

# Greenacres Nursing Home Limited Wavertree Nursing and Care Home

## Inspection report

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### Ratings

Overall rating for this service	Good	
Is the service safe?	Good	
Is the service effective?	Good	
Is the service caring?	Good	
Is the service responsive?	Good	
Is the service well-led?	Good	

# Summary of findings

## Overall summary

We carried out this unannounced inspection on 6 and 7 December 2018.

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

The service provides accommodation for older people who require nursing and personal care. The service is registered to support 46 adults. At the time of our inspection there were 45 people living at the service of which there were 17 people requiring nursing care. Accommodation for all residents is provided on the first floor, which can be accessed via a stair case or lift. The service is located in the Wavertree area of Liverpool and is close to local public transport routes.

The home had a registered manager who is also a registered nurse. 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.

People and their relatives told us they felt the home was safe. One person said, "As soon as I walked in I felt very safe." The home had effective systems in place to safeguard people from abuse. Staff had received safeguarding training and told us they were confident in identifying and acting upon any concerns.

Staff were safely recruited by the home. This ensured that only people who were suitable to work with vulnerable adults were employed by the home.

People told us they thought there were enough staff at the home and we saw that staff attended to people promptly through our inspection. One person also told us that the staff come quickly when they press their buzzer especially at night. They said, "If I need them, they are there."

Medication was correctly administered, stored and recorded at the home. The medication administration records (MARs) and medication stocks we looked at had been appropriately completed and medication stocks were accurately accounted for. This included acting in line with best practice regarding administering and recording 'as required' (PRN) medication.

The home was well-maintained and the safety of the environment was regularly checked by staff. Fire safety at the home was also well-managed.

Environmental health awarded the kitchen a rating of five out of five in February 2018. We noted that the home had achieved the same rating when it was inspected in August 2016. Therefore, it had maintained a high standard in this area.

The home effectively assessed people's care and support needs and helped them to achieve positive outcomes.

Staff received regular training relevant to their roles and were supported with regular supervision and appraisal meetings. Staff told us that they felt supported in their roles and all other staff, including the registered manager and deputy manager, were approachable and helpful.

We found that the Mental Capacity Act 2005 and the Deprivation of Liberty (DoLS) 2009 legislation had been followed by the service. We saw that the service carried out appropriate capacity assessments when necessary. Deprivation of Liberty Safeguard (DoLS) applications had been appropriately submitted to the Local Authority and there was a clear system in place to closely monitor and renew them when needed.

People were supported to have enough to eat and drink and we saw that people that required assistance to eat and drink were given this support by staff. Most people gave us positive feedback about the food at the home.

People told us the staff were caring and friendly. One person said, "The staff are great, caring and kind, they respect my dignity". We also observed many caring interactions between staff and people living at the home throughout our inspection.

People told us that staff respected their privacy and treated them with dignity and respect. One person said that staff always knock on their door and wait for them to answer before entering. We observed this happening throughout our inspection and staff used respectful and caring language when communicating with people.

People had developed positive and friendly relationships with the staff and staff could tell us about people's likes, dislikes, interests and the support they needed.

People living at the home had personalised care plans and risk assessments. This meant staff had the information they needed to safely and effectively meet people's needs.

People's different communication needs were considered and met in line with the Accessible Information Standard. This included people's audial, visual and language support needs.

We reviewed the home's complaints records and found that complaints were appropriately recorded and responded to in a timely manner.

People, relatives and staff gave positive feedback about the management of the home and felt that it was well-led. We also saw there was a positive and caring culture amongst the staff at the home.

There were effective systems in place to monitor and assess the quality and safety of the service being provided. Staff also had access to a range or regularly reviewed policies to help guide and support them.

## 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 safe.

Staff were safely recruited by the home.

There were effective systems in place to safeguard people from abuse.

Medication was correctly administered, stored and recorded at the home.

**Good** 

### **Is the service effective?**

**Good** 

The service was effective.

People's care and support needs were effectively assessed and staff helped them to achieve positive outcomes.

Staff received regular training relevant to their roles and were supported with regular supervision and appraisal meetings.

People's rights were respected in line with the Mental Capacity Act 2005 (MCA) and the associated DoLS.

### **Is the service caring?**

**Good** 

The service was caring.

People told us the staff were caring and friendly and we saw many caring interactions throughout our inspection.

Staff respected people's privacy and treated them with dignity and respect.

People had developed positive and friendly relationships with the staff.

### **Is the service responsive?**

**Good** 

The service was responsive.

