

S.J. Care Homes (Wallasey) Limited

Aynsley Nursing Home

Inspection report

60-62 Marlowe Road
Wallasey
Merseyside
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Tel: 01516384391

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19 July 2017

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Ratings

Overall rating for this service

Requires Improvement ●

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

Summary of findings

Overall summary

This inspection was carried out on 19 July 2017 and was unannounced. We carried out the inspection at this time because the home had been rated inadequate and was in special measures. We needed to check that improvements had been made to the quality and safety of the service.

We last inspected the home on 7, 8 and 15 February 2017 and found breaches of regulations 9, 10, 11, 12, 15, 17, 18 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because: The premises were not adequately maintained or refurbished and there was unsafe equipment in use. There had been very little training for staff and there was insufficient evidence that all new staff had been recruited safely. People's capacity to consent to care and treatment had not been assessed and care plans did not adequately describe the individual characteristics of people living at the home. People's dignity was not always upheld. There was a poor standard of record keeping and no evidence that the provider had oversight of the service being provided at the home.

During this inspection we found that improvements had been made in all of these areas but further improvements were required. However, in response to the improvements that had been made we took the service out of special measures.

As a condition of the provider's registration with the Care Quality Commission, the home is required to have a registered manager. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The home has not had a registered manager for a long time. CQC has taken enforcement action in relation to this issue and the provider has paid a fixed penalty notice. The current manager has now submitted an application to CQC which is being processed.

The service is registered to provide accommodation with personal care or nursing care for up to 28 people and 21 people were living there when we visited for this inspection.

During previous inspections we saw that people were potentially at risk from inappropriately fitted bedrails and from hot radiators. We also saw that maintenance records were incomplete. During this inspection we saw that all radiators had been fitted with protective covers and people who required the use of bedrails were provided with beds that were safe and suitable to meet their needs. We also saw records to show that equipment and services had been tested and maintained.

During our last inspection we were concerned that adequate arrangements were not in place to protect people from the risk of fire and we referred these concerns to the Fire Service. At this inspection we were able to see that the provider had taken appropriate action to address this.

During previous inspections we found that the premises were not adequately maintained and the home

looked 'tired' and was in a poor state of repair and decoration in some areas. During this inspection we saw that a programme of redecoration and refurbishment was underway to provide a more pleasant environment for people to live in.

During previous inspections we found that staff records were poorly maintained and records relating to the recruitment and employment of new staff were incomplete. During this inspection we saw that this had been addressed and records relating to two new staff contained adequate information to show that they were safe to work with vulnerable older people.

During previous inspections we found that staff had not received the training and support they needed to work safely and effectively. During this inspection we saw that a programme of staff training and supervision had been put in place and was underway.

At our last inspection we found that the manager had not followed the requirements of the Mental Capacity Act 2005 because people's capacity to make decisions about their care and treatment had not been assessed. At this inspection we saw that a mental capacity assessment tool had been introduced and some Deprivation of Liberty Safeguard applications had been made to the local authority to ensure that people's rights were protected.

At our last inspection we found that people's privacy and dignity were not always protected when support was provided for them. At this inspection we found that some improvements had been made, for example only one bedroom was being shared and this had a privacy curtain. However further improvement was needed.

At our last inspection we found that people's care plans were not person-centred and did not describe their individual needs and preferences. During this inspection we saw that new care planning documentation had been introduced and this presented information in a person-centred style.

During our last inspection we found that the provider's quality assurance process was ineffective. Although the home did not have a registered manager, there was no evidence that the provider had oversight of the service being provided. At this inspection we saw that the provider had been involved in implementing improvements to the service and in monitoring the quality of the service provided.

During our visit we saw that there were enough staff to support people and meet their needs and people we spoke with described the staff as kind and caring.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Action had been taken to ensure that the premises and the equipment used were safe and were adequately maintained.

Action had been taken to improve staff records and recruitment processes.

There were enough staff to support people.

A longer term of consistent good practice is required to achieve a rating of good for this key question.

Is the service effective?

Requires Improvement ●

The service was not always effective.

