

Rolfields Limited

Anchorage Nursing Home

Inspection report

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05 April 2016

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Ratings

Overall rating for this service

Requires Improvement 

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

Summary of findings

Overall summary

We carried out an unannounced inspection of Anchorage Nursing Home on 29 March and 05 April 2016. Anchorage Nursing Home is a detached house providing nursing and residential care for up to 39 people, at the time of our visit the service was providing support for 38 people. Anchorage Nursing Home is situated in a residential area of Hoylake and there is a small parking area to the front of the home.

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. There was a manager in post who received notification of their completed registration on the second day of our visit, and so during the course of our inspection, became a registered manager with the Care Quality Commission.

We spoke with the provider and the registered manager and they were open and honest and told us that they recognised that the home needed to improve and that they were committed to the work required. People we spoke with told us they felt safe at the home. They had no worries or concerns. People's relatives also told us they felt people were safe.

We found a breach in relation to care planning. You can see what action we told the provider to take at the back of the full version of this report.

We reviewed people's care plans, not all people who lived in the home had a plan of care that was appropriate and met their needs and topical medicines at the home were not always managed in a proper or safe way.

We found that the Mental Capacity Act 2005 and the Deprivation of Liberty (DoLS) 2009 legislation had been adhered to in the home. The registered manager told us of the people at the home who lacked capacity and that the appropriate number of Deprivation of Liberty Safeguard (DoLS) applications had been submitted to the Local Authority in relation to people's care.

The staff in the home knew the people they were supporting and the care they needed. We observed staff to be kind and respectful.

People who lived at the home and staff told us that the home was well led and staff told us that they felt well supported in their roles. We saw that the registered manager was a visible presence in and about the home and it was obvious that they knew the people who lived in the home extremely well.

Staff were recruited safely and there was sufficient evidence that staff had received a proper induction or suitable training to do their job role effectively. The majority of staff had been supervised and appraised. The registered nurses had the appropriate checks regarding their registration with the Nursing and Midwifery

Council.

The provider had systems in place to ensure that people were protected from the risk of harm or abuse. We saw there were policies and procedures in place to guide staff in relation to safeguarding adults.

We saw that since the registered manager had been appointed there had been significant improvements in the service and the registered manager had a comprehensive action plan that showed what had been achieved and what was still outstanding.

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.

Staff had been recruited safely. Appropriate recruitment, disciplinary and other employment policies were in place.

There were enough staff to support people in their various needs and activities and the staff had been trained in safeguarding procedures.

Medication was not always safely managed in the home.

Is the service effective?

Good ●

The service was effective.

People were given enough to eat and drink and a choice of suitable nutritious foods to meet their dietary needs.

Staff were appropriately inducted and received on-going training. Staff were regularly supervised and appraised in their job role.

Staff understood and applied the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards. The registered manager had made the appropriate referrals to the local authority.

Is the service caring?

Good ●

The service was caring.

We observed staff to be caring, respectful and approachable.

Staff made every effort to ensure people's privacy and dignity was respected when care was delivered.

The confidentiality of people's records was maintained.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

The complaints procedure was openly displayed on the notice board and records showed that complaints were dealt with appropriately and promptly.

We saw people had prompt access to other healthcare professionals when required.

All people who lived in the home did not have a plan of care that was appropriate or which met their needs.

Is the service well-led?

Good ●

The service was well-led.

The service had a manager who was registered with the Care Quality Commission.

The registered manager was clearly visible and staff said communication was open and encouraged.

Staff said they felt supported in their role.

Anchorage 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.

This inspection took place on 29 March and 05 April 2016 and was unannounced. The inspection was carried out by one adult social care inspector and one specialist advisor who was a nurse with experience of caring for older people, and who focussed on nursing care and medicines management.

Prior to the inspection we asked for information from the local authority quality assurance team and we checked the website of Healthwatch Wirral for any additional information about the home. We reviewed the information we already held about the service and any feedback we had received.

During the inspection we spoke to three people living at Anchorage Nursing Home and two relatives of people living at the home. We talked with five staff on duty. We also talked with the registered manager and with the provider. We observed several other people who were supported by the service, who did not want, or were unable to talk with us.

We observed support for the majority of people who lived at the home. We reviewed a range of documentation including seven care plans, medication records, and records for seven staff members, staff training records, policies and procedures, auditing records, health and safety records and other records relating to how the home is managed.

