S J Care Homes (Wallasey) Limited

Aynsley Nursing Home

Inspection report

60-62 Marlowe Road, Wallasey, CH44 3DQ
Tel: 0151 638 4391

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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?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Overall summary

The inspection took place on 18 and 19 February 2015 and was unannounced on the first date. The service provided accommodation with either personal care or nursing care for up to 28 people.

The home did not have a manager who was registered with the Care Quality Commission. 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 our visits we saw that there were enough staff to support people and meet their needs, and people we spoke with considered there were enough staff. People we spoke with described the staff as kind and caring. Staff had received training about safeguarding vulnerable people from abuse but had not received recent training about other subjects relevant to their work. There was no awareness of issues related to the Mental Capacity Act 2005 and people's capacity to make decisions had not been assessed.

The home was clean and there were no unpleasant smells. Some safety checks were undertaken, however some improvements were needed to ensure that people had a safe and pleasant environment to live in.

Medicines were stored safely and people received their medication as prescribed by their doctor.

Summary of findings

People who were mobile and able to express their views were able to make choices in daily living, but the care plans we looked at were not written in a person-centred style and did not provide a holistic record of people's needs and preferences. People told us that they enjoyed the social activities provided.

People were registered with local GP practices and the care plans we looked at gave details of people's health needs. People's needs were assessed before they moved into the home and referrals were made to medical professionals as needed.

The manager told us that improvements had been made to the standard of meals and people we spoke with were satisfied with the food they received. Improvements were needed to meals service.

The acting manager carried out some audits of the service but these were not comprehensive. A satisfaction survey had been carried out but the results of the survey had not been collated. Since taking up post, the manager had held a series of meetings with people who lived at the home, their families, and staff.

During this inspection we found breaches of Regulations 10 and 18 of the Health and Social care Act 2008. You can see what action we have asked the provider to take at the end of this report

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?

Requires Improvement

The service was not always safe.

Staff had received training about safeguarding and knew how to recognise and report abuse.

The home was clean and adequately maintained in some areas. Records showed that some routine safety checks were carried out.

There were enough staff to support people and keep them safe. Satisfactory recruitment procedures had been followed when recruiting new members of staff but records did not show that new staff received induction training or that their performance was monitored.

People's medicines were managed safely.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff had not received regular training or support.

There was no awareness of issues related to the Mental Capacity Act 2005 and people's capacity to make decisions had not been assessed.

People received enough to eat and drink but improvements were needed to the meals service.

People received the support they needed to see their doctor and other appropriate specialist health care services.

Is the service caring?

Good

The service was caring.

We observed staff caring for people with dignity and respect.

People we spoke with said that the staff were kind and caring.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People's needs were assessed before they moved into the home.

People who were mobile and able to express their views were able to make choices in daily living, but the care plans did not provide a holistic record of people's needs and preferences. Care plans we looked at were not person centred and there was no evidence that people were involved in planning their care.

People told us that they enjoyed the social activities provided.

Summary of findings

The home's complaints procedure was displayed in the entrance area.

Is the service well-led?

Requires Improvement

The service was not always well led.

The home did not have a registered manager.

The acting manager carried out some audits of the service but these were not comprehensive. A satisfaction survey had been carried out but the results of the survey had not been collated.

Since taking up post, the manager had held a series of meetings with people who lived at the home, their families, and staff.

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 18 and 19 February 2015 and was unannounced on the first date. It was carried out by one Adult Social Care inspector. Before the inspection we received information from Wirral Council's Quality Monitoring and Contracts department. They told us that they had some concerns about the service. 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 including all of the bedrooms. We spoke with seven members of staff, six people who lived at the home, two visitors, and the provider. 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 three people who lived at the home and records of the audits that the manager had carried out.

Requires Improvement

Is the service safe?

Our findings

People we spoke with said that they felt safe living at Aynsley and a visitor we spoke with was confident their relative was kept safe. The home had safeguarding policies and procedures and there was a copy of Wirral Council's safeguarding guidance manual 'No Secrets' in the office. However, as mentioned in the previous inspection report for this service, there was no information elsewhere so that contact details for local social services guidance and referrals was not easily accessible or displayed for staff or visitors to refer to. The manager told us that training about safeguarding had been provided for 32 of the 39 members of the staff team in November 2014. This was going to be repeated in June 2015. One member of staff told us the training had been very helpful and thought provoking. We noticed that staff did not wear name badges. This meant that if someone wanted to raise concerns about a member of staff they may not be able to identify them by name.

The administrator told us they did not act as appointee for any of the people living at the home, however a number of people had personal spending money in safekeeping at the home. The administrator showed us the detailed records of people's finances they maintained and we saw that people's money was kept in individual wallets. The administrator confirmed that the records were not checked by anyone else. This meant that people may not be protected from financial abuse and the administrator may not be protected from any allegation of mismanagement of people's money.

