerns to the nurse in charge and if they didn't do anything I would go to the manager. I would not be afraid to go further if needs be such as to social services or CQC. I feel we keep people safe." During our last inspection we noticed that staff did not wear name badges. This meant that if someone wanted to raise concerns about a member of staff they may not be able to identify them by name. This had been addressed.

The administrator told us they did not act as appointee for any of the people living at the home, however a number of people had personal spending money in safekeeping at the home. The administrator showed us the detailed records of people's finances they maintained and we saw that people's money was kept in individual wallets. During our last visit we were concerned that these records were not checked by anyone else and this did not protect either the administrator or the people whose money was in safekeeping. During this inspection we saw that a system had been put in place for the manager to check and countersign the records.

We looked at staff rotas and these showed that there was always a registered nurse on duty at the home. The manager usually worked supernumerary to the staff rota, but also covered for nurses' holiday or sickness. There were five care staff on duty in the morning, four in the afternoon, and two at night. During our last inspection, staff told us it was much better with five care staff on duty as they had more time to spend with people and we saw that the number had been increased from four to five in the morning. In addition to the care staff there were two staff working in the kitchen and two domestic staff.

Since our last inspection of the home, the number of hours worked by the administrator and the maintenance person had been reduced. During our last inspection we questioned why the activities organiser worked between 10am and 3pm which meant that they worked a significant number of hours over the lunchtime period when they supported people with their meal and were, in effect, working as an additional carer. The activities organiser's hours had been changed to 1pm to 5pm, usually Tuesday to Friday but she also worked at the weekend when needed.

We looked at the employment records for three members of staff who had started working at the home since our last visit. Staff records had not been well maintained and it was not always possible to find all of the information we needed to look at. We saw evidence that new staff had completed application forms and two valid references had been obtained. During our second visit we were able to see records of Disclosure and Barring Service reports for these staff and registration checks for nurses.

We spoke with the maintenance person and saw records of weekly health and safety checks he carried out. Services and equipment were checked and maintained by visiting contractors. We saw that these were all up to date. Portable electrical appliances were tested annually to ensure they were safe. Uneven floors and wrinkled carpets observed during our previous inspection that we considered put people at risk of falls had been replaced. There were no radiator covers in some bedrooms which meant that people may be at risk of burns, however these were not close to people's beds. A fire officer inspection had taken place in September 2015.

We observed that most people had been provided with adjustable beds that had integral bedrails, however we saw that at least three people had metal bedrails attached to divan beds. Bedrails risk assessments were in place and had been reviewed monthly. One bed had protective bumpers which did not fit the full length of the bedrails and presented a risk to the person of skin damage. Another bedrail had been placed approximately 12 to 15 inches from the headboard which potentially posed a risk of entrapment of the person's neck. We brought this to the attention of the manager who assured us that this would be addressed.

During our visits we found that the home was clean and there were no unpleasant smells. Paper towels and liquid

Requires improvement

Is the service safe?

soap were provided in all appropriate areas. An external infection control audit had been carried out in November 2014 and produced a score of 68%, which indicated improvements were needed. The manager told us that issues had been addressed and a new disinfecting machine for commode pots and urine bottles had been installed in the sluice room. A second audit carried out on 23 November 2015 recorded significant improvement.

During our inspection in February 2015 we had concerns relating to shared rooms where personal items, for example toothbrushes and bars of soap, were on the wash basin and were not labelled with the owner's name. This meant that they could be used for either one of the two people who shared the room. We discussed this with the manager who considered that the staff would know which items belonged to each person, however she agreed that alternative storage arrangements would be provided to keep each person's personal items separately. During this visit we found that personal toiletries were marked with people's names, however in a shared room there were two plastic wash bowls that were not marked to show who they belonged to.

We looked at the arrangements for the management of people's medicines. Medicines were only handled by registered nurses. Adequate storage was provided in a locked room. The room and fridge temperatures were recorded daily to monitor that medicines were kept at the correct temperature. Monthly repeat medicines were dispensed mainly in blister packs and a running total was maintained for all non-blistered items. A record was kept of any items that were carried forward from one month to the next. In general, the records we looked at and checks of the items in the medicine trolley showed that people received their medication as prescribed.

We were concerned that pages were not filed securely in the medicines administration sheet file and were falling out. This meant that they could be mislaid.

Requires improvement

Is the service effective?

Our findings

We observed how people received their meals at lunchtime. Only a small number of people went into the dining room and the others had their meals in the lounges or in their bedroom. Some people required support to eat their meal and carers sat with them and supported them with this. There was a pleasant, relaxed and unhurried atmosphere. Two visitors also assisted their relatives to eat their lunch.

We spoke with the people in the dining room who told us they enjoyed their meals and were always offered a choice. A member of staff told us "The food here is lovely, all fresh." Menus were displayed in the entrance area and showed that people were offered a varied diet and there were always two alternatives available.

