

Capital Healthcare Limited

Ainsdale Court

Inspection report

Holt Lane
Rainhill
Prescot
L35 8NB

Tel: 015149313451

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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 well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Ainsdale Court is a residential care home providing personal and nursing care to up to 46 people older people. At the time of our inspection there were 42 people using the service. All bedrooms and facilities are based on the ground floor of the building.

People's experience of using this service and what we found

Improvements were needed by the provider to monitor people's living environment and records maintained at the service. People's care and support was monitored on a regular basis. The service worked with other agencies to identify and address areas of improvement.

People received their medicines when needed. Risks to people were identified and where possible minimised. Systems were in place for infection prevention and control. People felt safe living at the service and spoke positively about the service they received.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported by staff who received training for their role. People had access to regular visits from a local GP service. Where specific support was needed from specialist health professionals, referrals were made. People had access to choices during mealtimes.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 9 March 2022).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Recommendations

We have made recommendations in this report relating to monitoring of people's living environment; recruitment and maintaining records.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.
Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.
Details are in our effective findings below.

Good ●

Is the service well-led?

The service was not always well-led.
Details are in our well-led findings below.

Requires Improvement ●

Ainsdale Court

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

This inspection was carried out by one inspector.

Service and service type

Ainsdale Court is a 'care home.' People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Ainsdale Court is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This 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. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all

this information to plan our inspection. We used all this information to plan our inspection.

During the inspection

We spoke with 9 people who used the service and 6 family members. We spoke with 9 members of staff including the registered manager, nurses, care staff, cook and activities coordinator. In addition, we spoke to the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included a number of people's care and medication records. We looked 6 staff files in relation to recruitment and training and records relating to the management of the service.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

At our last inspection we recommended the provider consider current guidance and take action to update their practice accordingly in relation monitoring of the environment. During this inspection improvements had been made. However, other areas of improvement were identified.

- People's communal living spaces had not always been safe.
- A shower room was being used as storage for a number of walking aids. A bathroom was being used also for storage of equipment and furniture. In addition, hairdressing products and continence products were stored. Some of these items posed a risk to people and prevented safe access to use the facilities. The provider took immediate action to make both rooms safe and accessible.
- A number of bedroom doors in one area of the home needed repairing and ceiling tiles in a corridor were not fitting flush. These issues were addressed immediately by the provider. The registered manager took action by adding further checks to the regular monitoring of people's living environment.

We recommend the provider consider current guidance and take action to update their practice accordingly in relation monitoring of the environment.

- Known identified risk to people were assessed and where possible mitigated. For example, risk to people from poor nutrition; falls and skin had been considered and formed part of people's plan of care.
- Systems were in place for regular testing of equipment and services.

Staffing and recruitment

At our last inspection systems were either not in place or robust enough to ensure that safe, effective recruitment procedures were in place. This placed people at ongoing risk of harm. This was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection improvements had been made and the service was no longer in breach of this regulation.

- Since the previous inspection a review of all records relating to previously employed staff had taken place.
- Sufficient numbers of staff were on duty to meet the needs of people.
- People spoke positively about the support they received from the staff team. Comments included, "Staff are lovely, they really look after you." Family members comments included, "The staff are friendly, helpful and respectful"; "Staff are friendly, caring and upbeat"; "They are all very pleasant towards us, very friendly and helpful" and, "There is always staff around."

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the service.
- Effective safeguarding procedures were in place. Staff had access to information about how to protect people from harm.
- Safeguarding concerns relating to people were reported to external agencies and the registered manager worked with other agencies when concerns were raised.

Using medicines safely

- People received their medicines when they needed them.
- Systems were in place for the safe management of people's medicines.
- Stocks of people's medicines were monitored.
- Records were maintained of people's administered medicines.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

The service was following government guidelines for visitors to the service.

Learning lessons when things go wrong

- When things went wrong for people, systems were in place to monitor and make improvement to minimise the risk of re-occurrence.
- The registered manager had a system in place for the clear reporting, monitoring and taking actions required in the event of an incident or accident.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Systems were in place to assess and review people's needs and wishes in line with legislation and best practice prior to them moving into the service.
- People and family members were involved in the planning and review of their care and support.

