

## Ainsworth Nursing Home Limited

# Ainsworth Nursing Home

### Inspection report

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### Ratings

#### Overall rating for this service

Inadequate



Is the service safe?

Inadequate



Is the service effective?

Inadequate



Is the service caring?

Requires improvement



Is the service responsive?

Requires improvement



Is the service well-led?

Inadequate



### Overall summary

This was an unannounced comprehensive inspection which took place on 12 May 2015. The service was last inspected on 12 March 2015 when we undertook a focussed inspection to see if the provider had taken action against warning notices that were issued. We found some improvements had been made to meet the relevant requirements.

Ainsworth Nursing Home provides nursing and residential care for up to 37 older people including people with mental health and dementia needs. There were 25 people living there on the day of our inspection.

The service had a registered manager in place at the time of our inspection. 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 this inspection we found risk assessments did not contain sufficient information to help guide staff in order to minimise the risks to people who used the service.

# Summary of findings

We found some bed rails did not have the correct protectors on to prevent people injuring themselves.

The provider did not have robust recruitment processes in place to ensure people using the service were kept safe.

We found that people who used the service did not have a Personal Emergency Evacuation Plan (PEEP) in place to ensure they were safely evacuated in an emergency situation.

A number of windows we checked throughout the service could not be opened as they had been painted shut.

The management, assessment and recording of medicines were not accurate and complete.

We found commodes were dirty, carpets were badly stained and linoleum was dirty and ripped.

We checked a number of taps throughout the service and found in one toilet there was no running water coming out of the hot tap. We also found that some bedrooms, a bathroom and a toilet did not have hot water.

Staff had not received all necessary training and support to carry out their roles.

Water/juice was not readily available for people who used the service to help themselves to.

There was a lack of signage to support people with dementia to orientate themselves to their surroundings.

One relative told us the environment was poor and in need of refurbishment.

Language used by staff when recording notes in care files was negative and not respectful of people who used the service.

There was a lack of meaningful activities within the service, in particular for people with dementia. One relative told us “we feel [relative] gets very little stimulation”.

People’s religious needs were not always met.

Complaints were not always documented or dealt with satisfactorily.

Care records were not accurate and did not reflect the care and treatment that was required or provided.

The registered manager had been practising as a registered nurse without legally being registered with the Nursing and Midwifery Council (NMC).

One person told us “I do not see eye to eye with the registered manager, they make me feel uncomfortable”. A relative also told us the registered manager was not easy to talk to and could be “very frosty” about people voicing concerns.

One staff member told us there was a significant lack of leadership within the home.

There was a lack of robust systems and processes in place to effectively monitor and improve the quality of the service.

Policies and procedures were inaccurate or out of date.

Records we looked at showed that staff had undertaken safeguarding training and were able to tell us how they would respond should they have any concerns.

Staff showed a good understanding of the needs of people they were supporting.

A new staff member spoke to us about their induction. They told us “It’s been good really, I’ve learned a lot”.

One person who used the service told us the staff were friendly and cheerful.

We observed people who used the service were treated with kindness and compassion.

Relatives we spoke with told us the staff made them feel welcome.

Service users we spoke with told us they knew who to approach should they wish to make a complaint.

Survey’s we looked at showed that most people were happy with the service.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The overall rating for this provider is ‘Inadequate’. This means that it has been placed into ‘Special measures’ by CQC. The purpose of special measures is to:

- Ensure that providers found to be providing inadequate care significantly improve.

# Summary of findings

- Provide a framework within which we use of enforcement powers in response to inadequate care and work with, or signpost to, other organisations in the system to ensure improvements are made.
- Provide a clear timeframe within which providers must improve the quality of care they provide or we will seek to take further action, for example cancel their registration.

Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any key question or overall, we will take

action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to vary the provider's registration to remove this location or cancel the provider's registration.

# 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 not safe. This was because risk assessments did not contain sufficient information to help guide staff in order to minimise risks.

The management, assessment and recording of medicines was not accurate and complete.

There was an offensive odour throughout the dementia unit, commodes were dirty, carpets were badly stained and linoleum was dirty and ripped.

Staff had received training in safeguarding adults and were able to tell us how they would respond if they had concerns.

Inadequate



### Is the service effective?

The service was not effective. This was because staff had not received all necessary training and support to carry out their roles.

There was a lack of signage to support people with dementia to orientate themselves to their surroundings.

Relatives told us the environment was poor and in need of refurbishment.

The food on offer looked appetising and home cooked.

Inadequate



### Is the service caring?

The service was not always caring. This was because the language used by staff when recording notes in care files was negative and not respectful of people.

One person told us they felt they were disliked by the registered manager and they made them feel uncomfortable.

Relatives told us they were made to feel welcome by the staff at Ainsworth Nursing Home.

Requires improvement



### Is the service responsive?

The service was not always responsive. This was because there was a lack of meaningful activities for people who used the service.

People's religious needs were not always met.

Care records were not always accurate and did not reflect the care and treatment that was required or provided.

Service users we spoke with told us they knew who to approach if they wanted to make a complaint.

