

Greenacres Nursing Home Limited

Wavertree Nursing and Care Home

Inspection report

Pighue Lane
Wavertree
Liverpool
Merseyside
L13 1DG

Tel: 01512284886

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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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We carried out this unannounced inspection of Wavertree Nursing and Care Home on 26, 27 September and 2 October 2017. Wavertree Nursing and Care Home (the service) provides accommodation for older people who require nursing care. The service is registered to provide care and accommodation for 46 adults. At the time of our inspection there were 42 people living at the service of which there were 18 people requiring nursing care. Accommodation for all residents is provided on the first floor and this floor can be accessed via a stair case or lift. The service is located in the Wavertree area of Liverpool and is close to local public transport routes.

The service is required to have 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. The registered manager, who is a registered nurse, was appointed in June 2017. This followed a long period of time in which the service did not have a registered manager.

We spoke with the provider, registered manager and the registered manager from the neighbouring residential home which is part of the same organisation. They were open and transparent in accepting there were a number of valid concerns highlighted during our last inspection. However, considerable efforts to improve the service had been made.

The people we spoke with told us they felt safe, secure and well-cared for living at the service. People's relatives also told us they felt people were safe and they praised the standard of care provided by staff at the service.

During our last inspection we found breaches in relation to Regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to inadequate risk assessment, poor management of pressure care equipment, the lack of a registered manager for a considerable period of time and the failure to send us statutory notifications. During this inspection we noted that the service had made improvements in these areas.

Quality assurance and audit systems were in place and had improved since our last inspection. However, they were not always effective, nor were they always up-to-date. For example, we found that some people's 'when required' (PRN) medication was not recorded properly, which meant there was no way of knowing what PRN medication had been given or what amount of PRN medication should have been in stock. We saw that some of the waterproof covering on one person's bed bumper had worn away exposing the foam cushioning underneath. This was unhygienic and posed a potential infection control risk. We also found that a room used by a hairdresser who visited the service was dirty and did not appear to have been cleaned since it was last used, as there was some hair left on the floor. We noted that these issues were immediately addressed when we highlighted them. However, all of these issues should have been identified by effective

audit systems and therefore this remains an area requiring improvement.

People living at the service had personalised care plans and risk assessments. The care plans we looked at were regularly reviewed by the registered manager and, where possible and appropriate, the people, their relatives and other relevant health professionals were involved in the process of reviewing this information. Although, we saw that some documents were not always fully completed. For example, some documents were missing staff signatures.

Pressure care equipment was appropriately maintained, monitored and used by staff at the service.

Staff were recruited safely and they were appropriately supported with an induction process at the start of their employment. We saw that staff had received suitable training to carry out their job role effectively. The majority of staff had had supervision and appraisal meetings. The registered nurses had appropriate checks of their registration with the Nursing and Midwifery Council (NMC).

People were given a choice of nutritious food and drink at the service. We saw that staff assisted and encouraged people with food and drink where necessary. People told us that they thought the food at the service was "ok" and they got enough to eat and drink.

We found that the Mental Capacity Act 2005 and the Deprivation of Liberty (DoLS) 2009 legislation had been followed by the service. We saw that the service carried out appropriate capacity assessments when necessary. Deprivation of Liberty Safeguard (DoLS) applications had been appropriately submitted to the Local Authority and there was a clear system in place to closely monitor and renew them when needed.

We saw there were policies and procedures in place to guide staff in relation to safeguarding adults. All of the staff we spoke with were able to tell us who they would contact both internally and externally if they were concerned about a person living at the service. There was clear information about safeguarding procedures and contact details in various communal locations at the service, including the entrance to the service.

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 not always safe.

'When required' medication was not always recorded properly. However, regular medication was correctly administered, stored and recorded.

People told us they felt safe living at the service. Staff and relatives also felt people were safe. Safeguarding information was readily available at the service and staff were up-to-date with training on safeguarding vulnerable adults.

Staff were safely recruited to work at the service and there was a sufficient number of staff working to meet the needs of the people living at the service.

The premises were safe, clean and well-maintained.

Requires Improvement ●

Is the service effective?

The service was effective.

Staff had received training relevant to their work and were well-supported by supervision and appraisal meetings with the registered manager.

Staff had received training on mental capacity and Deprivation of Liberty Safeguards (DoLS). There were policies and procedures in place to meet the requirements of the Mental Capacity Act 2005 and the associated DoLS.

People were given a choice of suitable nutritious foods to meet their dietary needs.

Good ●

Is the service caring?

The service was caring.

People and their relatives told us that the staff at the service were caring and supportive.