Staff support: induction, training, skills and experience

- People were supported by a team of staff of mixed skills and experience.
- Staff told us they felt supported in their role by the registered manager and provider.
- Records showed that staff had received regular updated training for their role.

Supporting people to eat and drink enough to maintain a balanced diet

- Systems were in place to protect people from the risk of poor nutrition and dehydration.
- People had access to sufficient food to meet their dietary needs.
- People had a choice of foods at each mealtime and if required, an alternative menu was available if a person didn't want anything from the day's menu. People's comments included, "The food is good, and you have a choice." A family member told us "[Name] is eating well, which is an improvement from when she went in."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported with their health needs by a weekly visits from the local GP practice.
- Systems were in place for people to have access to healthcare support required. When required, referrals were made to specialist health professional for treatment, for example, tissue viability nurses (TVN).
- Family members felt their relative's needs were met. One family member told us "[Name] is back to a reasonable level of health and it is in part due to the level of care she has received. Level of communication from staff and their understanding of [name] communication has been very good."

Adapting service, design, decoration to meet people's needs

- The buildings facilities and bedrooms were situated on the ground floor and there was easy access into the service.
- A programme of redecoration was in place and as part of the continual development plans for the service. Family member's comments included, "The dining room has been changed and its very pleasant" and,

"Always see where they have been 'sprucing things up' on a regular basis. If anything needs fixing its done."

- People had access to equipment specific for their use and comfort.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

During our last inspection systems were either not in place or robust enough to ensure that people rights under the Mental Capacity Act were promoted and maintained. This was a breach of Regulation 11 (Need for Consent)) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection enough improvements had been made and the service was no longer in breach of this regulation.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff followed the principles of the MCA.
- Where required DoLS had been applied for/renewed for people.
- Best interest decisions had been made on behalf of people when they were unable to make a specific decision themselves. Where appropriate, family members were involved in these decisions.
- A system had been developed to obtain and record people's consent. For example, in relation to vaccines and the use of CCTV throughout the building.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant the service management and leadership was not always consistent.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

During our last inspection systems were either not in place or robust enough to demonstrate that governance within the service was effective. This placed people at risk of not receiving their planned care. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection we identified enough improvement had been made and the provider was no longer in breach of this regulation. However, other areas of improvement were identified.

- Quality assurance systems needed some improvement.
- Checks and monitoring of the records and people's living environment had failed to identify the areas of improvement identified in this report.
- Records relating to recruitment and maintenance monitoring were not always completed in full. For example, records relating to hot water temperature checks did not contain the temperature at the time of testing and whether the temperatures were suitable for individuals' using the facility. Action was taken during this inspection by the registered manager to amend recording to ensure it contained the correct information.

We recommend the provider consider current guidance and take action to update their practice accordingly in relation to maintain records and checks to the environment.

- Clear systems for the monitoring of people's care and support had been introduced since the previous inspection. This included daily, weekly and monthly checks on people's records.
- A new registered manager was in post who demonstrated a clear plan of action to make continual improvements to the service. A family member told us, "The management team and provider are around a lot and are approachable and easy to talk to."
- There was a clear line of accountability within the staff team. The registered manager had a clear understanding of responsibilities and regulatory requirements.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered provider had some understanding of their responsibilities in responding to people who use the service under the duty of candour following incidents and when things had gone wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- A system was in place to gather people's views on the service. This included regular reviews of people's care and discussion.
- Regular staff and information sharing meeting took place. This included daily flash meetings to discuss and update on people's needs with representatives of the staff team.
- Meetings for people and their family members had commenced. This enabled the opportunity for discussion and for people to give their opinions of the service. Family members told us that new social media pages had been introduced to enable them to keep up to date with activities within the service.

Continuous learning and improving care; Working in partnership with others

- The registered manager worked in partnership with the Local Authority and community-based healthcare professionals to improve the health and welfare of people using the service the service. One health care professional described their interaction with the service as "Positive, very approachable."
- Learning took place from incidents to minimise the risk of re-occurrence.