Records showed that a number of observations of mealtimes had been carried out, the most recent being on 18 January 2016. These commented on the presentation of the dining room, showed what meals had been served, and recorded people's comments. They mainly recorded a very positive experience. On one occasion people had complained that the meal was not hot and appropriate action had been taken. A visitor told us "Food is good, lovely. I had a bit of a problem with it last Friday, but the manager sorted it out and has checked with me since to see if all is ok. She is very approachable."

We were told that food and drinks were available 24 hours a day and staff had access to the kitchen to make anyone a snack. People's weights were recorded monthly and a nutrition risk assessment was included in each person's care plan and was reviewed monthly.

There were 21 care staff employed at the home, of whom ten had a National Vocational Qualification (NVQ) level 2 in care. When we inspected the home in February 2015 the manager told us that staff had not received training recently except for safeguarding training in November 2014. She had booked a programme of training with an external training provider. This had been partly completed. Records showed that 15 staff had training about mental capacity in June 2015; 11 staff had training about dementia in May 2015; 13 staff had training about fire safety in June 2015; 17 staff had food hygiene training in May 2015.

The manager told us she had been informed by the provider that an e-learning programme was going to be introduced in October 2015 and staff would be working towards the Care Certificate, however this had not yet been implemented. A care assistant we spoke with had started working at the home quite recently. She told us she had an induction and shadowed other staff for well over a week. She said "I have worked in care before and have NVQ 2. I have done moving and handling, abuse awareness etc. We have regular staff meetings and supervision." A nurse who started working at the home quite recently told us, "We have discussed revalidation and the manager has got me onto a course soon; my induction was for several mornings over two or three weeks, I was totally shown everything."

Records showed that the manager carried out individual supervisions with staff, and group supervisions to address practice issues she had identified. Recent group supervisions had covered documentation, skin flap injuries, and the use of hoists and slings. Nurses had medication supervisions in September 2015. Annual appraisals of all staff had been carried out during September and October 2015.

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 are called the Deprivation of Liberty Safeguards (DoLS).

At the time of this inspection there were no Deprivation of Liberty Safeguards in place for people living at the service. The manager had not identified anyone as needing the protection of a DoLS.

There were no restrictions on people's movements around the home. The manager told us that only one of the people who lived at the home was mobile. Mental capacity assessments were recorded in people's care files. These were not detailed but recorded discussions with people's families. The manager told us that training about mental capacity was booked in February 2016 for staff who had not yet done it.

Requires improvement

Is the service effective?

People were registered with a number of different local GP practices. Care plans we looked at showed that people's health needs were assessed and plans were written to show how these needs would be met. Information about people's health was reviewed on a monthly basis or before if medical intervention had taken place. We were told that GPs visited when requested and other multi-disciplinary healthcare staff visited people as required. This was recorded in people's care plans we looked at.

Staff we spoke with said they had enough equipment, for example hoists, pressure-relieving mattresses and adjustable beds, to meet people's health needs. Most people had an adjustable bed however we saw some divan beds in use with bedrails attached, which can present a risk. A visitor we spoke with said her relative had been provided with a new bed and chair and this had made her much more comfortable.

We observed that some improvements had been made to the environment, for example new flooring in communal areas and in en-suites. We saw that some of the toilets and bathrooms did not have locks or signage to indicate when they were in use. Bedrooms did not have the name of the person on the door or any other aid for people to be able to find their own room. We saw some worn out towels in people's bedrooms including one with holes in.

There was a shortage of office space for the manager, nurses and care staff. The care staff kept their notes in the dining room. The administrator had an office on the second floor but this did not have a computer so the administrator had to share the computer in the nurses' office on the first floor, which was not appropriate.

Good

Is the service caring?

Our findings

One of the people who lived at the home told us they had been a resident there for several years. They said “I feel very safe. The food is lovely. They’ll do anything for you if you don’t want what’s on menu. Staff are really kind, no problems, they never hurry me along they let me go at my pace. The manager is very nice, you only have to ask and you can have what you want. I couldn’t be in a better place.”

We spoke with a relative of a person living at the home. She told us her relative had lived at the home for several years. She said “Staff are nice and friendly, he’s well looked after and safe here. I’ve never had to raise any concerns.” Another visitor told us they visited every day. They said “I’m very happy with the service. He’s safe, clean, warm and well looked after. Some days they could do with an extra member of staff, although most times there are five care staff plus the sister.”

We read a letter from a family dated December 2015. They wrote ‘She was kept warm, safe, well fed and all of her personal needs attended to which gave us great peace of mind. You also welcomed us, the family. Nothing was ever too much trouble for you – you’re a great bunch of people.’