Requires improvement



# Summary of findings

## Is the service well-led?

The service was not well-led. This was because the registered manager had been practising as a registered nurse without having registered with the Nursing and Midwifery Council.

There was a lack of robust systems in place to effectively monitor and improve the quality of the service.

Policies and procedures were inaccurate and did not contain up to date information.

Surveys we looked at showed that most people were happy with the service.

**Inadequate**



# Ainsworth 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 checked 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 12 May 2015 and was unannounced.

The inspection team consisted of two adult social care inspectors and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before our inspection we reviewed the information we held about the service including notifications the provider had made to us. This helped to inform what areas we would focus on as part of our inspection. We had not requested the service to complete a provider information return (PIR); this is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make.

We contacted the Local Authority safeguarding team, the local commissioning team and the local Healthwatch organisation to obtain views about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Healthwatch informed us they had not received any comments or concerns in the past 12 months regarding Ainsworth Nursing Home. The local commissioning team informed us they had previous concerns regarding Ainsworth Nursing Home and had suspended placements with effect from January 2015.

We spoke with five people who used the service and four relatives. We also spoke with seven staff members, the deputy manager and the registered manager and two visiting health professionals.

We looked at the care records for four people who used the service and the medication records for a number of people. We also looked at a range of records relating to how the service was managed, these included training records, quality assurance systems and policies and procedures.

# Is the service safe?

## Our findings

We spoke with five people who used the service to ask if they felt safe living at Ainsworth Nursing Home. One person told us “I am safe enough, I never go out. I look after myself, we have set rules here”.

The care records we looked at showed that risks to people’s health and well-being had been identified, such as poor nutrition, pressure care prevention, medication and behaviour that may challenge. Whilst care plans and risk assessments to help reduce or eliminate the risk had been put into place, information did not accurately reflect the current needs of people. The risk assessments we looked at did not contain sufficient information to help guide staff so that appropriate action is taken where necessary to minimise the risks to people.

We saw two nutritional assessments which identified people had been losing weight; however there was no information to show what action had been taken, such as increased monitoring or additions to their diet. One person had recently been prescribed a new medicine to manage their diabetes. However the risk assessment did not reflect the medication change, how the person was to be monitored or what to do if their health changed.

On one person’s care file we saw that control and restraint had been used involving four named staff. Information stated “we held under his arms in hold to stop him punching.” There was no information in the person’s plan clearly describing this level of support and how this was to be safely managed by those staff trained to do so. An examination of training records showed that only two of these staff had undertaken training in challenging behaviour. The registered manager told us that an external provider had provided control and restraint training to the team however there was no evidence to support this and no record on the staff training record.

The provider had not taken all reasonable steps to help manage and reduce the risks ensuring the health, safety and welfare of people. This was a breach in Regulation 12 (1) and (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the recruitment process followed by the registered manager when recruiting new staff. We saw the provider had a policy and procedure to guide them on the relevant information and checks to be gathered prior to

new staff commencing; ensuring their suitability to work at the service. However we found this was out of date, referring to the criminal records bureau (CRB) instead of the disclosure and barring service (DBS). The policy stated two written references were required, copies of identification were to be provided and a contract of employment would be issued. There was no reference to checks being made against the Nursing and Midwifery Council register (NMC) for nursing staff checks to ensure they were able to practice as nurses.

We asked the registered manager about the checks completed on nursing staff with regards to their registration with the (NMC). The registered manager said that there was no formal system in place to periodically check the register. However said a record of expiry dates was recorded in staff files. The registered manager told us they had recently renewed their NMC registration. When we checked the NMC we found no record of the registered managers’ registration, however we identified that they had been providing nursing care.

We examined the files for three new staff. On one file a reference had been received; however this was not addressed to personnel at the service as detailed in the service policy and procedure. All three files examined did not have copies of applicant’s identification or a contract of employment as detailed in the service policy. Records were not always dated making it difficult to check that relevant information had been sought prior to new staff commencing their employment.

One the day of our inspection there was an agency staff member on duty within the home. We were informed they were supernumerary as they were on induction with the agency and were present in the service as part of this induction. We spoke with the manager regarding what procedures they had followed to ensure the inductee was suitable to be present in the service and were told that the agency had sent information through to them, for example a DBS certificate and references. We asked to see evidence of this and were informed that they no longer had this information. It was therefore not possible to check if this person was suitable to be completing their induction in the service.

This was a breach in Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the provider did not have robust recruitment processes in place to ensure people using the service were kept safe.

## Is the service safe?

We looked at all the records relating to fire safety. We found there was a risk assessment in place dated December 2014. We also found that people who used the service did not have a Personal Emergency Evacuation Plan (PEEP) in place. We also saw a fire safety plan displayed in the main entrance area of the service dated January 2012 with no evidence of this being reviewed. This meant that people who used the service may not be evacuated safely in the event of an emergency situation.