We looked at staff rotas and these showed that there was always a registered nurse on duty at the home. The manager usually worked supernumerary to the staff rota, but also covered for nurses' holiday or sickness. There was one full-time and three part-time nurses employed for day duty, some bank staff, and small use of agency nurses. There was a regular team of night nurses. There were four care staff on duty throughout the day and two at night. The manager told us that this would increase to five during the day when occupancy increased to 25 or more. Staff told us they were able to meet people's needs with four staff, but it was much better with five as they had more time to spend with people. On the days we visited the staff, the staff did not appear too rushed.

In addition, there were two staff working in the kitchen and two domestic staff. An administrator worked in the mornings and a maintenance person worked three days a week. An activities organiser worked between 10am and 3pm on weekdays. We questioned why the activities organiser worked a significant number of hours over the lunchtime period when they supported people with their meal and were, in effect, working as an additional carer. The manager said she would give this some consideration.

We looked at the employment records for two members of staff who had started working at the home in 2014. The manager told us that no new staff had been recruited since she took up post in September 2014. Records showed that the required checks had been carried out before the new staff started working at the home. However, for one person there was no record of any induction programme and there was a blank form in the file. For the other person there was a very brief induction record. For one person there was no record of any supervision to check how they were settling in to the home, and for the other person there was a very brief supervision record. One person did not have a signed contract of employment.

The administrator showed us the health and safety file which recorded when services and equipment were checked and maintained by visiting contractors. We saw that these were all up to date. Portable electrical appliances were tested annually to ensure they were safe. Window opening restrictors were in place but there were no checks to make sure they were functioning safely. Some uneven floors and wrinkled carpets put people at risk of falls and there were no radiator covers in some rooms which meant that people may be at risk of burns. A fire inspection and a health and safety inspection had been carried out by an external contractor in July 2014 and recommendations were made. There was no evidence to show whether action had been taken to address the recommendations and the manager told us she had not seen these reports.

During our visits we found that the home was clean and there were no unpleasant smells. A relative told us "There are no smells, that is what I like about this place." Paper towels and liquid soap were provided in all areas. We had concerns relating to shared rooms where personal items, for example toothbrushes and bars of soap, were on the wash basin and were not labelled with the owner's name. This meant that they could be used for either one of the two people who shared the room. We discussed this with the manager who considered that the staff would know

Requires Improvement

Is the service safe?

which items belonged to each person, however she agreed that alternative storage arrangements would be provided to keep each person's personal items separately. An external infection control audit had been carried out in November 2014 and produced a score of 68%, which indicated improvements were needed. The manager told us that issues had been addressed and a new disinfecting machine for commode pots and urine bottles had been installed in the sluice room. However, there was no internal infection control audit to monitor progress.

We looked at the arrangements for the management of people's medicines. A person who lived at the home told us they always got their tablets on time and staff always asked if they needed any pain relief medication. Medicines were only handled by registered nurses. Adequate storage was provided in a locked room. The room and fridge temperatures were recorded daily to monitor that medicines were kept at the correct temperature. Monthly repeat medicines were dispensed mainly in blister packs and a running total was maintained for all non-blistered items. A record was kept of any items that were carried forward from one month to the next. In general, the records we looked at and checks of the items in the medicine trolley, showed that people received their medication as prescribed. However, we noticed that one person was prescribed an analgesic patch to be changed every seven days but on two occasions it had been changed after six days and on another two occasions it had been changed after eight days. One person was prescribed Diazepam to be given 'as required' but there was no protocol or guidance for the nurses as to when this should be given. This meant that the medication may not be used consistently.

Requires Improvement

Is the service effective?

Our findings

We observed how people received their meals at lunchtime. Only three people went into the dining room and the others had their meals in the lounges. This meant that people did not get a change of environment or seating position. Some people who required support to eat their meal received their lunch at 11:45am, which we considered to be very early. Carers sat with them and there was a pleasant, relaxed and unhurried atmosphere.

The dining room was not big enough to accommodate more than half of the people who used the service. We spoke with the people in the dining room. One person said they did not wish to have the main meal of the day and were going to have an omelette. One person said they could not remember what they had ordered, and the other person said they did not remember being asked. There was no menu available. A member of care staff poured water out for them but they were not offered a choice of drinks. The water was served in plastic tumblers although it appeared that these people would be able to use glasses safely.

One person complained that the meal was not hot and the plate was cold. Other comments people made were “The food is OK.”, “The food is very acceptable.”, and “The food’s really good.” The manager told us she had reduced the amount of frozen food used and there were regular deliveries of fresh produce. Choices available at teatime had been improved so that there was always an option of a cooked meal and not just sandwiches. We were told that food and drinks were available 24 hours a day and staff had access to the kitchen to make anyone a snack.

