

Rolfields Limited

# Anchorage Nursing Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Anchorage Nursing Home is a 'care home' providing accommodation, nursing and personal care for up to 40 older people; some of whom lived with dementia. At the time of the inspection 34 people were living at the home.

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

The provider and staff worked together to help ensure people received a good service. However, on our first day of inspection we found issues of concern with COVID 19 weekly testing regimes that did not fall in line with government guidance. We also had concerns regarding the cleanliness and some aspects of the condition of the environment.

People told us they were happy with the care they received and said they felt safe living there. One person said; "It's a nice place and I like it." We saw that people living at the service were relaxed and comfortable with staff. We observed staff spent time chatting with them and supporting them when they became distressed or anxious.

People were protected from abuse because staff understood the correct procedure to follow if they had any concerns. People received their medicines as prescribed and staff had clear information about how people liked to be supported with their medicines. Staff were knowledgeable about people's health needs and the provider had sought support from other health professionals as appropriate to support people's needs.

Care records were individualised and reflected each person's needs and preferences. Risks were assessed and identified, and staff had guidance to help them support people to reduce the risk of avoidable harm. We did however see missing entries in the daily records and some key information in people's care records that we looked at. The provider addressed these concerns immediately and made appropriate changes and updates to care records.

Staffing levels were appropriate, and we found that due to several permanent members of staff being off long term, the home used a high volume of agency staff. The provider assured us that they were continuously working to recruit more staff. Staff received training and support to enable them to effectively meet the needs of the people they supported.

People were supported to maintain good health and nutrition. Staff worked closely with professionals such as speech and language therapists, GP's, commissioners and other health professional.

The provider had addressed issues identified from the last inspection relating to the environment and had implemented changes to the building that made it safer.

### Rating at last inspection

The last rating for this service was requires Improvement (published 26 January 2021). This service has been rated requires improvement for the last two consecutive inspections.

### Why we inspected

We carried out an unannounced focused inspection of this service on 7 October 2021 following a number of concerns relating to staffing numbers and intelligence gathered through various sources and our system. This report only covers our findings in relation to the Key Questions of Safe and Well-led.

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.

Our report is only based on the findings in those areas at this inspection. The ratings from the previous comprehensive inspection for the caring, effective and responsive key questions were not looked at during this visit. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used to calculate the overall rating at this inspection.

The overall rating for the service has remained 'requires improvement'. This is based on the findings at this inspection. We found evidence that the provider still needs to make improvements.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Anchorage Nursing Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

At this inspection we have identified breaches in relation to safe care. Please see the action we have told the provider to take at the end of this report.

### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Anchorage Nursing Home

## 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 Care Act 2014

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by two inspectors, and one 'Expert by Experience'. An 'Expert by Experience' is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Anchorage Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with CQC. 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.

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and the local Healthwatch. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took

this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with two people who lived in the home about their experience of the care provided. We spoke with three members of staff employed in the home. These were the provider, one nurse and one care member of staff. We also spoke with three relatives.

We completed checks of the premises and observed how staff cared for and supported people in communal areas. We reviewed a range of records that included four people's care and medication records. We looked at three staff files in relation to recruitment and staff supervision. We also looked at a variety of records relating to the management of the service, including audits, policies and procedures, and accidents records.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at audit and governance data, as well as infection prevention and control policies and procedures.



# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe. There was an increased risk that people could be harmed.

### Preventing and controlling infection

At the last inspection we made a recommendation that the provider strengthened infection prevention and control (IPC) procedures to ensure all aspects of the home had the appropriate IPC arrangements in place. During this inspection we found that although some improvements had been made, further concerns were identified.

- Appropriate infection prevention and control measures were not all in place to prevent the spread of infection.
- The provider had not ensured that testing for COVID-19 was taking place at the home in line with government guidance. Records showed that rapid lateral flow tests (LFT) for COVID-19 were not completed twice weekly by all staff.
- The COVID-19 risk assessment for Anchorage Nursing Home had identified that regular testing for COVID-19 was needed to control risks.
- The environment was not always well maintained. We found that some of the bathrooms were not clean, toiletries were found in communal bathrooms and there was a malodour from laundry trolleys being left outside a person's bedroom.

The provider had failed to take reasonable steps to mitigate risks regarding infection prevention and control. This is a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- During the last inspection we found that the basement / laundry area required immediate attention and air vents throughout the home were not clean. The provider showed us the improvements made since the last inspection and we were assured that the basement / laundry was now suitable for use and air vents were clean. The provider also told us about continued refurbishments to the basement / laundry area that would be happening imminently.