We asked the registered manager to send information regarding action plans they had for improvements to the service. This was done promptly following the inspection.

Is the service safe?

Our findings

We asked people who lived at the home and their relatives if they felt the people who live in the home were safe. Everyone we spoke with said they felt the people who lived in Anchorage Nursing Home were safe. A relative said "They [the staff] look after her well".

There were appropriate measures in place to ensure the safety of all medications including controlled and refrigerated medications. We checked remaining stocks and we found all were correctly documented.

We looked at medication administration records and saw that they were correctly completed and codes were being used appropriately but the reasons for refusal/other were not always recorded. This was brought to the registered manager's attention and we were shown improvements in practice since the registered manager had been on post. They told us of the improvements still needed in the administration of medication. We observed the administration of medication and this appeared safe. The medications were given and people were observed taking them. This meant that people were receiving their medications in a timely manner. Medication audits had recently been implemented by the management. We also saw that competencies of staff administering topical medications (creams) were planned to be checked.

On the first day of inspection we asked to see topical medication administration records but these could not be located. By the second day of inspection the registered manager had implemented new documentation but we saw that these had not been completed. This meant that we could not be certain that a person who had been prescribed topical medication had received it.

We saw that policies and procedures were in place to manage safeguarding concerns. The home reported safeguarding incidents to the Local Authority and Care Quality Commission appropriately and promptly. We saw that staff had attended safeguarding training. All staff we spoke with told us they would have no hesitation in reporting any issues and were able to tell us the processes to follow. We asked relatives if they had been encouraged to raise concerns about people's safety and we were told "Oh yes, you only have to go to [the registered manager]."

We also looked at the records for accidents and incidents, we saw that actions had been taken following each. We also saw that the registered manager had devised and implemented an auditing tool specifically for accidents, and this was completed on a monthly basis.

We saw that the registered manager was in the process of updating care files. We reviewed seven people's care records. We saw that risks to people's safety and well-being had been identified and plans put in place to minimise risk. Risk assessments had been completed with regard to moving and handling, for bed rails, dietary requirements and for pressure area care. Some risk assessments had been reviewed monthly or six weekly, others hadn't been reviewed for some time or had no date or signature. We saw that mattress settings had not been checked regularly. These findings were brought to the registered manager's attention who showed us their progress in updating the files.

We looked at a variety of safety certificates that demonstrated that utilities and services, including gas, electrics and small appliances had been tested and maintained. Moving and handling equipment was adequately maintained and if any defects reported we saw that this was immediately acted upon.

Staff wore appropriate personal protective clothing when assisting with personal care and appropriate antibacterial soap was available throughout the home to assist with infection control. We saw evidence of cleaning rotas and observed on-going infection control systems within the home.

Personal Emergency Evacuation Plans (PEEPS) had been completed for all of the people who lived in the home and were readily available in a file in case they were required.

We looked at seven staff files for health care assistants, registered nurses and the registered manager. We saw appropriate recruitment procedures were in place This meant that the provider had ensured staff were safe and suitable to work with vulnerable people prior to employment.

We looked at staffing rotas for two weeks prior to the inspection and the rota currently in use. We observed that there were sufficient staff on duty, the call bells were answered promptly and staff were always visible. We also saw that additional nursing staff had been appointed in view of increasing complexity of the needs of the people who use the service.

Is the service effective?

Our findings

When we asked people if they thought the staff had the appropriate skills or knowledge to deliver an effective service, the feedback was very positive. We were told by one family member, "Oh yes very much so." A person who used the service said, "Oh yes, they all well trained".

We saw that staff had attended a variety of training that included first aid, fire training, infection control, moving and handling and safeguarding. We also saw the training plan for the coming year. The registered manager informed us that the home was implementing the Care Certificate for new staff, which was accredited by 'Skills for Care'. One staff member told us "All the staff have done the 'understanding dementia' programme that has helped a lot".

We saw evidence that the registered manager had implemented a supervision and appraisal system for the staff. Supervision provides staff and their manager with a formal opportunity to discuss their performance, any concerns they have and to plan future training needs. We saw this was recorded in staff files and was also discussed with individual staff members who confirmed they had received supervision. We were told by a member of staff "[The registered manager] helps us by doing one to one supervision when we are busy'.

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).

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. It was clear that the registered manager had a full and detailed understanding of the MCA and its application. We saw that people had received a mental capacity assessment and the home had followed the appropriate procedures to apply for DoLS. We asked the people if staff asked for their consent they said "Yes".