We saw caring and friendly interactions between the people

Good ●

living at the service and staff.

We saw that people's dignity and independence was maintained. People were clean, well-dressed and staff respected people's privacy.

Is the service responsive?

Good ●

The service was responsive.

People's care plans were person-centred and informed staff how to appropriately meet their needs.

People and their relatives were involved in planning their care and their care plans were regularly reviewed.

People and their relatives told us they were able to raise a complaint if necessary and they were confident any issues would be dealt with by staff.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Quality assurance and audit systems had improved since our last inspection but they did not always effectively identify and address issues.

We saw that there had been improvements in the standard of care provided and the governance of the service since our last inspection and following the introduction of the new registered manager.

There was a positive culture and good team morale amongst staff at the service.

Staff, people living at the service and their relatives told us that senior staff at the service, including the registered manager, were caring, approachable and listened to them.

The service had sent us statutory notifications as required.

Wavertree Nursing and 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 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 unannounced inspection was carried out on 26, 27 September and 2 October 2017 by two adult social care inspectors. At the time of our inspection there were 42 people living at the service of which there were 18 people requiring nursing care. During the inspection we looked around the premises and we observed the support provided to people in the communal areas.

We spoke with seven people who lived at the service, two relatives and eight members of staff who held different roles within the service. We also gathered feedback about the service from the local authority and health professionals who were visiting people living at the service, including a nurse, community matron and social worker.

We looked at a range of documentation including six people's care records, medication storage and records, five staff files, accident and incident records, health and safety records, complaints records, audits and records relating to the quality checks undertaken by staff and other management records.

Is the service safe?

Our findings

We asked the people living at the service if they felt safe. They told us, "Yes, I feel safe, secure and well looked after" and "I feel very safe, I'm quite happy here." When we asked people's relatives if they felt their relative was safe at the service they said, "Absolutely".

We found that medication was safely stored at the service. Regular medication was appropriately administered and documented by staff, who were trained and qualified to administer medication and had had their competency assessed by the registered manager. However, we saw that medication that was prescribed to be used 'when required' (PRN) had not been properly recorded on the person's records when it had been delivered to the home. This meant there was no way of knowing what amount was in stock and that the home was not able to ensure the security of the stocks of the 'when required' medications. This also meant that as there was no amount recorded we could not be certain if people had received their medications as prescribed. This was immediately brought to the attention of management at the service who assured us that this would be urgently addressed.

Staff had received training on safeguarding vulnerable adults. Staff told us that they felt people living at the service were safe. All of the staff we spoke with said that they would be confident raising a concern if necessary and they believed that the registered manager would listen to any concerns and take appropriate action. The service had safeguarding and whistleblowing policies and procedures in place. The registered manager had ensured that the relevant contact details for raising a concern were readily available to staff, people living at the service and their relatives, as they were on display in several of the communal areas of the service.

Since our last inspection the service had sent us a safeguarding notification regarding the appropriate use of thickener. The concerns raised had been properly managed and addressed by the registered manager. During our inspection we saw that the improvements they told us they would make as a result of these concerns had been made.

Prior to the inspection we received some whistleblowing concerns which we asked the registered manager to investigate. They did so professionally and promptly. The registered manager provided us with various forms of evidence to reassure us that the concerns raised were inaccurate.

During our last inspection we had identified that not all care plans risk assessments or monitoring information were clear or legible regarding people's needs. Risk assessments were also misleading and gave little guidance to staff on how to meet people's needs. At this inspection we found improvements had been made to the risk assessments for the people who used the service. We looked at six care plans and risk assessments and we saw that risks including pressure area care, falls and moving and handling had been carried out and regularly reviewed.

During our last inspection we had also identified concerns regarding the monitoring of equipment for pressure area care. During this inspection we saw that improvements had been made. The appropriate mattress settings were identified on the monitoring documentation and we saw that this was checked

twice-a-day. We were able to look at some mattresses and saw that the readings were correct. We also saw other professionals visit the home during the inspection to monitor the equipment.

We looked at a variety of safety certificates that demonstrated that utilities and services, such as gas and electric had been tested and maintained. We also saw legionella checks had been appropriately carried out. Legionella is a water-borne bacteria often found in poorly maintained water systems. The registered manager, with the support of maintenance staff, ensured that the health and safety of the premises was maintained by regularly carrying out various risk assessments and audits.