A programme of staff training and supervision had been put in place and was underway. This needed to be completed.

A mental capacity assessment tool had been introduced and some Deprivation of Liberty Safeguard applications had been made to the local authority.

A programme of redecoration and refurbishment was underway to provide a more pleasant environment for people to live in.

A longer term of consistent good practice is required to achieve a rating of good for this key question.

Is the service caring?

Requires Improvement ●

The service was not always caring.

People we spoke with during the inspection and their relatives told us that the staff were kind and caring.

Some issues relating to people's privacy and dignity had been addressed but there was room for further improvement.

A longer term of consistent good practice is required to achieve a rating of good for this key question.

Is the service responsive?

The service was not always responsive.

New care planning documentation had been introduced and this presented information in a person-centred style.

Staff were aware of people's individual needs and choices.

A copy of the home's complaints procedure was displayed and complaints records were maintained.

A longer term of consistent good practice is required to achieve a rating of good for this key question.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

The home manager had applied for registration with CQC.

The provider had demonstrated commitment to improving the service provided for the people who live at the home.

A system of quality audits had been put in place and the provider was involved in quality monitoring.

A longer term of consistent good practice is required to achieve a rating of good for this key question.

Requires Improvement ●

Aynsley 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.

The inspection took place on 19 July 2017 and was unannounced. It was carried out by an adult social care inspector and an inspection manager. Before the inspection we looked at all of the information that CQC had received about, and from, the service since the last inspection.

During the inspection we looked at all parts of the premises. We spoke with five members of staff, three people who lived at the home, and two visitors, who were family members of people who lived at the home. We observed staff providing support for people in the lounge and the dining room. We looked at medication storage and records. We looked at staff rotas, training and supervision records, and recruitment records. We looked at maintenance records. We looked at care records for five people who lived at the home and records of the audits that the manager had carried out.

Is the service safe?

Our findings

One person we spoke with told us "Of course I feel safe here. This is my home."

During our last inspection we found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 12 because the provider had not ensured that the premises and equipment were safe. We were unable to find evidence that all services and equipment had been checked and maintained by visiting contractors. Equipment faults recorded by the maintenance person had not been addressed. People were at risk of harm from uncovered radiators and ill-fitting bedrails. Laundry in plastic bags was placed adjacent to a hot boiler in a sluice room.

During this inspection we saw that all radiators had been fitted with protective covers and people who required the use of bedrails were provided with beds that were safe and suitable to meet their needs. The maintenance file had been sorted out and had an index in the front which showed when all equipment and services had been tested and serviced by contractors and when the next check was due. Records showed that equipment and services had been tested and maintained as required.

During our last inspection we were concerned that adequate arrangements were not in place to protect people from the risk of fire and we referred these concerns to the Fire Service. At this inspection we were able to see that the provider had taken appropriate action. This included a new comprehensive fire risk assessment, some new fire doors, and a new personal emergency evacuation plan for each of the people living at the home. Fire drills had been carried out in April, May and June 2017, however it was not clear whether all members of the staff team had attended a fire drill as the same names occurred on fire drill records on several occasions.

We looked around the home and saw that it was clean and there were no unpleasant smells. We saw that Environmental Health had visited the home in February 2017 and the home had retained its five star food hygiene rating.

During our last inspection we found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 19 because the provider had not ensured that robust recruitment procedures were followed including the relevant checks. We also found at our last two inspections that personnel records were not well maintained and it was not always possible to find the information we needed to look at.

During this inspection we looked at the recruitment records for two new members of staff. We found that satisfactory recruitment procedures had been followed and appropriate references and Disclosure and Barring Service checks had been obtained. However, we had some concerns about the recruitment processes for the two care plan coordinators. We spoke with the manager and they agreed to take action to rectify this immediately. We saw that all the staff files had been put in order so it was easy to find the required information.

We looked at accidents and incidents and how these were managed by the manager. We saw that accident and incident records were audited on a monthly basis to look for patterns and trends to avoid reoccurrences to keep people safe. This had improved since the last inspection and people who lived in the home were more closely monitored.