People living at the home had personalised care plans and risk

assessments.

People's different communication needs were considered and met.

Complaints were appropriately recorded and responded to in a timely manner.

### **Is the service well-led?**

**Good** 

The service was well-led.

We saw there was a positive and caring culture amongst the staff at the home.

People, relatives and staff gave positive feedback about the management of the home and felt that it was well-led.

There were effective systems in place to monitor and assess the quality and safety of the service being provided.

# Wavertree Nursing and Care 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 checked 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.

We carried out this unannounced inspection on 6 and 7 December 2018. The inspection was carried out by one adult social care inspector, a specialist nursing advisor and an 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.

This service was selected to be part of our national review, looking at the quality of oral health care support for people living in care homes. The inspection team included a dental inspector who looked in detail at how well the service supported people with their oral health. This includes support with oral hygiene and access to dentists. We will publish our national report of our findings and recommendations in 2019.

Before the inspection we checked the information that we held about the service. This included statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law. The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We also obtained feedback from the local authority, clinical commissioning group and fire service, none of whom had any concerns about the service and gave us some positive feedback about the standard of care being provided and leadership at the home.

We looked around the premises, observed the interactions between people living at the home, care delivery

and activities provided at the home. As some people were unable to give us their views we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with 11 people living at the home, four visitors and eight staff who held various roles at the home, including the registered manager, deputy manager and carers. We looked at a range of documentation including six people's care records, medication storage and records, five staff files, accident and incident records, safeguarding records, health and safety records, complaints records, audits and records relating to the quality checks undertaken by staff and other management records.

# Is the service safe?

## Our findings

People and their relatives told us they felt the home was safe. People commented, "As soon as I walked in I felt very safe" and "Yes, [it is safe] always somebody around." One relative we spoke with said, "Absolutely, [it is safe] 100%, exceptionally well-run home, couldn't rate it more highly."

We saw there were policies and procedures in place to guide staff in relation to safeguarding adults and whistleblowing. Staff we spoke with were confident in identifying abuse and could tell us who they would contact both internally and externally if they ever had any concerns. We reviewed the home's safeguarding records and found that appropriate actions had been taken when concerns were raised. We also noted that the home was meeting its obligation to notify CQC of incidents or concerns of this nature.

Staff were safely recruited by the home. Criminal records checks, known as Disclosure and Barring Service (DBS) records, were carried out. We also saw that official identification, such as a passport or driving licence, and verified references from most recent employers were also kept in staff files. This ensured that only people who were suitable to work with vulnerable adults were employed by the home.

We saw that people had personalised risk assessments in place and these were reviewed regularly. The risk assessments we saw gave staff the information and strategies they needed to safely manage these risks. For example, we saw that one person was cared for in bed and was at risk of skin breakdown. This risk was mitigated by regular and documented repositioning, provision of appropriate and effective pressure relieving equipment and staff referring to their 'React to Red' pressure ulcer prevention training.

People told us they thought there were enough staff at the home. They commented, "Always [staff] around", "Staff always come quickly when I press the buzzer" and "Always have someone to have a natter to." One person also told us that the staff come quickly when they press their buzzer especially at night. They said, "If I need them, they are there." During our inspection we pressed a person's call bell and found that staff responded to it very promptly.

We saw that there was an adequate number of staff on duty to safely and effectively meet people's needs. This was something that the registered manager kept under close review and carried out regular dependency audits to ensure the home's staffing matched people's needs. We also saw that one person who was receiving one-to-one care was indeed receiving this support at the various times we passed this person's room.

Medication was correctly administered, stored and recorded at the home. The medication administration records (MARs) and medication stocks we looked at had been appropriately completed and medication stocks were accurately accounted for. This included acting in line with best practice regarding administering and recording 'as required' (PRN) medication. We saw that relevant staff had received training on medication administration and there were policies and procedures in place to support staff. Staff competency was assessed annually and the registered manager carried out monthly audits to ensure medication was being safely administered, stored and recorded.

We found that the home was well-maintained and the safety of the environment was regularly checked by staff. The home had a variety of up-to-date safety certificates that demonstrated that utilities and services, such as gas and electric had been tested and maintained. We saw legionella checks had been appropriately carried out. Legionella is a water-borne bacteria often found in poorly maintained water systems.

Fire safety at the home was well-managed. This included a fire risk assessment; regular checks and maintenance of fire safety and firefighting equipment; personal emergency evacuation plans (PEEPs) for people living at the home; fire safety training with some staff receiving additional training to act as fire marshals and a business continuity plan in place to guide staff in the event of an emergency. We also noted that the fire service had visited the home in February 2018 and recommended some improvements. The fire service told us that these improvements were completed within the timescales provided and commented that the registered manager had positively engaged with them.