People’s weights were recorded monthly and a nutrition risk assessment was included in each person’s care plan and was reviewed monthly. One person’s care plan recorded that they were too poorly to weigh, and this had been repeated over several months. Other methods of assessing the person’s nutritional status, for example measuring the circumference of the person’s arm, did not appear to have been considered. Another person told us they were experiencing difficulty swallowing and had an appointment to see a consultant. They told us they were receiving fortified drinks, however when we spoke with the person in their bedroom we did not see any drinks of any type.

There were 21 care staff employed at the home, of whom ten had a National Vocational Qualification (NVQ) level 2 in care. The manager confirmed that staff had not received training recently (except for the safeguarding training in November 2014) and she showed us confirmation that a programme of training had been booked with an external training provider. The programme consisted of Equality and Diversity, Person Centred Planning, Manual Handling, Health and Safety and Infection Control, Dementia Awareness, Food Hygiene, and Fire Safety. This would be completed in June 2015. Records showed that the manager had been carrying out individual supervisions with staff, and group supervisions to address practice issues she had identified. However there was no timetable in place for future supervisions. The manager said she would do staff appraisals later in the year when she had got to know individual staff better.

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards which applies to care homes. At the time of this inspection there were no Deprivation of Liberty Safeguards in place at this service. There were no restrictions on people’s movements around the home. However, when we looked at people’s care plans we saw that, where people lacked capacity to make informed decisions, an assessment of their mental capacity had not been recorded. Staff had not received relevant training about the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

This is a breach of Regulation 18 of the Health and Social Care Act 2008 as the provider did not have suitable arrangements in place for obtaining and acting in accordance with the consent of people in relation to their care.

People were registered with a number of different local GP practices. Care plans we looked at showed that people's health needs were assessed and plans were written to show how these needs would be met. Information about people’s health was reviewed on a monthly basis or before if medical intervention had taken place. We were told that GPs visited when requested and other multi-disciplinary medical staff visited people as required. We saw charts in place in the bedrooms of the more frail people who were being looked after in bed. The charts recorded repositioning, continence, and food and fluids taken. The charts had been completed well and showed that people

Requires Improvement

Is the service effective?

had received care at least two hourly. We looked at care documents for three people who lived at the home and they showed that referrals to relevant health professionals had been made when required. For example, people had received visits from dietician, speech and language therapist and wound care specialist nurse. A daily report was written for each person and recorded any professional visits and treatment provided or prescribed. Staff we spoke with said they had enough equipment, for example hoists, pressure-relieving mattresses and adjustable beds, to meet people's health needs.

We saw that some of the toilets and bathrooms did not have locks or any signage to indicate when they were in use. Bedrooms did not have the name of the person on the door or any other aid for people to be able to find their own room. There was a shortage of office space for the manager, nurses and care staff. The care staff kept their notes in the dining room which did not protect confidentiality. The manager was using a very small room on the first floor as an office but it did not have a door so again, documents were not confidential. The administrator had an office on the second floor but did not have a computer so had to share the computer in the nurses' office on the first floor.

Good

Is the service caring?

Our findings

Everyone we talked with spoke highly of the staff team. A visitor told us “They’re lovely here. Nothing is too much trouble.” A person who lived at the home said “I know I can’t get better but the staff are good and that means a lot.” Another person said “The carers and nurses are so kind, they are more like friends. You couldn’t wish for a better place. You wouldn’t be allowed to be miserable here.” Another person told us “I’m very happy here”. We heard staff speaking kindly to people, for example asking “Are you nice and comfy?”

We observed the staff providing support for people in communal areas and saw that they were caring, kind and good-humoured and gave people time. Staff knocked on people's doors before entering and people's safety was taken in to account when using equipment such as wheelchairs and hoists. We saw that staff attended to people’s needs in a discreet way which maintained their dignity. Staff also engaged with people in a respectful way throughout our visit. The home had two members of staff identified as ‘dignity champions’. A male care assistant told us that most of the ladies who lived at the home were happy for him to provide personal care for them, but he always asked their permission and was aware of individuals who preferred to be supported by a female member of staff when having a bath or shower.

Some people were accommodated in double bedrooms and privacy screening was available in each of these rooms. In people’s bedrooms there were many photographs and other personal belongings. We noticed that a number of bedrooms were overlooked by neighbouring properties. None of these rooms had blinds or net curtains. We asked one person whether they would like to have a blind or curtain and they told us they were happy with the situation as staff always remembered to draw the curtains to protect the person’s privacy.

Families and friends were able to visit people whenever they wanted and during our visits we saw two people being taken out by family members. Two relatives we met visited the home every day. Other people had brought a dog with them to visit someone who was very fond of dogs.

Requires Improvement

Is the service responsive?

