

Nursing Home Management Limited

Avenswood Nursing Home

Inspection report

20 Abbotsford Road
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Liverpool
Merseyside
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Tel: 01519240484

Date of inspection visit:
08 March 2018

Date of publication:
06 April 2018

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We undertook an unannounced focused inspection of Avenswood Nursing Home on 8 March 2018. This inspection was done to check that improvements to meet legal requirements planned by the provider after our 26 September 2017 inspection had been made. The team inspected the service against two of the five questions we ask about services: is the service well led, is the service safe? This is because the service was not meeting some legal requirements.

No risks, concerns or significant improvement were identified in the remaining Key Questions through our on-going monitoring or during our inspection activity so we did not inspect them. The ratings from the previous comprehensive inspection for these Key Questions were included in calculating the overall rating in this inspection.

Avenswood is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Avenswood accommodates up to 19 people in one adapted building. The home is situated in Blundellsands area of Merseyside, conveniently located for shops, parks and public transport. It is a detached house with both single and double rooms. Some have ensuite facilities. Accommodation is provided over four floors accessible by using a stair lift. There is a garden to the rear of the building. There were 13 people living in the home on the day of our inspection.

There was a registered manager in post. 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.

Medicines were managed safely and people received their medicines as prescribed. Improvements had been made to the storage to increase safety and to the recording on medication administration records to ensure it was accurate.

Quality assurance and governance systems had been improved. Regular audits took place to help the registered manager to monitor standards and drive forward improvements.

Risk assessments had been undertaken to support people safely and in accordance with their individual needs. They were regularly updated to reflect any changes in people's needs.

Staff had been appropriately recruited to ensure they were suitable to work with vulnerable adults. Registered nurses were checked to ensure they were registered with the Nursing and Midwifery Council and eligible to practice. Disclosure and Barring Service (DBS) checks for each member of staff were completed

prior to them commencing work.

There was sufficient staff on duty to meet people's needs. Call bells were answered promptly to ensure people received support when they needed it. The staff team provided consistent support to people.

The home was well maintained and in good decorative order. Measures were in place to ensure the environment was safe and suitable for the people who lived there. Repairs to the building were reported and attended to in a timely way.

We found the home was clean and odour free. Personal protective equipment (PPE) such as aprons and gloves were available and used when supporting people with personal care and administering medication.

Feedback was sought regularly from people living in the home and their relatives to ensure standards were being maintained.

The registered manager and provider met their legal requirements with the Care Quality Commission (CQC). They had submitted notifications relating to incidents and the rating from the last inspection was displayed in the home.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Medicines were managed safely in the home. We found action had been taken to improve the safety of people in the home by improving the secure storage facilities for medicines.

Risk assessments had been undertaken to support people safely and in accordance with their individual needs. They were regularly updated to reflect any changes in people's needs.

Robust recruitment procedures were in place to ensure staff were suitable to work with vulnerable adults. There were enough staff on duty to provide care and support to people living in the home.

Safety checks of the environment and equipment were completed regularly.

Is the service well-led?

Good ●

We found action had been taken to improve the monitoring of the service. Quality assurance and governance systems were in place to help the registered manager to monitor standards and drive forward improvements.

Feedback was sought regularly from people living in the home and their relatives to ensure standards were being maintained.

The registered manager and provider met their legal requirements with the Care Quality Commission (CQC).

Avenswood Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 8 March 2018 and was unannounced.

The inspection team consisted of an adult social care inspector.

Prior to our visit we looked at any information we had received about the home and any information sent to us by the provider since the home's last inspection.

During the inspection we spoke with three staff, including the registered manager. We made observations throughout the home, including interaction between people living in the home and staff.

We looked at the care records for three people, as well as medication records, two staff recruitment files and other records relevant to the quality monitoring of the service. These included safety audits and quality audits. We undertook general observations and looked round the home.

Is the service safe?

Our findings

We previously inspected this home in September 2017 and found the provider to be in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The breach was concerning aspects of medication administration and storage of medication in the home. We asked the provider to take action to address these concerns. The provider submitted a provider action report which told us the improvements they had made to meet this breach. At this inspection we checked the progress of the action plan by speaking with the registered manager and the nurse on duty.

We also reviewed documents, including individual body maps used to record the time and date of cream applications and records to demonstrate the checking of the room and fridge temperatures where medication was stored. This breach had been met.

We checked the storage, administration and management of medications. Medicines were held in individual lockers in people's bedrooms.

Surplus stock of people's medicines and creams were stored in a cupboard within the nurses' office. We found that the temperature of the room was monitored and recorded daily to ensure the temperatures were within the correct range. Checking medications are stored within the correct temperature range is important because their ability to work correctly may be compromised. Some medicines need to be stored under certain conditions, such as in a medicine fridge, which ensures their quality is maintained. The temperature of the medicine fridge was checked and recorded each day. If not stored at the correct temperature then medicines may not be safe to use.

Arrangements were in place for the safe storage and management of controlled drugs. These are prescription medicines that have controls in place under the Misuse of Drugs Legislation.

Some people were prescribed medicines only to be taken as required (often referred to as PRN medicine) and had a plan in place to guide staff about when this medication should be given. PRN medicine was mostly prescribed for pain.

The medication administration records (MAR) included a picture that identified the person. We noted that the MAR charts had been completed correctly and in full.

Some people were prescribed creams. We found that individual body maps recorded the affected areas to show staff where cream needed to be applied; we also found that body map records were used to record the time and date of cream applications and MARs were signed to indicate prescribed medication had been administered.