We saw that accident and incident policies and procedures were in place and there was a system to record any accidents and incidents that had occurred. Appropriate action had been taken in response to those incidents that had occurred. We also noted that this information was reviewed to help identify any emerging patterns or trends that needed addressing.

During our inspection the home was clean and free from unpleasant odours. We observed that staff used personal protective equipment (PPE) when necessary, such as when supporting people with personal care or serving food. This meant that staff and people were protected from the risk of infection being spread.

Environmental health had inspected the kitchen in February 2018 and awarded it a rating of five out of five. We noted that the home had achieved the same rating when it was inspected in August 2016. Therefore, it had maintained a high standard in this area.

# Is the service effective?

## Our findings

People told us that staff supported them to maintain their health and wellbeing, accessing relevant other health care professionals when necessary. One person commented, "The staff always make sure I get to my appointments." Another person said, "[Deputy manager] has a sixth sense to know if something is wrong with me."

People's needs were effectively assessed before they were supported by the service. This ensured that staff at the home had the skills and capacity to safely and effectively meet people's needs. The information from the assessment formed the details of the care plans and risk assessments. People's needs in relation to equality and diversity were considered during the assessment process and included within the care plans. Such as age, disability and religion.

People's care was planned in an outcome-focused way. People's care plans clearly identified each support need, the associated aim or outcome and information about how staff can support the person to achieve this. For example, one person suffered from chronic obstructive pulmonary disease (COPD). The aim was to avoid exacerbation of this condition and this would be achieved by careful monitoring of the person's chest and breathing, along with good liaison with the GP and community matron.

The registered manager told us about a positive outcome staff had helped one person to achieve regarding their pressure ulcers. The person moved into the home after having a fall at home and developing two grade four pressure ulcers to their sacrum and hip. The registered manager provided additional training to staff and worked closely with the local skin care service and dressing manufacturer to help heal these wounds. One of the wounds had now healed and the other had significantly improved. The person had also regained some mobility with input from physiotherapists and they had a long-term goal of returning home.

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We found that the Mental Capacity Act 2005 and the Deprivation of Liberty (DoLS) 2009 legislation had been followed by the service. We saw that the service carried out appropriate capacity assessments when necessary. Deprivation of Liberty Safeguard (DoLS) applications had been appropriately submitted to the Local Authority and there was a clear system in place to monitor and renew them when needed.

All staff had received training relevant to their roles and the staff we spoke with gave positive feedback about training provided by the service. This included manual handling, safe handling of medications, safeguarding, mental capacity, infection control, equality and diversity and dementia awareness, stroke

awareness and end of life care. We also saw that staff had received additional training to meet people's specific needs, such as percutaneous endoscopic gastrostomy (PEG) care and management.

We saw that all new staff completed a thorough induction programme at the start of their employment. This included a three-month probation period in which staff completed training, competency assessments, an introduction to policies and procedures and had regular supervisions with the registered manager before being signed off as a permanent member of staff. All new staff also completed the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It gives staff who are new to care the introductory skills, knowledge and behaviours to provide compassionate, safe and high-quality care and support.

Staff were well-supported with regular supervisions and annual appraisals with senior staff. This provided staff and the registered manager with a formal opportunity to discuss performance, any concerns and to address any training needs. Staff told us that they felt supported in their roles and all other staff, including the registered manager and deputy manager, were approachable and helpful.

Most of the people we spoke with told us they enjoyed the food and drink at the home. We saw that meals were freshly prepared each day and people were given a choice of suitable nutritious foods to help them to maintain a healthy and balanced diet. We saw that staff considered and met one person's dietary needs which related to their faith. Relevant information regarding anyone who required special diets, such as diabetic, fortified or soft diets, was stored in the kitchen for guidance. The food we sampled during our inspection was well-prepared, fresh and hot and tasted fine. Some of the people with spoke with felt there was a lack of choice in the meals at the home. We discussed this with the registered manager who agreed to consider better ways to communicate people's meal options, such as pictorial menus.

Records showed that people were being supported to have enough to eat and drink and we saw that people that required assistance to eat and drink were given this support by staff. We also saw that the person who received their nutrition and hydration via a percutaneous endoscopic gastrostomy (PEG) was being supported appropriately.