We also found that some doors throughout the service including bedroom doors were wedged open with small wooden wedges. This presents a significant risk in the event of a fire. **We recommend the service consider contacting the local fire authority for further advice on this.**

We looked at all the maintenance records relating to fire safety and found that regular fire drills took place within the service and fire escapes were checked on a regular basis. However, we observed a fire exit with a sign stating “nothing to be left here”. We found this fire exit contained a number of items that had been placed there and not removed. We also checked a number of fire doors and found some of these did not close properly. These matters would be a risk in a fire or emergency situation.

We checked a number of windows throughout the service and found that the windows could not be opened due to them being painted shut. We discussed this with the provider who informed us that replacement windows were on their development plan and they would ensure this was actioned promptly. The provider informed us after the inspection that they are in the process of getting quotes to have windows replaced.

Training records we looked at did not provide evidence that any staff members had undertaken training in relation to fire safety. The lack of training in fire safety places people who use the service and staff members at risk in the event of a fire situation.

These matters were a breach of Regulation 12 (1) and (2) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the provider had not taken all reasonable steps to help manage and reduce the risks ensuring the health, safety and welfare of people.

We looked to see how people’s medicines were managed on the dementia care unit. The treatment room was clean and orderly, stocks were well managed, regular

temperature checks were made to the fridge and suitable arrangements were in place for destruction of medicines no longer required. We saw the treatment room was kept locked and keys were held by nursing staff.

Individual medication administration records (MARs) were in place, with a photograph of each person and their personal details. Protocols had been completed where people were prescribed PRN (when required) medicines. This helped to guide staff when these medicines should be administered.

We checked to see that controlled drugs were safely managed. We found that whilst stocks corresponded with the records, the label to one box of diamorphine was missing. The name of a person who used the service had been hand written on the box. To ensure people receive their prescribed medicines safely, items should be complete with the dispensing label.

We were told that the registered nurses were responsible for the management and administration of all medicines. We looked at the medication policy. This stated the registered manager was responsible for training, assessing, monitoring and reviewing nursing staff with regards to the administration of people’s medicines. We asked the registered manager about how they kept their clinical knowledge and practice up to date, so that they were able to guide and support nursing staff. The registered manager said they completed all training offered to the team. However we found no evidence on the training record to show what training the registered manager had completed and there was no record of the registered manager being registered with the Nursing and Midwifery Council (NMC).

A further check of training records showed that updates in medication training and evidence of competency assessments for nursing staff had not been undertaken. One nurse told us that as part of their recent induction the manager had observed them whilst administering medication however nothing formally was recorded to evidence their practice was safe.

We received conflicting information from the registered manager, deputy manager and a nurse with regards to the application of topical creams. The registered manager and deputy manager told us that nursing staff applied the creams and then signed the medication administration



## Is the service safe?

record (MAR). However nursing staff told us that care staff applied creams when assisting people with their care and then the MAR was signed by the nurses. This meant MAR's did not accurately reflect the administration of medication.

We asked the registered manager to show us what audits were completed to check that medication management in the home was safe. The registered manager told us and provided a record to show that a random daily check was done to four MARs however there was no information to show what had been checked. No formal audits were undertaken to check the management and administration of people's medicines were safe.

This was a breach in Regulation 12(1) (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as people were not protection against the risk of unsafe care and treatment as the assessments, management and recording of people's prescribed medicines was not accurate and complete.

The service employed two full time cleaners, who worked 35 hours per week and one part time cleaner who worked seven to fourteen hours per week. There was also a named person responsible for infection control within the service.

There was an infection control file in place within the service. This contained information for staff around correct hand washing procedures, cleaning spillages, personal protective equipment (PPE) and the use of colour co-ordinated mops and buckets. The file also contained best practice guidance and gave the contact details for the Health Protection Team.

Records confirmed that regular infection control audits were being undertaken, although these were not sufficiently robust as they had failed to identify the issues we found during our inspection. We found risk assessments in place in relation to infection control and noted that these were all dated 2011 and were reviewed annually. This meant that should further risks occur they would not be updated on the risk assessment until the annual review was undertaken. This places people who use the service, staff members and visitors at risk.

We asked to see the cleaning scheduled used by the cleaners and were told that the only schedule used within the service was one for people's bedrooms. We found these were in place and had been signed, however our observations were that of poor cleanliness and did not correspond with records.

We looked in a number of bedrooms on both the nursing unit and dementia unit and found that commodes were dirty, carpets were badly stained, linoleum was dirty and ripped, bedding was old and worn, protectors for bed rails were soiled with faeces, and mats used to protect people if they fell out of bed were dirty.

We spoke with one person whose commode had not been emptied from the previous night, they told us if the cleaner is not on duty they had to empty the commode themselves or it would not get emptied. We also noted their bin had not been emptied, their carpet was badly stained and their bed was covered with dust and grime around the wooden frame and headboard.

We spoke with a visitor who told us that a few days previously they had noticed faeces on the door and the light switch in the morning and this was not cleaned until much later in the day.

We looked in a bathroom and a toilet on the first floor and found there was no waste bin available to put hand towels in after use, despite a sign being in place to instruct people to use the bin. We found that the lock on the toilet door did not work and could not provide privacy when in use.