### Staffing and recruitment

- During the inspection we saw that there was an appropriate number of staff on duty. However, there was a high volume of agency staff being utilised to maintain these levels. The provider told us that several members of permanent staff were off long term.
- Staff told us that with several permanent staff off long term this was having an impact on staff morale. They said the provider was supportive and listened to staffing concerns raised. The provider showed us that they were actively recruiting for these rolls.
- Staff personnel files did not contain the appropriate information needed to ensure 'fit and proper persons'

were employed.

- Disclosure and Barring Service (DBS) checks were completed for all staff who worked at the service. This ensured that all staff were deemed 'suitable' to work in health and social care environments. Although we noted that it was not always clear if adult barred lists were checked. We highlighted to the provider that the recruitment records were missing interview questions. We saw that the provider immediately made the appropriate updates to the recruitment process and files.

Assessing risk, safety monitoring and management; using medicines safely

- People's support needs and areas of risk were not always appropriately assessed, monitored and regularly reviewed. We found care plans we looked at had missing entries or the appropriate actions had not been taken. This was highlighted on inspection and the provider actioned immediate improvements. We found no evidence that people had been harmed and we were assured the provider had made the appropriate actions and changes required.
- Individual risk assessments meant staff were able to provide the support people needed and knew how to mitigate risk.
- We saw that people's personal emergency evacuation plans (PEEPs) were not clear and difficult to understand. We could not be assured that in the event of an emergency staff would be able to understand and act on with the information provided in the PEEPs file. Since the inspection the provider has made changes to the PEEPs forms making them clearer and easier to use.
- Medication management procedures were in place and medicines were routinely ordered, safely stored, administered and disposed of in accordance with medication policy.
- Staff received regular medication training, regularly had their competency levels checked and routine medication audits were completed.
- People had medication risk assessments in place and staff were familiar with individual medication administration procedures.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong.

- Safeguarding and whistleblowing procedures were in place and staff knew how to report their concerns and the importance of keeping people safe.
- Staff understood what to do if they had safeguarding concerns. This included how to 'whistle blow' to external bodies such as the CQC and local authority. One told us, "If I had concerns, I would speak to the manager or complete a safeguard."
- Safeguarding incidents were appropriately reported to the local authority and CQC.
- People, relatives and staff we spoke with all expressed that safe care and support was provided. One relative said, "We are very happy the service the home offers."
- Accident and incidents were clearly recorded and staff completed the relevant documentation and follow up actions were completed.
- The provider ensured that accident and incidents were routinely monitored and this helped to establish if any trends were emerging and if further measures were needed to prevent recurrence.



# 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was not always consistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks 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 provider understood the importance of their role, effectively managed risk and complied with regulatory requirements.
- Staff were clear about their roles and how those roles affected the people being cared for.
- Governance and quality assurance procedures and processes were in place. We did however identify IPC issues in relation to the testing for COVID-19 in line with government guidance at the home.
- The provider and staff were committed to their roles and told us about the importance of providing safe and compassionate care. One member of staff said, "Everyone is safe, and I would let my family stay here."
- Duty of candour, legal and regulatory responsibilities were complied with.
- The provider maintained open and transparent lines of communication with people, relatives, CQC and the local authority accordingly.
- Effective systems and processes ensured accidents, incidents and safeguarding's were appropriately recorded, investigated and analysed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Quality surveys were actively shared with people living at the home and their relatives. We saw that people and relatives were encouraged to share their thoughts, views and suggestions about the provision of care provided. One person told us, "I attend the resident meetings and will share my thoughts then things do change if they need to." Another person told us, "At the last one we talked about changing the food and they made the changes."
- We saw that staff, relatives and people were involved in decisions regarding the care provided. Partnership work was well established, and the provider engaged with people living at the home, their relatives and staff.
- We saw that effective connections with healthcare professionals such as Local GP's and falls team supported people receiving holistic care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- People and relatives told us the home was well led. One person told us, "This place is very well run and with all my experience I would say this is the best."

- The home promoted and encouraged open communication amongst everyone who lived there.
- Staff we spoke with were clearly committed to providing person-centred care.
- Concerns, incidents and accidents were reviewed. The provider was open and transparent and willing to learn and improve people's care.
- The home ensured they had effective working relationships with outside agencies such as the local authorities, district nursing teams and GP practices.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The provider had failed to ensure that staff completed lateral flow tests (LFT) for COVID 19 in line with government guidance.