We saw that people had been supported to personalise their rooms with their own pictures, items and furniture. Some of the people living at the home were living with dementia. Parts of the home were very homely and people looked happy and relaxed. There were some dementia friendly adaptations at the home, such as signage and large, easy-read noticeboards and date. However, we discussed with the registered manager that there were large sections of the corridors that were relatively bare and could be improved to make them more dementia friendly and help people navigate their way around the home. The registered manager responded positively to this and delegated this project to a member of staff to plan how they could achieve this.

# Is the service caring?

## Our findings

People told us the staff were caring and friendly. People commented, "The staff are great, caring and kind, they respect my dignity", "[The staff] are marvellous, every one of them" and "[Deputy manager] goes out of her way for me."

We observed many caring interactions between staff and people living at the home throughout our inspection. For example, we saw one person in the dining area was visibly and audibly distressed and in pain. Staff very promptly tended to this person to help comfort and reassure them. It was obvious in the way that staff spoke with this person that they knew them well and were experienced in supporting this person. Staff also arranged for some 'as required' (PRN) pain relief for the person, as per their care plan.

People told us that staff respected and supported them to be as independent as possible. For example, people made their own choices about when to get up in the morning and when to go to bed at night. We saw people steadily filtered into the dining area for breakfast at various times and staff provided them with what they wanted to eat and drink as and when they wanted it.

We saw that the staff at the home had also received some positive feedback about their caring approach from a person's relative. They wrote to the service and said:

"You were all so kind to [relative] and she both wrote and spoke of it to me...Thank you [registered manager] for looking after my [relative] and particularly for sitting with her on the morning of her death. I was very moved by the fact that you sat and held her hand and that she did not die alone...Thank you also for coming to her funeral and for being so kind and supportive to both my family and me.'

People told us that staff respected their privacy and treated them with dignity and respect. One person said that staff always knock on their door and wait for them to answer before entering. We observed this happening throughout our inspection and staff used respectful and caring language when communicating with people. One relative told us they thought the home cared for people very well and commented, "The home has promoted [relative's] dignity."

We found that staff knew the people they supported at the home and some positive and caring relationships had developed. Staff could tell us about some of the people they supported, including things they liked to eat, drink and do along with the type of care and support they needed. One person commented, "They are marvellous, every one of them."

All staff had received training on equality and diversity. We saw from people's care plans and the staff we spoke with that the service treated people as individuals with individual needs. For example, the service considered people's personal histories and any religious and cultural preferences.

We found that people's confidential information, such as care plans, was stored securely at the service's office and only people who required access could do so.

# Is the service responsive?

## Our findings

People living at the home had personalised care plans and risk assessments. The care plans we looked at were regularly reviewed by staff and, where possible and appropriate, the people, their relatives and other relevant health professionals were involved in the process of reviewing this information. We found the information in people's care plans was clear and concise. This meant that staff who were new to the home or agency staff were able to quickly understand people's care and support needs.

The registered manager also explained that they were in the process of creating a one-page document summarising each person's care and support needs. These records will then be kept in the nurses' station as a quick-reference guide for staff and other health professionals, if necessary. The remaining documents were due to be completed and operational in the weeks after our inspection.

People's care plans gave staff clear information on how to support people with any communication needs. For example, ensuring people who wore hearing aids or glasses were supported to wear them. This included ensuring any such aids were regularly tested and checked to make sure they were working properly. This meant the service was acting in line with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for providers of NHS and publicly-funded care to ensure people with a disability or sensory loss can access and understand information they are given.

We also saw that one person living at the home did not speak English as their first language. We saw that strategies had been put in place to enable effective communication with them, such as staff making use of language translation apps on phones to assist with day-to-day communication and using interpreter services for any important meetings or decisions.

There was a range of activities on offer at the home provided by a part-time activities coordinator, who worked three days-a-week, and carers. These included, arts and crafts, chair exercises and baking. As we found during our last inspection, people's participation in the activities was recorded and carefully monitored. This helped to identify anyone who would usually have got involved but had withdrawn so staff could check on their wellbeing and find out if there was anything wrong. One person said, "[The activities] are very good". One relative added, "There's always little bits for [relative] to do."

The activities coordinator was very organised, enthusiastic and had a very positive impact on the atmosphere at the home when they were there. However, when the activities coordinator was not at the home the atmosphere was much less lively and the activities were less organised and arranged on a more ad hoc basis by staff who also had many other responsibilities. We discussed this with registered manager who explained they would work with the registered provider to improve the consistency of activities throughout the week.