We observed that on the dementia unit there was an offensive odour throughout, particularly in the main corridor and lounge areas. Two relatives that we spoke with both told us they had voiced concerns about the odour on the dementia unit. We found no evidence of this being dealt with by the registered manager. One relative commented "They [registered manager] should do something about the smell".

We looked in a number of bedrooms on the dementia unit and found a number of these had an offensive odour. Two visiting healthcare professionals told us they felt there was an offensive odour in one particular bedroom. We also found a very strong offensive odour in this room and spoke with the registered manager regarding this. They told us they were not aware of the issues in the bedroom and did not tell us how they would solve this problem.

We checked a number of taps in bedrooms and found that the water coming from the hot tap was cold. This is of particular concern due to personal care being carried out in bedrooms. We also found that in a shower room and toilet on the nursing unit the water from the hot tap was cold. We also checked the water in one of the toilets upstairs and found that no water at all came out of the hot tap. We

## Is the service safe?

discussed this with the provider who told us they were unaware of this issue and they would get a plumber to look at the system. Five days after our inspection we received an email from the provider to state that a plumber would be attending the service in approximately nine days to undertake a survey on the plumbing and advise what work needed to be carried out. In the meantime hot water would not be available in some bedrooms and bathrooms where personal care is provided and toilets where people who used the service and staff need to wash their hands.

These matters are a breach of Regulation 15 (1) (a) (c) (e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the provider failed to ensure the premises and equipment being used were clean, suitable and properly maintained.

We looked at records relating to safeguarding and found there was a safeguarding policy in place that had been reviewed in 2014. We found this directed staff to the local authority Inter-Agency Procedure; however we did not see a copy of this.

All the staff we spoke with told us they had received safeguarding training (the training matrix confirmed this information) and were able to tell us what they would do if they had concerns about the safety of people who used the service. The registered manager told us they had attended safeguarding training for managers and training on how to investigate safeguarding concerns. One staff member and four relatives told us they had never seen anything that was a concern regarding safeguarding.

The service had a whistleblowing policy in place that had been reviewed in 2014, which gave staff clear steps to follow should they need to whistle blow (report poor practice). Within the policy the telephone number for the Care Quality Commission (CQC) was detailed. Staff we spoke with told us they were aware of the whistleblowing policy and knew what to do if they had any concerns. They told us they would approach the manager or another member of the management team and felt confident to do so.

Various equipment was available throughout the service, including hoists, wheelchairs and walking aids. Mechanical hoists were inspected on a regular basis by an external company. The last dated inspection was 16 July 2014 and it

was deemed that all hoists were safe. However, we did not see any evidence that wheelchairs and walking aids were checked on a regular basis to ensure they were safe and appropriate for use.

We found that some bed rails that were in place did not have the correct protectors on them. We found some of these were too small leaving gaps where limbs could fall through. This meant that people were at risk of being injured whilst unsupervised in their bed.

We saw that all the electrical equipment had been serviced and checked within acceptable timescales. This included electrical installations and portable electrical equipment. However we found that gas appliances were due to be serviced and checked on the 20 April 2015 and this had not been completed. This meant that the provider had not taken appropriate action to ensure that the premises and people who used the service were safe.

Two days after our inspection the provider sent us confirmation that they had employed an external contractor to inspect and service all gas appliances. The provider sent us copies of the certificate dated 13 May 2015.

We spoke with people who used the service regarding staffing levels within the service. Most of the people we spoke with told us they felt there was insufficient staff on duty especially during the night and at weekends.

One relative spoke to us about the level of support their relative required and that it can take a number of staff to support them with personal care. They told us "They have to get help from the other unit and that leaves them short staffed".

On the morning of our inspection the night staff were still on duty. We found there was one Registered Nurse on duty and three care staff members. All the staff we spoke with felt there was enough staff on duty to meet the needs of people who used the service.

We observed that nurse call bells were answered in a timely manner and there was a relaxed atmosphere in the home. There did not appear to be any pressure to get people up in the morning. Staffing numbers increased for the day shift and we observed two registered nurses and four care staff were on duty. The registered manager

## Is the service safe?

arrived at the service due to our presence and the deputy manager had attended the service to undertake some work on training needs. There was also a cook, activities co-ordinator and a maintenance person on duty.

We observed occasions where staff members were able to sit and talk to people who used the service. However, one person who used the service told us “We just seem to float along on our own. If we had more staff they could spare more time or be encouraged to spend more time with us”.

We spoke with one relative who told us “The long serving staff are very good, the new staff do not know [relative] and they do not seem to know how to care for him properly”.

One staff member we spoke with told us they did not know the people they were caring for very well as they had only worked in the service for two weeks. Another staff member felt they knew the service users well as they read all the information contained within care files.

A discussion with staff showed they had a good understanding of the needs of the people they were supporting.

# Is the service effective?

## Our findings

We looked at how staff were supported to develop their knowledge and skills, particularly in relation to the specific needs of people living at Ainsworth Nursing Home. We spoke with the registered manager, care and nursing staff and examined training records.