We looked at staffing levels and saw that these were maintained at the required levels. We saw that some agency staff were used but these were the same staff to maintain consistency for the people living in the home. We saw that information was held about the agency staff and that nurses' registration with the Nursing and Midwifery Council were checked regularly.

We looked at the arrangements for the management of people's medicines. Medicines were only handled by registered nurses. Adequate storage was provided in a locked room. There was a drawer full of various types of wound dressings that did not have anyone's name on. These should only be used for the person they were prescribed for and not retained as stock items.

During our last inspection we found there was no information readily available about how to contact social services to report any safeguarding concerns. During this visit we saw this information on noticeboards in the entrance hall and in the first floor corridor.

The day after the inspection we were contacted by a social worker who expressed significant concerns about the way in which safeguarding concerns regarding the care that one person who lived at the home was receiving had been addressed. This was being investigated by the safeguarding authority. This meant that the home still had areas that it needed to improve in relation to the risks posed to people living in the home.

Is the service effective?

Our findings

At our last inspection we found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 15 because the premises were not suitably maintained. There were a number of areas in a poor state of repair, for example damage to the walls outside the lift, some poor ripped and stained carpets and creaking floors, damaged doors, damaged walls and shabby furniture.

During this inspection we saw that the premises had been significantly improved. Many rooms had been painted and were lighter and brighter. Many carpets had been replaced. The people who lived in the home told us that they were very happy with the improvements that had been made. We saw one bedroom being painted during the inspection. A former bedroom situated very close to the front door had been changed into an office. The manager told us about the on-going plans to make further improvements.

During our last inspection we found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 18 because the provider had not ensured that staff received adequate support, training and supervision needed to carry out their role.

During this inspection we saw that an electronic learning programme had been put in place and all staff had completed training modules relating to mental capacity and moving and handling. Most staff had a date recorded for safeguarding training but four did not. Most staff had a date recorded for fire safety training but eight did not. Most staff had a date for health and safety training but six, including the manager, did not. Approximately half of the staff had completed infection control and food hygiene modules. This showed that there had been significant progress but the programme was not yet complete. A staff supervision list showed that all staff had either two or three supervisions since the last inspection.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

At our last inspection we found that the provider was in breach of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 11 because people whose capacity to give consent to care and treatment was in doubt had not been assessed in accordance with the Mental Capacity Act 2005. No DoLS applications had been made with respect to people living at Aynsley Nursing Home although some of the people living at the home had dementia related conditions. At this inspection we saw that a mental capacity assessment tool had been introduced into the new care planning documentation and some Deprivation of Liberty Safeguard applications had been made to the local authority to ensure that people's rights were protected.

We observed how people received their meals at lunchtime. Only two people were supported to have their meal at a table in the dining room. Other people had a portable table put in front of them in the lounges or in their bedroom. This meant that they did not have a change of position or environment.

Is the service caring?

Our findings

We spoke with one relative who told us "We are very happy with the care here. We thought it was very good anyway but we are really happy that it's been improved. Things are looking up again." Another visitor told us that they were at the home every day and were very happy with the care that their relative received and with all the staff.

Local GPs had been asked for feedback and three had responded. All of their comments were very positive and included "A friendly, caring and homely environment with consistent staff who know the residents well." A podiatrist who visited the home had also provided feedback which stated "It's a good home with professional and caring staff."

During the inspection we saw staff interacting with people who lived in the home. It was clear that staff knew people well and knew the care that they needed. We saw that people were able to get up at a leisurely pace and staff supported them in an unobtrusive way.

At our last inspection we found that the provider was in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 10 because people were not always treated with dignity and respect. A number of people were accommodated in double bedrooms and we saw that the portable privacy screening in these rooms was dusty, which suggested it had not been used recently. We asked the manager if there were written consents in place for people sharing a bedroom with someone who was not related to them and she said there were not. In one shared bedroom we found a plastic wash bowl which was not identified with anyone's name. This meant that people could be using shared washing facilities and was not dignified. This had also been reported following our inspection in 2016.