At the last inspection we found the information in the service's policy for the safe administration of medicines was inaccurate and therefore did not support the practice of administering medicines safely. The registered manager informed us that a local policy was in operation at the last inspection but the policy

could not be located. We looked at this policy and found it supported the practice administering medicines in Avenswood.

Risk assessments had been undertaken to support people safely and in accordance with their individual needs. They were updated each month to reflect any changes in people's needs. Completed risk assessments included falls, medication administration, pressure area care, moving and handling, and for using bedrails.

We looked at how incidents and accidents were managed at the home. We saw that there was a process in place to analyse the number of incidents which occurred over the month. However no incidents or accidents had occurred for some time.

The provider had robust recruitment procedures in place to ensure staff were suitable to work with vulnerable adults. Full pre-employment checks were carried out prior to a member of staff commencing work. This included ensuring each person had two references and identification on file. Registered nurses were checked to ensure they were registered with the Nursing and Midwifery Council and eligible to practice. Disclosure and Barring Service (DBS) checks were completed for each member of staff. A valid DBS check is a check for all staff employed to care and support people within health and social care settings.

We saw there were enough staff on duty to provide care and support to people living in the home. The registered manager showed us evidence that staff had been recruited to a vacant post and were going through their induction. We spoke with the new staff member who confirmed this.

Staff had completed training in safeguarding vulnerable adults and we were aware of the action they would take to ensure actual or potential harm was reported.

Safety checks of the environment and equipment were completed regularly. The registered manager and other staff recorded any requirements, such as replacement light bulbs, or repairs to help ensure the home was safe. We saw from the records kept that issues when identified had been addressed. We spoke with the maintenance person to confirm the process and any repairs they had recently made.

We checked the process for preventing the spread of infection in the home. The home was odour free, clean and there were provisions for hand sanitizer on the walls. Personal protective equipment (PPE) such as aprons and gloves were available and used when supporting people with personal care and administering medication.

Is the service well-led?

Our findings

We previously visited this home in September 2017 and found the provider to be in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The breach was concerning the quality and effectiveness of the governance system in place. We asked the provider to take action to address these concerns. The provider submitted a provider action report which told us the improvements they had made to meet this breach. At this inspection we checked the progress of the action plan by speaking with the registered manager.

We looked at the governance arrangements to monitor standards and drive forward improvements. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with an effective and safe service. At the last inspection we found arrangements for monitoring standards were not always robust to ensure the service was safe and effective. The auditing system which included a number of audits completed by the nurse manager and the director's audits had not picked up on the issues we identified during the inspection. Medication audits were carried out each month. We saw a director's monthly audit was completed regularly; the format of this audit was not consistent in its approach and did not have an action plan recorded. An action plan shows the work which needs to be addressed following an audit to ensure issues were addressed. The clinical director had not visited to complete another audit since the last inspection. However, we saw evidence of their impending visit on 18 March 2018. We were shown an action plan that was to be used as part of their audit.

At the last inspection we found the registered manager did not have any direct input into the current governance arrangements and discussed with them the need for them to be more actively involved in all areas of governance to be able to assess the safety and quality of the service. The registered manager told us what they now completed on a regular basis to assess the quality of the service. However they did not record their findings but discussed issues directly with the nurse manager. We discussed with them the benefit of using an action plan, similar to the one developed for use by the clinical director during their audit. By the end of the inspection we had been sent a copy of the action plan to be used by the registered manager.

We saw that a mandatory 'CQUIN' (Commissioning for quality and innovation) audit was completed each month for the local Clinical Commissioning Group (CCG). The key aim of the CQUIN framework is to secure improvements in the quality of services and better outcomes for people. The registered manager told us this tool was completed by the registered manager and deputy manager and "used to improve the quality of care within Avenswood."

As part of monitoring medication, an external audit by the CCG had been carried out in August 2017. The service achieved 93%.

The service had a system for getting feedback from people living at the home and their relatives. Surveys were sent out each year. No more surveys had been sent out since the last inspection but were due in April 2018. From the 2017 survey we saw the feedback from relatives was very positive. Comments included, "A

warm and friendly environment, "Caring and thoughtful staff", "Staff are lovely, always friendly" "Nothing is too much trouble", "Excellent care given" and "Very homely".

A registered manager was in post. Day to day management of the home was the responsibility of the nurse manager. Staff from Avenswood attended bi-monthly meetings with the CHIP (Care Home Innovation Programme). The CHIP is a source of advice, information, training and networking with approximately 27 care/ nursing homes across the Sefton area. The registered manager confirmed they attended these meetings each month and found them, "Very useful, invaluable and had learned so much".

Formal 'resident and relatives' meetings were not held. However, the registered manager set aside regular times to meet with relatives if they wished.

We saw that staff meetings were held within the home every three months. We saw minutes from a care staff meeting and a nurses meeting in January 2018.

The Care Quality Commission (CQC) had been notified of events and incidents that occurred in the home in accordance with our statutory notifications. This meant that CQC were able to monitor information and risks regarding Avenswood Nursing Home. From April 2015 it is a legal requirement for providers to display their CQC rating. 'The ratings are designed to improve transparency by providing people who use services, and the public, with a clear statement about the quality and safety of care provided'. The ratings tell the public whether a service is outstanding, good, requires improvement or inadequate. The rating from the previous inspection for Avenswood Nursing Home was displayed for people to see.