Staff spoken with and records examined showed that an induction was completed when they commenced work at the service. One staff member said they had not had a formal induction but had 'shadowed' experienced staff who had instructed them on what they needed to do. Staff comments included; "The staff have been absolutely fantastic, made to feel very welcome and shown me the ropes" and "It's been good really, I've learnt a lot." A member of agency staff we spoke with said there had been a lot of verbal communication with experienced staff about the needs of people, which they had found "useful", adding "I feel I've been fully informed" and "They [the staff] have been very good about telling me what I need to remember of be aware of". The deputy manager told us that the new Care Certificate induction was being introduced with all new staff.

Two of the night staff we spoke with had not received training on moving and handling. They told us that a number of people who used the service required the use of hoists, stand aids, wheelchairs etc. to assist them to mobilise and three people were cared for in bed. The lack of training in moving and handling meant that people who used the service were at risk of receiving unsafe moving and handling techniques and were at risk of injuring themselves.

The registered manager told us that all training was accessed through the local authority adult learning department. We saw records to show what training had been requested to address 'gaps' in staff training. Staff spoken with said they had attended some training and were aware further courses were being planned.

We saw that course topics included areas of health and safety, safeguarding, dementia awareness and diabetes. Training did not explore other areas of support provided to meet the specific needs of people, such as mental health, Parkinsons Disease, seizures nor was there evidence to

show that clinical updates had been completed by nursing staff. The manager recorded dates when training had been completed by staff however certificate to evidence this were not kept.

The registered manager told us that staff had received training from external trainers in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and control and restraint. However we saw no evidence to show when this was completed and who attended. Staff spoken with told us they had not received this training.

We looked at records relating to the supervision and appraisal of three staff members. We found that all three staff members had received one supervision session in 2015. However we could not find evidence that any other supervision sessions had been completed or that appraisals had been undertaken. We also found that supervisions did not evidence any clinical discussions taking place with registered nurses. This lack of clinical supervision meant that registered nurses were not given the opportunity to evaluate and improve their practice.

These matters were a breach in Regulation 18 (1) & (2) (a) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as people were not protected against the risks of unsafe or inappropriate care as staff had not received all necessary training and support to carry out their role.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We spoke with the registered manager and deputy manager, and were shown records to indicate that 16 people were subject to a DoLS authorised by the supervisory body (local authority). All applications made were in regard to people who use the service not being able to freely leave the home and being under constant supervision and control.

We saw policies and procedures were available to guide staff in areas of protection, such as safeguarding adults, Mental Capacity Act 2005 (MCA), Deprivation of Liberty Safeguards (DoLS) and consent. Nursing staff spoken with were able to clearly demonstrate their understanding of the legislation.

An examination of training records did not identify any training had been completed in MCA and DoLS by any of the staff team. The registered manager told us that training had been provided by staff from the local authority

## Is the service effective?

however there was no evidence to show when this had been held and who had attended. This training should help staff understand that assessments should be undertaken, where necessary, to determine if people have capacity to make informed decisions about their care and support. It should also help staff understand that if a person is deprived of their liberty, they will need special protection to make sure that they are looked after properly and are kept safe.

We found that the service had assessed people's capacity in relation to 'the care and treatment as detailed in their plan'. However care records did not accurately reflect people's current needs and assessment were not decision specific in relation to bedrails or alarms. We saw records had been completed with regards to 'best interest' decisions. This had involved the registered manager and deputy manager; however there was no evidence of other parties, such as the persons nearest relative having been involved and consulted with.

This meant there was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the provider had not obtained valid consent, acting in accordance with people's wishes. The principles of the Mental Capacity Act 2005 should be complied with where it is considered the person lacks the mental capacity to make such decisions so that their rights are protected.

One relative we spoke with told us "The environment is poor. The registered manager should realise the home is in dire need of refurbishment. I suppose this lies at the feet of the owners".

On the dementia unit there was a small room for staff to make refreshments or cook their lunch. We found that this room had a blocked window that was rotten with wood falling off and was leaking in water which was visibly staining the wall. This room was in need of cleaning as equipment and work surfaces were dirty and contained food/drink spillages.

We also found one room was undergoing refurbishment; however this was due to a flood occurring in the room whilst a person who used the service was being cared for in bed. Their relative told us that another service user had entered the room and turned the taps on and left the room. They told us that this had not been discovered for some

time, despite their relative requiring positional changes every two hours. This had resulted in damage to the room and it had been necessary to move the person to another room.

We looked at the outdoor space that was accessible for people on the dementia unit. We found that there was a small fence around the garden/patio area that could be easily scaled. One relative told us they had concerns about the safety of their relative as they had often kicked the fire door open to gain access to the outside as they became "distressed at being kept inside". They reported that their relative had previously managed to get over the fence and leave the property. Taking into account this was the only available outside space for people with dementia, consideration needs to be given in ensuring that this space is suitable, appropriate and safe.