Our findings

One person we spoke with said "I don't know about a care plan, it wasn't discussed with me." We looked at the care records for three people. There were some records of discussions with people's families, however we did not find evidence that people who lived at the home and/or their families had been involved in putting together the plans for the individual's care. We found that the documents used to assess people's needs were not fit for purpose. The care plans identified 'problems' rather than needs and were medical rather than holistic in nature. The information was mostly health and risk based, and gave staff very little information about people's preferences or personal history to help staff to understand the individual and to provide information about their past lives. A comment made on the satisfaction survey carried out in October 2014 was "Overall Aynsley is good but sometimes I think staff forget that the people they are caring for had full lives before they became ill."

Daily nursing reports had been completed appropriately and the care plans had been reviewed monthly, but there was no evidence of the person and/or their family being involved in reviews. We saw evidence that the manager had started inviting close family members to attend review meetings. In the care notes we looked at we did not find evidence that people or their families had signed consent where bedrooms were being shared by two people.

Records we looked at showed that before a person moved into the home, the manager visited the individual to determine if the service would be able to meet their needs. The care plan folders contained assessment documents that had been completed before the person came to the home. One person told us they had chosen this home, after visiting a number of care homes in the area, because they liked the choice of sitting areas that was available. The home's service user guide had been updated to ensure that people had current information about the service.

An activities coordinator was employed part-time and there was a planned programme of activities on an individual and group basis. People told us they enjoyed the activities and particularly mentioned chair-based exercises and Bingo. The activities coordinator wrote notes in people's care plans and these were written in a person-centred style which demonstrated that people were offered choices. People told us that entertainment was provided sometimes and a visitor came in to play the piano every week. One person was using a tablet and had internet connection using a dongle. Other people told us they enjoyed knitting, reading, listening to the radio and watching TV. One person said they would like to go out for a short walk. There was little space for people to walk around within the home and we saw that walking frames were in people's bedrooms when the people were in the lounge. One person told us that if people got up out of their chairs, the staff told them to sit down.

We saw that a copy of the home's complaints procedure was displayed in the entrance area for families and other visitors to be aware of. The complaints procedure referred people to CQC and Social Services if they wished to raise concerns, however it did not give people any information about how to contact the service provider. People we spoke with during our visits said that they would feel able to speak with the manager if they wished to make a complaint or raise a concern. The manager told us that she had investigated one complaint since she took up post and we saw that this had been recorded and addressed appropriately. Another complaint had been investigated by social services' staff and records showed that the manager had addressed the issues raised with the staff team.

Requires Improvement

Is the service well-led?

Our findings

The registered manager left the home in August 2014 and a new manager took up post in September 2014. The new manager was a registered nurse with considerable previous experience in managing nursing homes. She had not yet applied for registration with CQC as required by legislation. Care staff we spoke with said they were very happy with the new manager and they felt they could talk to her and express their views. We observed that people who lived at the home and family members were comfortable in approaching the manager. A visitor told us "The manager is a 'new broom' and has tightened things up a bit. I can always chat to the nurse or the manager. I asked if my [relative] could have a new bed and [they] got it straight away." A person who lived at the home said "The matron comes on her daily round and I can always talk to her about anything." We were told that the provider visited the home regularly but did not routinely have contact with people who lived at the home or their families.

Records showed that the manager had held a number of meetings for staff and for people who lived at the home and their families and given them opportunities to express their views. A satisfaction survey of people who lived at the home and their relatives had been carried out in October 2014. The replies had not been collated, however we saw evidence that some individual comments had been responded to. People who completed the survey expressed satisfaction with most areas of the service and comments included "Excellent service throughout, family atmosphere always." and "My mother was happy here, care and attention was excellent." People were not satisfied with the standard of decor and one comment we saw was "Wallpaper peeling off bedroom wall and carpet threadbare."

There were some systems in place to monitor the quality of the service, however these were not comprehensive . There were monthly checks of the environment and of medication, however these had not always identified issues that we found during our inspection. We saw that accidents and untoward incidents were recorded and were reviewed monthly by the manager to find out if there were any recurring issues that could be addressed. An external infection control audit in November 2014 scored 68%, but no internal infection control audit had been put in place to check progress. There was no wound care audit and no finance audit. The manager had recently introduced a care plan audit.

The manager told us about areas she had identified that required improvement and the manager and the provider were working with the local authority to complete an action plan. Although both the manager and the provider were aware that improvements were needed we found no evidence of any clear development plan for the service.

These demonstrate a breach of Regulation 10 of the Health and Social Care Act 2008 as the provider did not have suitable arrangements in place to assess and monitor the quality of the service being provided.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provided **The provider did not have suitable arrangements in place to assess and monitor the quality of the service being provided.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment **The provider did not have suitable arrangements in place for obtaining, and acting in accordance with, the consent of service users in relation to the care and treatment provided for them.**