In the care files we looked at we saw that nutritional risk assessments had been completed which identified whether the person was at risk of dehydration or malnutrition and we noted the care files reflected the level of support they required for eating and drinking. We saw that some food/fluid charts had not been completed, this was brought to the registered manager's attention who told us they would action this immediately.

We spoke with kitchen staff including the cook on duty and they were able to show us that the food was cooked fresh every day and prepared from scratch. We sat in the dining room at lunchtime and saw that the food looked nutritious and palatable. People were served good sized portions of both courses and we saw that several people asked for seconds of both courses and were given them. People looked like they really

enjoyed the food. One person told us "Food's good".

A white board showed which people were on special diets, such as being gluten-free diabetic. We also saw it showed peoples' particular likes and dislikes. We were told by the kitchen staff "We are passionate about what we do, residents like tasty, nutritious food that is freshly cooked, and we try to go for 'home-style' cooking. We work well with the care staff".

We saw that the registered manager has started to make the home dementia friendly with new clear signs, a new dining area and they had divided a large noisy living area into two smaller spaces, one of which was a quiet lounge area for those who preferred it.

Is the service caring?

Our findings

One person told us "They are very caring girls". Another person told us, "The girls are lovely". We also spoke to relatives, one said, "They're so good, they ask if I want to come for lunch", another person said "All they think about is the comfort of the people here".

Staff demonstrated a patient, caring and respectful approach when approaching people. It was clear from our observations that the majority of staff knew people well and were able to communicate with them and meet their needs in a way the person preferred. We saw staff joking and laughing with people and involving them in conversations. We also saw staff addressing people in the manner they preferred. We saw people who lived at the home and staff had developed positive relationships with each other, and staff had an understanding of people's likes and dislikes. We observed that staff clearly knew people well and people told us that generally staff asked for consent prior to carrying out any care.

During our inspection we observed that confidential information was kept secure either in a locked cupboard at the nurse's station, the main office or in other cupboards. We saw evidence in people's care plans of their choices at the end of life.

The home had completed the "Six Steps" programme with the focus of this being care in the last six months of life. We saw six steps in place and that this had been discussed with family. Six steps ensures that there is open and honest communication, assessment and planning. It ensures that the person themselves is at the heart of the process, with other people such as relatives and care professionals included and operating in a co-ordinated way. The person's need for dignity and respect is vital, as is the need to deliver high quality service in the care setting. It is a recognised end of life quality mark for care homes and other organisations. We were able to observe how staff dealt with this situation and saw evident dignity and respect.

We asked people if they could have visitors at any time, all said yes and we also asked relatives about visiting and were told "I can come at any time for a visit". Another relative said "I've only got to say we're going out and they've got her ready, can't fault them". We saw visitors popping in during our inspection and saw that they made themselves at home and were greeted pleasantly by the staff. We noted that relatives could stay overnight with their family member if they requested it.

We asked if people felt respected and if they felt they were treated with dignity, one person told us "Definitely, and they listen to me". We were also told by this person that they chose what time they went to bed, what time they get up and what they want to wear.

We looked in the entrance area for any information about the home. The registered manager showed us 'The Anchorage Nursing Home Service User Guide' that was available for people and families. This held information that included advocacy with useful numbers, choices and rights and equal opportunities.

Relatives told us that there was always communication between them and Anchorage Nursing Home and they felt they were kept informed of any issues.

Is the service responsive?

Our findings

People and their relatives told us they were satisfied with the way care was provided, could not fault the approach of the staff and they felt listened to. They told us that they would certainly be able to express concerns about the service if they had any. One person told us "I'd go to [the registered manager] if I needed to", and another person said "Oh yes I'd talk to the manager".

We looked at seven individual care files that were in place for people living at the home. Care files contained an assessment of the person's needs. We saw that care plan format was confusing and reading the care plans trying to ascertain exactly what care was to be given was difficult as they were divided into many different care plans, whether the person who used the service had a problem or not. No separate care plan for skin care/integrity was included and several records combined eliminating with skin integrity. The amount of text on the care plan sheets obscured what was to be done. There were start dates but the care plans lacked end dates or reviews of care.

Some of the information in the care plans was clearly incorrect particularly in relation to wound care. An example of this was that there were changes to a wound and the dressing prescribed by the tissue viability nurse in October 2015 was no longer appropriate. We also saw that someone been diagnosed with dementia and prescribed a medication but the care plan had not reflected this change since March 2015 and no observations had been put into place or planned, neither had the falls risk assessment or care plan been changed.