A fire risk assessment of the premises had been carried out by a professional contractor and this was regularly reviewed by the registered manager. We saw that there were weekly checks of fire safety equipment and the premises. There was an emergency evacuation policy and plan that had been reviewed and updated. There were Personal Emergency Evacuation Plans (PEEPs) for each person giving clear information about what assistance they would need to evacuate in an emergency. These were regularly reviewed and updated by the registered manager. This information was held in a 'grab bag' kept in the reception area so that staff and emergency services could have quick access to this information. Risk of injury in the event of fire was reduced as the service carried out regular fire drills. This meant that the people living at the service and the staff knew what to do in an emergency. We saw that firefighting equipment at the service had been regularly checked and maintained.

We saw that accident and incident policies and procedures were in place and there was an effective system to record any accidents and incidents that had occurred. There was little information to show how any patterns in accidents and incidents were analysed and addressed. However, we saw evidence to show that this information was regularly reviewed by the registered manager and, where necessary, appropriate actions had been taken to reduce the risk of accidents and incidents from happening again. We had been appropriately informed of any accidents or incidents since our last inspection and the registered manager was aware of their responsibility to notify us of these.

The staff files we looked at contained evidence to show the appropriate checks had been carried out during the recruitment process to ensure staff were suitable to work with vulnerable people. This included having previous experience and qualifications relevant to their role at the service, verified references, photographic identification and the appropriate criminal records checks known as Disclosure and Barring Scheme (DBS) records. The registered manager told us that there was a staff disciplinary procedure and they were able to call upon an external provider for advice and support when dealing with disciplinary and HR matters.

People living at the service and their relatives told us that they felt staff were always available when people needed them, both during the day and at night. The registered manager told us that they sometimes used agency staff but most of the time core staff were able to cover all of the shifts. This meant that the people living there had consistent support from staff.

Staff had had training on infection control. They told us that they were competent using personal protective equipment (PPE) and managing infectious illnesses. During our inspection we observed that all areas of the premises were clean and tidy. Shortly after our inspection an infection control audit was carried out by the local community trust. The service scored 90% overall and the registered manager told us that steps were already being taken to address the minor areas for improvement.

We noted that environmental health had inspected the kitchen in August 2016 and awarded it a five-star rating; the highest possible rating. We saw that the kitchen was clean and the food stored in the kitchen was in-date and well-organised.

Is the service effective?

Our findings

We asked the people living at the service and their relatives if they thought staff had the skills and knowledge to do their jobs well. They told us, "Yes, the staff are well-trained and very supportive" and "The staff know what they are doing, Mum is well looked after."

We saw that new staff were supported with an internal induction process which was mapped to the Care Certificate. The Care Certificate is a nationally recognised qualification based on a minimum set of standards that social care and health workers follow in their daily working life. The standards give staff a good basis from which they can further develop their knowledge and skills. During this time staff regularly met with the registered manager to support them with their learning and development. The registered manager also completed a competency assessment of all new staff before signing-off their induction as completed. All staff were given the service's 'care tool kit', a reference booklet containing key information on a range of areas such as the code of practice, emergency contacts and equality and diversity information.

We looked at the staff training records and spoke with the service's training provider. We saw that all staff had completed the service's essential training. This included key training areas such as safeguarding vulnerable adults, health and safety, fire safety, mental capacity and Deprivation of Liberty Safeguards (DoLS), safe handling of medicines, infection control and first aid. We also noted that when necessary the registered manager had ensured staff were given additional specific training. For example, after a problem with thickener was identified the registered manager promptly arranged staff training with the thickener manufacturer. Overall, the training provision at the service was interactive, well-organised and ensured staff had the skills and knowledge to fulfil their roles.

Regular supervisions had been carried out with staff, providing staff and the registered manager, or relevant senior staff, with a formal opportunity to discuss performance, any concerns and to address any training needs. The registered manager had not yet carried out any annual appraisals, as they had only been in post for a few months at the time of our inspection. Staff told us that they felt well-supported by senior staff at the service and they were listened to.

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 found that the MCA and DoLS legislation had been followed by the service. We saw that the service carried out appropriate capacity assessments when necessary. DoLS applications had been appropriately submitted to the Local Authority and there was a clear system in place to closely monitor and renew them when needed. Staff had received training on mental capacity and DoLS and there were policies and procedures in place to meet the requirements of the MCA and the associated DoLS. Staff we spoke with

demonstrated a good understanding of the principles of the MCA and DoLS.

People told us that staff asked for their consent when it was needed, respecting their rights to privacy and choice. We saw evidence that people were actively involved in deciding how they spent their time and they were given choices by staff. For example, we saw that people were given the option to take part in the activity taking place or do something else instead if they preferred. One person told us that they preferred to spend their time relaxing and watching television in their room. They also said that staff regularly checked they were ok.