We spoke with one staff member regarding the environment. They told us there was a lot of work required throughout the home with regard to maintenance and decoration. Another staff member told us they would not put their relative in Ainsworth Nursing Home due to the poor environment. They commented "the environment is as important as hands on care".

We also found the environment to be in need of some repair/refurbishment. We saw that some carpets and flooring were worn, stained and torn and in some cases ill fitting. However, we did notice that a new carpet had been fitted in the conservatory. We found the blinds in the conservatory to be nicotine stained and in need of replacing, some were missing. Bedding and linen used throughout the service was worn and faded. Windows in some of the bedrooms did not open to enable people who used the service to have fresh air in their bedrooms.

These matters were a breach of Regulation 15 (1) (c) (e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the provider failed to ensure the premises and equipment being used were suitable and properly maintained.

One person we spoke with told us "I was told by [the registered manager] that I have to have my meals in the lounge away from the other service users and not the dining room because I was picky about my food. I now take

## Is the service effective?

all my meals in my room, which is my choice". People also told us they did not get the opportunity to look at a menu; the options were given to them by a discussion with the cook.

We noted that water/juice was not readily available for people who used the service to help themselves to when they were thirsty. We saw one person had a jug of water in their bedroom, however their relative told us that it was only in place as they had insisted on it. Lack of access to regular fluids/drinks could place people using the service at risk of dehydration.

We saw that dining tables were nicely laid with napkins, flowers, cups and saucers and a full set of condiments. We noted that staff serving the meals did not wear protective aprons as recommended in best practice guidance. This meant that there was a risk of cross contamination from dirt and bacteria on staff members clothing.

The food on offer looked appetising and home cooked. On the day of our inspection we saw people were given a choice of two meals, one of the options being fish and chips. We noted that three people preferred to have their fish steamed rather than fried and this was accommodated. Staff gave people time to eat their meals

at their own pace. We noted that the hot desert had been brought out on the trolley at the same time as the main course. This meant that by the time this was being served it is likely that this was cold and unappetising.

We saw the service had a four week menu rota. However when we checked this it did not correspond with the food that was on offer on the day of our inspection. The registered manager told us they were currently introducing different meals, which explained why the meal did not correspond with the menu rota.

We observed drinks and biscuits were made available at set times throughout the day. However, one person told us that they did not always get a hot drink at bedtime and they were never offered any supper. We spoke with the registered manager regarding this. They informed us that people could have hot drinks whenever they wished. The cook also informed us that the care staff served suppers each evening.

We noted there was a lack of appropriate signage for people with dementia. This included a lack of pictorial signs to identify toilet and bathroom facilities as well as a lack of photograph's or other identifying features on bedroom doors. The use of pictures and other visual aids can be helpful in promoting the independence and orientation of people with dementia related needs.



# Is the service caring?

## Our findings

People we spoke with told us they were able to make choices. This included choosing what time they got up in a morning and what time they went to bed at night. However, they told us they were not involved in making decisions and planning their own care. One person told us they were not supported to make choices and they “just have to fit in”. None of the people we spoke with could remember being given information about their care and treatment.

We saw some of the language used by staff when recording notes in care files was negative and not respectful of people. Staff had described people as wandering or wander some, suggesting they had no purpose in what they were doing or where they were going. Another comment described a person as trying to ‘escape’.

We looked at care plans relating to people expressing their sexuality and found that these were dated April 2010. Whilst these had undergone a review in recent times this did not evidence that any meaningful review had taken place. This meant that that people’s sexuality was not always considered or respected.

We saw that one person’s bedroom had a window in the door that was covered by a net curtain. We found that it was possible to see through this curtain and therefore their privacy and dignity was not always maintained.

These matters were a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as service users were not always treated with dignity and respect.

People who used the service and their relatives told us they were well cared for. Comments we received included “They are all cheerful and friendly. If they are under pressure they get a bit fraught but they are always polite”, “Yes [relative] is well looked after, they do their best” and “The staff have become part of my family”. However one relative told us “Sometimes they tell service users off for dropping food, some carers are a bit curt they are under such pressure”.

We observed a nurse and a care staff interacting with people. We saw they treated people with dignity and respect and were gentle and patient in their approach. We also observed one person who had become distressed and saw that staff reassured them and they were sensitive and compassionate in their approach to them.

People we spoke with who used the service told us that care staff were polite and they respected their privacy. One person told us “They always knock on my door and ask if they can come in”.

Most of the relatives we spoke with told us they were always made to feel welcome when they visited the service. However, one person told us they visited their relative on a daily basis and assisted them to eat their lunch, but they were never invited to join them in the lunch service. We spoke with the registered manager regarding this and were informed that all visitors who stay in the home for some length of time are offered and welcome to eat with their relative.

Whilst we did not see evidence that anyone who used the service had an advocate, we found information available in communal areas to inform people who used the service how they could contact advocacy services.

# Is the service responsive?

## Our findings

People who used the service felt that their values and beliefs were not always respected. Comments we received included “We don’t have a church service” and “I read my bible every day, which is my religious practice”. We spoke with the registered manager regarding people’s religious needs. They informed us that a lay preacher had visited the service on occasions but could not tell us how often this occurred.