These examples demonstrate that we could not be confident that all people who lived in the home had a plan of care that was appropriate and met their needs.

These examples are a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw that the complaints policy was at the entrance of the home and in the service user guide and so was freely available for people to access. We looked at the complaints procedure and saw that it was clear and comprehensive and we saw that there was a complaints audit carried out and clearly actioned. The people we spoke with stated that they did not have any complaints about the service they received or the home environment and everyone said they would feel comfortable making a complaint if necessary. We saw that someone had raised a complaint about how food was presented to a person after being liquidised. We were shown that the service had responded and now used moulds to make the food more visually appealing. There was also another complaint about the accessibility of drinks, we noted that the home had implemented drinks machines which were placed in the communal areas.

We also asked what actions were taken if a person appeared to need to leave the service. We were told by staff that if there was doubt that the home could not meet a person's needs, a re-assessment of their needs was made to determine if a move to another care home would be appropriate. We saw that recently, one person had been monitored for two months as their mental health had deteriorated. The staff said "[the

registered manager] did everything and involved all the services properly to ensure the best outcome for the person".

We were able to follow a sequence of events that led to various referrals for people to other professional bodies, examples of these being GP, mental health teams and other members of the multi- disciplinary team. This indicated that the service responded appropriately to people's medical and physical health related needs. The home had also identified a risk surrounding challenging behaviour and had implemented an action plan within a care plan that helped staff identify triggers and early signs of behavioural issues or deterioration in people's health and well-being. A handover sheet had been devised and implemented by the registered manager and was seen to be used when staff were handing over information in between shifts this showed continuity and monitoring of care being delivered.

We spoke with the dignity champion in the home who told us the care had become a lot more person centred with the new systems and that it was getting better.

Is the service well-led?

Our findings

We asked people if they felt they could talk to the registered manager and one person told us "I've no problems and we are well supported by [the registered manager], the management are now proactive and we can get anything we want for the residents". Another person said "[the registered manager] is very sensitive to our needs and has an open door policy which works well" and a relative told us "[the registered manager] is very competent, she's experienced".

Staff we spoke with felt supported and well trained and felt that the home was well led. All the staff appreciated the registered manager's 'open door policy' and the support that was given to them, no staff complained about the changes.

We looked at the minutes of the team meetings which were held regularly for all members of the team. We saw that staff were able to express their views and any concerns they had.

We spoke with the provider and the registered manager and they were very transparent and told us that they recognised that the home needed to improve and that they were committed to the work required. We could see that significant improvements had been made and the records demonstrated that lots of work had taken place since the start of the registered manager's employment. The provider and the registered manager understood their responsibilities in relation to the service and to registration with CQC and regularly updated us with notifications and other information.

The registered manager and the staff had a clear understanding of the culture of the home and the registered manager was able to show us how they worked in partnership with other professionals to make sure people received the support they needed. We spent time talking to the registered manager and they told us how committed they were to providing a quality service. The registered manager was a visible presence in and about the home and it was obvious that they knew the people who lived in the home well.

The registered manager was newly registered and had implemented new processes including audits, new monitoring documentation and had introduced a culture of openness. A staff member told us they could approach the registered manager now and not be worried about any repercussions. An action plan was produced to address any areas of concern identified through all of the audit and feedback processes. We saw that person-centred plans, risk assessments, diet and fluid charts and health and safety, amongst other audits, had all been included in the plan. We also saw plans for outings and additional dementia friendly adaptations for the service.

The policies in place were completed by an external body and adapted and reviewed bi-annually. These included health and safety, fire procedures, confidentiality, whistle blowing, medication, disciplinary procedures and recruitment. People's care files were stored securely to protect their right to confidentiality.

We saw evidence that the registered manager had received supervision from the provider since and we had sight of these. This showed that the registered manager was supported in her role and that these meetings

gave the registered manager the opportunity to suggest improvements and highlight any issues.

We saw that the registered manager had implemented relatives meetings, the most recent had been well attended and gave the relatives the opportunity to air their views and for the service to pass on any information. The registered manager had also implemented quality questionnaires and was in the process of collating the information as it was planned for a 'You said, We did' chart to be put in place.

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 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	Regulation 9 HSCA RA Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	Not all people who lived in the home had a plan of care that was appropriate and met their needs.