People told us that the food at the service was ok and they get enough to eat and drink. We saw that people were given a choice about what they ate and drank and they were encouraged to maintain a nutritious balanced diet. We joined some of the people living at the service for lunch on the second day of our inspection, eating the same meal that they had been given. The food was freshly-prepared, hot when served and enjoyable. We saw that staff helped people who needed assistance eating and drinking.

We saw that some people had been supported to personalise their own rooms which made them feel more homely. The people we spoke with told us they were happy with their rooms. However, some people's rooms were bare, dull and lacked personalisation. We discussed this with the registered manager who acknowledged that not everyone's rooms were as homely as they could be, particularly for those who did not have family to help with this. The registered manager explained that this was something she planned to improve on.

We saw that the service had some dementia-friendly signage around the home. For example, some people had their names on their doors and there were clear signs informing people which rooms were bathrooms. The décor and lighting at the service had improved since our last inspection and the walls had been decorated with images that were dementia-friendly.

We saw that people living at the service were supported to maintain good health. For example, the service had good links with local GPs, nurses and dietitians. The registered manager also told us they had a good relationship with the specialist diabetes service, who they were able to contact for advice and training if needed. Staff told us that they knew the people they were caring for and they were watchful of any changes to people's health that required further attention.

Is the service caring?

Our findings

People living at the service told us that the staff were, "Very nice, caring and friendly" and "I get on well with all the staff." One person said, "The staff are there for me, they're very supportive and they reassure me when I'm feeling anxious." The relatives we spoke to said, "The staff are great, they're lovely and very helpful", "There's a good atmosphere here, the staff are brilliant" and "They're very friendly and they make us feel welcome to visit any time."

We observed caring and friendly interactions between staff and the people living at the service. For example, we saw staff singing, dancing and encouraging people where appropriate. The communication we saw was person-centred, as staff focused on the people they were supporting rather than the tasks they had to complete.

People told us that they felt the staff knew them well. The staff we spoke with had worked at the service for various lengths of time. They were confident telling us about various people living at the service, what their needs were and how they ensured that the environment was as positive and comfortable as possible for them. Staff had caring and well-established relationships with the people living at the service.

The people we spoke with said that staff respected their privacy and confidentiality. They told us that they were able to spend their time as they wished and if they wanted to do things on their own they were free to do so. We saw that staff knocked on people's doors before entering. We also saw that all people's doors were closed when staff were assisting them with personal care, which protected and maintained their dignity.

We saw that confidential information, such as people's care plans, was kept securely and protected people's confidentiality. We saw that people's dignity and independence was both maintained and encouraged. People were well-kempt and staff supported people as required to maintain their personal hygiene. One relative said, "[Relative] is always clean and well-dressed, they're well looked after by staff."

We saw that staff were caring towards people living at the service and their relatives. For example, we saw that one relative was upset, which staff recognised and provided them with the emotional support they needed at the time.

Staff had received training on end of life care and there were policies and procedures in place to support staff in delivering end of life care. We saw that the service was proactive in planning and delivering end of life care, as anticipatory care plans had been prepared where appropriate. 'Do not attempt resuscitation' (DNAR) forms were in place for people that needed them and this information readily available and widely-known by staff. None of the people living at the service required end of life care during our inspection. However, staff told us they were prepared for when this changed and in some cases they had already acquired the medication needed to appropriately support people at the end of their life.

Is the service responsive?

Our findings

People we spoke with told us they were aware of their care plans and they had been involved in the care planning process, as far as they were able and willing to be. We also asked people's relatives about care planning at the service. One relative said, "Yes, I was involved in the initial care planning process and I'm also in regular contact with staff too."

During our last inspection we had identified that monitoring information for some people living in the home was either conflicting, unclear or had not been completed at all. On this inspection we found significant improvements had been made. People had their nutrition, fluid, weight and pressure area care regularly monitored. This had been kept up-to-date and the information was easy to follow. This meant that staff were able to make relevant referrals to specialists when needed, for example for dietetic support. This ensured that people's health and wellbeing was maintained.

We had also previously raised concerns about records at the service and the inconsistent recording of issues relating to care records. We saw that improvements had been made. We looked at six care plans and we were able to see that people's care needs had been assessed in a person-centred way. For example, people had individual care plans for depression, hypertension and dementia. We also saw care plans that identified how people needed to be supported surrounding personal care, hobbies and communication. These had been updated regularly and so meant staff had a clear plan to follow on how a person wished to be cared for.