One person’s care plan we looked at documented that they were a religious person and were to be encouraged to take part in holy communion. We saw no evidence that this person had taken part in holy communion or that his religious needs were being met. This meant that the differing religious needs of people who used the service were not always met.

These matters were a breach of Regulation 10 (2) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as due regard the Equality Act 2010 was not given in relation to meeting people’s religious needs.

We spoke with people who used the service to ask if they had seen or been involved in reviewing their care plans. None of the service users we spoke with knew what a care plan was. One person told us “I have never seen a care plan. They tell me what to do and I do it”.

We were told that an assessment of people’s needs was undertaken so that relevant information could be gathered. We saw on the care records we looked at that a detailed assessment had been received from the commissioning team. This helped the service decide if the placement was suitable and if people’s needs could be met by staff.

We looked at the care records of four people who used the service. Care records did not contain enough information to show how people were to be supported and cared for.

We saw people’s care records had been completed in 2013. Information did not reflect what we had been told by staff about the person’s current needs. Change in the person’s health and support had been recorded in the review notes however information had not been transferred to the care plan so that information accurately reflected the current needs of people and how they were to be supported.

One of the nurses we spoke with acknowledged that care records needed updating including more personalised

information about people likes, dislikes, preferences and routines. There was also a lack of evidence to show meaningful involvement of people and their relatives, where appropriate, enabling them to be involved in the development of their care plan and consent to their care and treatment.

We found care records were not accurate and did not reflect the care and treatment that was required or provided. This was a breach of Regulation 17 (2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw that the service had a list of activities that were available each day. The activities listed ranged from arts and crafts, memory cards to jigsaws and quizzes. On the day of our inspection we noted that the activities on offer for the day were hand massage and jigsaws. We did not see any of these activities being undertaken throughout our inspection.

All the relatives we spoke with told us they felt there was a lack of activities within the service. One relative who told us “We feel [relative] gets very little stimulation, we have told the registered manager our concerns about this”. We saw no evidence that this concern had been raised or dealt with.

We looked at one person’s care records and found that they were deemed as being unable to engage in activities due to their poor eyesight and diagnosis of dementia. This care plan instructed staff on how to engage this person in meaningful conversation; however we found no evidence to show that staff had spent anytime conversing with this person.

The service employed an activities co-ordinator for six and a half hours per week (on weekdays only). We spoke with the activities co-ordinator on the day of our inspection and they told us they had an allowance once per month in order to arrange for a singer to come into the service. They also told us that the staff and visitors had to raise money for any other resources/equipment or outings. We spoke with the registered manager and provider regarding this and we were informed that money was always available for activities and that there was not a need for fund raising events to provide activities. We suggested that this was relayed to the activities co-ordinator so that they could provide a full and varied programme of activities for people who used the service.



## Is the service responsive?

We saw that there was limited stimulation for people with dementia. We saw a few tactile objects such as a blow up ball, abacus, shape sorter and a calendar. However we did not see evidence of other dementia friendly resources or adaptations in the communal areas. We spoke with the activities co-ordinator about activities for people with dementia or confusion and they told us they found it difficult to stimulate these people who used the service. This meant there was a lost opportunity to stimulate, exercise and relieve the boredom of service users as well as aiding individuals to orientate themselves in their environment.

These matters are a breach of Regulation 9 (3) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as people's care and treatment was not designed to make sure it met all their needs.

None of the service users we spoke with had ever made a formal complaint. One person told us they would speak with staff members if they had any concerns.

Care staff we spoke with were able to tell us that they would report any complaints to the registered nurse on duty or the registered manager.

We looked at records relating to complaints. We found some complaints had been documented and action had

been taken to address these by the registered manager. However, the complaints that relatives had told us about had not been documented. One relative told us they felt the complaint they had raised had not been investigated satisfactorily or an explanation given by the registered manager.

The registered nurse on duty on the morning of our inspection informed us that a handover is undertaken every morning and night at the changeover of shifts. They told us this handover involved registered nurses only and that any information that needed to be passed on to care staff would be done by the registered nurse.

Care staff we spoke with confirmed that registered nurses would hand over all necessary information regarding the welfare of people who used the service. They also told us there was a handover sheet in place for the day and night shift.

We observed a handover from the registered nurse who had been on the night shift to the registered nurse coming on the day shift. We observed this to be a brief verbal handover that did not discuss each service user on an individual basis.

# Is the service well-led?

## Our findings

The home had a manager who registered with the Commission on 8 November 2010. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the time of our inspection we asked the registered manager for evidence that they were registered with the Nursing and Midwifery Council (NMC) in order to practice as a nurse as required by law. The registered manager told us they had renewed their registration with the NMC in March 2015. However they were unable to provide evidence of this at the time.

After our inspection the provider informed us that the registered manager had allowed their registration with the NMC to lapse in March 2012 and they had not been on the register since this time. Whilst a registered manager does not need to be registered with the NMC to manage a nursing home, they are required to be registered in order to legally undertake clinical duties/practice.