We observed the staff providing support for people in communal areas and saw that they were caring, kind and good-humoured and gave people time. Staff knocked on people's doors before entering and people's safety was taken into account when using equipment such as wheelchairs and hoists. We saw that staff attended to people’s needs in a discreet way which maintained their dignity. Staff also engaged with people in a respectful way throughout our visit. The home had two members of staff identified as ‘dignity champions’.

Some people were accommodated in double bedrooms and privacy screening was available in each of these rooms. In people’s bedrooms there were many photographs and other personal belongings. Families and friends were able to visit people whenever they wanted and be involved in their care if they wished.

The manager told us that she and another nurse were doing training about the six steps end of life care pathway. One person living at the home had been identified by their GP as being on the end of life pathway. We saw that appropriate medication had been prescribed to keep the person pain free. There were records of communication with the person’s close family and a ‘do not resuscitate’ order was in place. An end of life care plan had been put in place in November 2015 and was last evaluated on 9 January 2016. A ‘Preferred Priorities for Care’ form had been completed and indicated that the person would prefer to stay in the home for end of life care. We observed that this person was being cared for in bed and they appeared comfortable.

Good

Is the service responsive?

Our findings

A nurse we spoke with said "I've been helping with new care plans. I even know what their favourite colour or TV programme is." They were referring to the new care planning format that was being implemented to enable a more person centred approach. Another nurse told us "It is really good care, small and intimate. People are happy because it is not isolating. I have noticed a significant difference in terms of the need for antidepressants to be used." Another member of staff told us "I feel we are safe and provide really good care. I would put my mum and dad in here."

We found that the care plans we looked at were not person-centred in style and did not entirely capture the personhood of those they cared for. However, the care plans were reflective of people's current needs. They were evaluated at least monthly and were rewritten if over a year old, or if the person's needs had changed. This meant that the service was responsive to people's changing health needs.

People were offered choices, in particular about personal care and where they wished to spend their day, and these choices were identified in the care plans.

We spent time with the activities organiser who told us "The nurses let me know if there are any changes in people's condition. I visit them in their rooms and chat or read to them, I also do hand massages." She had been in post two years but had no formal training in the role. She was previously a care assistant in the home and had NVQ level 2 in health and social care. She told us "I have spoken with other activity organisers in other homes to share ideas, and also go on the NAPA (National Activity Providers Association) website." The activities organiser told us that a minibus was hired for outings and fundraising took place to pay for entertainers. She felt she was supported by other members of staff and the manager.

We saw that a copy of the home's complaints procedure was displayed in the entrance area for families and other visitors to be aware of. The complaints procedure referred people to CQC and Social Services if they wished to raise concerns. People we spoke with during our visits said that they would feel able to speak with the manager if they wished to make a complaint or raise a concern. We saw records that showed complaints had been logged, responded to appropriately and addressed.

Requires improvement

Is the service well-led?

Our findings

The registered manager left the home in August 2014 and a new manager took up post in September 2014. The new manager was a registered nurse with considerable previous experience in managing nursing homes. The manager had not applied for registration with CQC.

This is a breach of Regulation 5 of the Care Quality Commission (Registration) Regulations 2009 which requires the Registered Provider to ensure that the regulated activities are managed by an individual who is registered as a manager.

We were told that the provider visited the home regularly but did not routinely have contact with people who lived at the home or their families. We saw no evidence that the provider had a role in monitoring the quality of the service provided and we saw no evidence that the manager was supported in the management and development of the service.

Staff we spoke with said they were happy with the manager and they felt they could talk to her and express their views. They told us "Aynsley is a nice place to work, I was made to feel welcome, nurses and the manager listen to you."; "I feel we keep people safe and we are listened to by the nurses and manager."; "The best thing about Aynsley is the happy atmosphere. We all get on really well. Can't think of anything we could do better." and "I can ask the manager anything and I can also tell her if anything is wrong. The support here is brill, best thing about Aynsley is that we are one big happy family, I can't think of anything I would change."

Records showed that the manager held regular meetings for staff and for people who lived at the home and their families. This gave them opportunities to express their views. Residents' meetings had been held on 5 and 6 January 2016 with different groups of people and records showed that individuals were asked for their opinions. A staff meeting had been held on 4 January 2016 and two meetings, one for nurses and one for care staff, took place on the first day of our inspection. Minutes of the meetings showed that comments and compliments that had been received from relatives and professional visitors were passed on to staff.

Since our last inspection, the manager had developed monitoring and auditing processes within the service. These included regular monitoring of the standard of meals; a number of different medication audits; monthly health and safety checks; monthly infection control monitoring; monthly kitchen audit; and monthly laundry audit. Accidents and incidents were recorded and analysed each month to find out if there were any recurring issues that could be addressed. These had been used effectively to improve the quality of the service provided.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 5 (Registration) Regulations 2009 Registered manager condition **The registered provider had not ensured that the regulated activities were managed by an individual who is registered as a manager.**