People living at the service had personalised care plans and risk assessments. The care plans we looked at were regularly reviewed by the registered manager and, where possible and appropriate, the people, their relatives and other relevant health professionals were involved in the process of reviewing this information. However we did see that some documents were not always fully completed. For example, some documents were missing staff signatures. We brought this to the attention of management staff at the service.

We saw that there was a variety of activities available for people to take part in throughout the week. The options were clearly displayed near to the lounge and dining area. The service employed an activities coordinator on a part-time basis. They gave us an overview of some of the different activities they arranged for people and showed us their records. These records included details about each person living at the service and what they did and did not like to do. They also recorded people's participation, which was helpful for communicating with people's relatives, as staff were able to clearly explain what activities people had been taking part in. However, the activities coordinator explained that this information was most important for them and other staff to be watchful over people's wellbeing. For example, if one person who usually took part in a particular activity stopped taking part and started to withdraw themselves from these social situations staff were able to quickly identify this. Staff could talk to the person to discuss any reasons why they had withdrawn themselves, make sure there was nothing bothering them and offer some alternative activities they could take part in. This approach helped to safeguard people from social isolation.

The people we spoke with told us they felt they could speak with staff, including the registered manager, if

they had any concerns or if something was bothering them and the issue would get resolved. People's relatives told us they felt the same way. They said, "I can talk with staff about any concerns and they are sorted." We saw that the service encouraged feedback from people and their relatives. It promptly and effectively dealt with complaints. Comprehensive responses were provided in a timely manner and the service openly acknowledged any learning outcomes and actions that were required as a result of a complaint.

Is the service well-led?

Our findings

People we spoke with and their relatives were complimentary about the registered manager. They commented, "[Registered Manager's] lovely, very responsive and obliging" and "The manager is really helpful and they make sure [Relative] is well looked after."

Staff told us they were well-supported by the registered manager. One member of staff said, "The new manager is great. She understands nursing issues because of her background; she's open minded and listens to staff." Another member of staff told us how the manager had been very supportive of their learning and development, with a view to gaining higher qualifications in the future. Records also showed regular staff meetings were arranged and documented.

Quality assurance and audit systems were in place and had improved since our last inspection. However, they were not always effective, nor were they always up-to-date. For example, we found that some people's 'when required' (PRN) medication was not recorded properly, which meant there was no way of knowing what PRN medication had been given or what amount of PRN medication should have been in stock. We saw that some of the waterproof covering on one person's bed bumper had worn away exposing the foam cushioning underneath. This was unhygienic and posed a potential infection control risk. We also found that a room used by a hairdresser who visited the service was dirty and did not appear to have been cleaned since it was last used, as there was some hair left on the floor. We noted that these issues were immediately addressed when we highlighted them. However, all of these issues should have been identified by effective audit systems and therefore this remains an area requiring improvement.

We found that the registered manager communicated with us openly and transparently both prior to and during our inspection. They were realistic in recognising that there were still areas for improvement at the service and demonstrated that they were committed to continuing to improve the service. Overall, there was a positive and caring culture at the service, led by the registered manager.

The service had policies and procedures in place that staff were able to access if they needed any guidance. We saw that these policies and procedures were up-to-date and regularly reviewed.

People living at the service were given the opportunity to provide their feedback by completing a survey in June and July 2017. The responses included comments about improving the food and décor at the service. We saw that the service had taken on board the feedback received and had plans in place to address this.

We noted that following our last inspection the service prepared an action plan to address the issues we had identified. We saw that steps had been taken and improvements had been made in many areas. The registered manager was able to talk us through the progress they had made against the plan and showed us that the plan was an effective working document to help the service's continuous improvement.

Registered providers are required to inform the Care Quality Commission (CQC) of certain incidents and events that happen within the service. This was an area of concern during our last inspection. However, on

this inspection we saw that the service had notified the CQC of all significant events which had occurred in line with their legal obligations.

We found evidence in the records and the conversations we had with people that showed the service was working effectively in partnership with other health and social care services. For example, the service had good links with local GPs, nurses and dietitians. The registered manager also told us they had a good relationship with the specialist diabetes service, who they were able to contact for advice and training if needed.

The local authority told us it had recently lifted a suspension on admissions to the service after it had carried out a number of satisfactory admission audits. They noted that the new registered manager seemed to be making improvements and they did not have any major concerns about the service.

One external health professional we spoke with was unsure about whether the service had improved since our last inspection. However, the majority view of the professionals we spoke with was positive. They said that they no longer had the concerns they had had previously and staff at the service were supportive. One person commented, "There has been improvement, they've obviously put a lot of time into it."