We found a number of occasions where there was no registered nurse on duty and the registered manager had been fulfilling this role during the period where they were not legally able to do so. We saw records that stated the registered manager was responsible for training, assessing, monitoring and providing clinical supervision to the registered nurses within the home. However we found no evidence to support the registered manager was experienced, trained or skilled to undertake this role.

We asked people who used the service if they felt they were able to approach the manager if they had any concerns. One person told us that the registered manager shouted at them if they asked for something. Other comments we received were; "I do not see eye to eye with [the manager], they make me feel uncomfortable", "I am not happy living here, I would like to live somewhere else but people do not listen to me, they just ignore me" and "The manager should be here more often, they are never here".

One relative we spoke with told us the registered manager was not easy to talk to and could be very "frosty" about people voicing concerns. However, they went on to tell us that the registered manager had been very supportive in times of great stress.

One staff member told us there was a significant lack of leadership within the home as the registered manager was not supportive. However, other staff members we spoke with told us they felt supported by the registered manager.

We had recently received a concern about the professionalism of the registered manager towards people who used the service and staff members. We asked the provider to investigate these concerns and inform us of the outcome.

The provider has since acted accordingly using disciplinary procedures and has reported the registered manager to the NMC.

These matters were a breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found a number of health and safety concerns which are identified in the safe section of this report, such as fire safety and control of infections that could have been identified by the service if robust monitoring systems had been in place.

We looked at the quality assurance systems they had in place within the service. We found that there were audits in place but these were only completed annually. The audits were not formal systems and were handwritten pieces of paper. They did not include what action had to be taken, by whom or the date of completion. The lack of robust and regular auditing meant that the service had no effective systems in place to continually monitor the service provided to ensure people received safe and effective care.

We looked at some of the policies and procedures in place to guide staff in their work. We saw that the registered manager had reviewed the documents in 2014 however some of the information was inaccurate or out of date. For example; the 'Adult protection' policy directed staff to the local authority Inter-Agency Procedure however we did not see a copy of this available. The recruitment policy referred to the previous agency responsible for checking police and employment records, the policy on death and dying stated the home was accredited for the Gold Standard Framework

## Is the service well-led?

in care of the dying. Whilst this had previously been achieved the service chose not to be assessed for reaccreditation. The medication policy did not reflect current practice and information on the MCA and DoLS procedures, whilst it outlined the procedure to follow should authorisation need to be sought, there was no information to guide staff in what may constitute a restriction or a deprivation.

This meant there was a breach of Regulation 17 (1) and (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We examined the home's 'Statement of Purpose'. Information did not accurately reflect the levels of occupancy, there was no information regarding the type of service provided, such as dementia care, mental health needs, staffing arrangements and qualifications had not been amended following changes in the team and information also stated the service was accredited for the Gold Standard Framework in care of the dying. However the registered manager told us this had not been renewed. This meant information did not accurately reflect what people could expect from the service with regards to the quality of care and support provided.

We checked our records before the inspection and saw that accidents or incidents that CQC needed to be informed about had been notified to us by the registered manager in a timely manner.

We found that staff members, service users and relatives had been given surveys to complete by the registered manager in April 2015. The results of these showed the majority of people were happy with the service but concerns were raised about the temperature within the service and that this was poor. Some people also felt that activities could be improved on the dementia unit.

We could not locate the survey that was completed by a relative where concerns had been highlighted regarding the offensive odour on the dementia unit.

Records we looked at showed that care staff had recently had a staff meeting. This meeting covered topics such as training, care plans, activities and safeguarding. Records also indicated that meetings were taking place for domestic staff, laundry staff and kitchen staff. We found that a meeting had been arranged for registered nurses on the 22 April 2015 but it was documented that no one had attended this meeting.

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

Accommodation for persons who require nursing or personal care  
Treatment of disease, disorder or injury

### Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment  
**All premises and equipment used by the service provider must be clean, suitable for the purpose for which they are being used and properly maintained.**

### Regulated activity

Accommodation for persons who require nursing or personal care  
Treatment of disease, disorder or injury

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing  
**People were not protected against the risks of unsafe or inappropriate care as staff had not received all necessary training and support to carry out their role.**

### Regulated activity

Accommodation for persons who require nursing or personal care  
Treatment of disease, disorder or injury

### Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent  
**Care and treatment of service users must only be provided with the consent of the relevant person.**

### Regulated activity

Accommodation for persons who require nursing or personal care  
Treatment of disease, disorder or injury

### Regulation

Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect  
**Service users must be treated with dignity and respect.**

### Regulated activity

Accommodation for persons who require nursing or personal care  
Treatment of disease, disorder or injury

### Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

This section is primarily information for the provider

## Action we have told the provider to take

Designing care or treatment with a view to achieving service users' preferences and ensuring their needs are met.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Care and treatment was not provided in a safe way for service users.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Systems and processes were not established and operated effectively to ensure compliance with the requirements in this Part.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

Robust recruitment procedures were not in place to ensure people using the service were safe.