People were supported to make choices about how they spent their time. For example, we saw that people could spend time in their rooms on their own if they wished to do so. We also found that staff assisted

people to enjoy their hobbies or interests. This included one person who was cared for in bed and enjoyed listening to the radio to keep up-to-date with current affairs. This person had a hearing impairment and needed the volume of the radio to be quite loud, which it was throughout our inspection.

The home had a complaints policy and procedure in place. We saw that people and their relatives were encouraged to make a complaint if they needed to and the details of how to do so were easily accessible. Most of the people we spoke with told us they have never had any need to make a complaint. However, one person who had complained told us they felt listened to and the issue was resolved. We reviewed the home's complaints records and found that complaints were appropriately recorded and responded to in a timely manner.

None of the people living at the home were receiving end of life care at the time of our inspection. However, we found that people's wishes on their end of life care had been discussed, documented and plans put in place to ensure that their preferences were met. We also saw people's wishes on whether Cardiopulmonary Resuscitation (CPR) should be commenced in the event of them becoming unresponsive had been sought and documented appropriately on a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) form. We also saw that the home had good links with other relevant health professionals to ensure people's end of life care needs were effectively met.

# Is the service well-led?

## Our findings

People we spoke with and their relatives felt the service was well-led. One person said, "[The management] are lovely, really nice."

We saw there was a positive and caring culture amongst the staff at the service. One person said, "[The staff] are always positive and friendly." One relative commented, "The staff always smile, they always seem happy." The staff we spoke with also felt there was good morale and teamwork at the home. They told us that all staff supported each other how and when they needed help.

The home had a registered manager who is also a registered nurse. 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.

The service had clear lines of accountability and there was a stable management team in place. The registered manager was supported by a deputy manager, who is a registered nurse and regularly completed nursing shifts at the home. This meant that the registered manager had good oversight of the safety and quality of care being provided. It also meant that any potential communication gaps between the frontline staff and the registered manager could be effectively bridged by the deputy manager.

The staff we spoke with told us that everyone, guided and supported by the registered manager, had been working hard to improve the home since our last inspection. Staff gave positive feedback about the management of the home. They said, "The leadership here is brilliant, [the management] are so supportive both about work and personal issues" and "We can always see [registered manager] or [deputy manager], they have an open-door policy."

The service had good community links which helped it to gather and share ideas about best practice with other health and social care providers. This included attending regular providers' meetings arranged by the local authority.

The registered manager recently completed a leadership training course provided by My Home Life. My Home Life is a UK-wide initiative run by City University of London and Age UK that promotes quality of life and delivers positive change in care homes for older people. It works with care homes, statutory bodies, community organisations and others to co-create new ways of working to better meet the needs of older people, relatives and staff. The registered manager said this course was beneficial and they would be working to embed the principles and ideas learned into the service provided by the home.

The home was also about to start working in partnership with the Royal College of Nursing (RCN) as part of a national programme called 'adopt a care home' aiming to increase the RCN's input into the non-NHS sector. This will involve meaningful monthly contact with a RCN representative to share information, advice and guidance with staff.

Records showed that the registered manager held regular staff meetings. These meetings were documented and provided staff with the opportunity to receive and share any important information.

We saw that the home gathered people's feedback about the service provide on a regular basis. This included inviting people living at the home to complete surveys on a six-monthly basis. People relatives were also sent surveys annually. We saw that the registered manager collated and analysed the feedback received to address any areas for improvement. The registered manager explained that they had run some residents' and relatives' meetings but these had not been very well attended. The registered manager told us they planned to schedule these meetings alongside other events to improve attendance. The registered manager also told us about their plan the introduce a 'Family Feedback Week' each month in which the registered manager and/or deputy manager would protect their afternoons for a whole week purely for meeting and speaking people's families to gather their feedback and resolve any issues.

The registered manager had a range of regular and organised audits in place to monitor, assess and improve the quality and safety of service being provided at the home. These ranged from environmental and health and safety checks to care plan audits. We noted that this was an area of improvement since our last inspection and the overall the home's quality assurance processes were now more robust and reliable.

The home had a range of policies and procedures in place that staff were able to access if they needed any guidance. These included policies on safeguarding, medication administration, whistleblowing, equality and diversity and complaints. We saw that these policies and procedures were up-to-date and regularly reviewed.

Registered providers are required to inform the Care Quality Commission (CQC) of certain incidents and events that happen within the service. We saw that the service had notified the CQC of all significant events which had occurred in line with their legal obligations. The home was also meeting its legal obligation to clearly display its most recent CQC rating at the home.