During this inspection only one bedroom was shared and the manager told us this was a long standing arrangement. A privacy curtain on a ceiling curtain rail was fitted. The two plastic wash bowls were marked with people's names, but there were two towel rails with towels and face cloths and nothing to indicate who they belonged to. The manager told us that in the future, bedrooms would only be shared by two people who had made a positive choice to share a bedroom.

As part of the inspection we looked at the home's bathrooms. The sign on a bathroom door indicated that it was vacant. When we knocked and entered the room we found a person seated on the toilet. This was undignified for the person and their privacy was not protected. The same thing had happened at our last inspection.

Is the service responsive?

Our findings

During our last inspection we found that the provider was in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 9 because people who used the service did not receive person-centred care and treatment that was based on an assessment of their needs and preferences.

We looked at care plans for four people and saw that they had significantly improved since our last inspection. We saw that they were personalised and contained detailed information about how the person wished to be cared for. For example, one care plan said "[name] enjoys a cup of tea, milk, no sugar, from a lidded beaker and enjoys flavoured water as a cold drink." We saw that small things that may be very important to people in their day to day lives had been documented and this meant that people could be supported in the way that they chose.

We saw that the care plans were a 'work in progress' and not all had yet been completed but the manager told us that they were hoping to complete this work by the end of July 2017.

In two bedrooms we saw folders containing care charts going back to February 2017. This did not suggest that the manager or nurses collected the charts and looked at the information recorded on them when they wrote the reviews of the people's care.

We asked if any of the people living at the home required wound care. The nurse on duty told us there was one person. We looked at this person's care records and found that their wound care assessment chart was unsigned and undated. There were no photographic records of the person's wound areas. A care plan for pressure ulcers had been written in April 2017 but this was very general and we did not see any reviews recorded. However, there was also a care plan for skin integrity which was difficult to read. The most recent review had been recorded on 5 July 2017 and stated "Dressings renewed as necessary." This gave no information about whether the wounds were healing or deteriorating. We also saw no evidence of referral to a wound care specialist nurse. This meant that the home still had areas that it needed to improve on in relation to the documentation of people's care.

At the time of our inspection there were no regular, planned social activities taking place because the activities organiser had left.

We saw the complaints procedure displayed in the entrance hall of the home. This contained details of who people could contact if they had any concerns. The name of the service provider was on the complaints procedure but there was no information about how they could be contacted. We looked at the complaints log and saw that complaints were recorded including the date they were received, the date they were resolved and whether the complaint was substantiated or not. We saw that detailed investigations had been carried out and every effort had been made to resolve the complaint to the satisfaction of the complainant.

Is the service well-led?

Our findings

During our last inspection we found that the provider was in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 17 because they did not have systems in place to ensure effective governance of the service.

The home had required a registered manager for a long time. CQC has taken enforcement action in relation to this issue and the provider has paid a fixed penalty notice. The current manager has submitted an application to CQC which is being processed.

We saw that the management and the oversight of the home had significantly improved since our last inspection. We saw that the manager was carrying out regular audits of different areas in the home to ensure that the service was providing quality care safely. We saw that the provider was maintaining stringent oversight of the service and was visiting regularly and monitoring the service.

The auditing system was set up in the office and was clear and easy to navigate. Systems and processes were in place to ensure safety, cleanliness, safe medicines management and care delivery.

We saw that a lot of meetings had taken place with staff, people who lived in the home and their families and friends, to make improvements to the home. We saw that the provider was recording their visits and was part of the team. The manager commended the staff team and told us the improvements made had been due to the commitment of everyone involved.

We spoke with the manager about the maintenance of the current systems and the sustainability moving forward. The provider had made significant improvements over a five month period and these needed to be maintained and built upon.

The manager told us that Wirral Local Authority Quality Assurance Team had been visiting the home weekly to support them, also the Quality Assurance nurse from Wirral CCG. The manager said that their support had been invaluable in helping the home to improve.

The manager acknowledged that further improvements needed to be made and told us that the home was focused and committed to achieving a Good CQC rating.