

Advinia Care Homes Limited

# Arncliffe Court Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?	<b>Requires Improvement</b> ●
Is the service effective?	<b>Good</b> ●
Is the service caring?	<b>Good</b> ●
Is the service responsive?	<b>Good</b> ●
Is the service well-led?	<b>Requires Improvement</b> ●

# Summary of findings

## Overall summary

About the service:

Arncliffe Court Care Home is a care home that provides personal and nursing care for up to 150 people in four buildings. Accommodation was on ground level. At the time of this inspection 92 people were living at the service.

Improvements had been made since the last inspection so that people's rights under the Mental Capacity Act 2005 were managed appropriately and that care was planned and managed in a way that promoted people's health, safety and well-being. In addition, improvements had been made to the overall governance of the service.

We have made two recommendations in relation to the management of medicines and the quality monitoring systems in place within the service.

People's experience of using this service:

Peoples' needs and wishes were assessed and planned for. Care plans identified the intended outcomes for people and how their needs were to be met. This was an improvement from our previous inspection. People received care and support from appropriately trained staff. People were offered a nutritious and balanced diet and their healthcare needs were understood and met.

Systems for assessing and monitoring the quality and safety of the service were not fully effective in identifying areas of improvement within the service. However, there had been improvements from our previous inspection. People and their family members described the staff as approachable and supportive. Systems were in place to gather people's views on the service.

People were protected from abuse and the risk of abuse and staff understood their role in relation to this. People and their family members told us that the service was safe. Risks to people and others were identified and measures put in place to minimise harm. Good infection control practices were followed to minimise the risk of the spread of infection, this was an improvement from our previous inspection. Regular safety checks were carried out on the environment and equipment.

Staff knew people well and were knowledgeable about individual's needs and how they were to be met. People and their family members knew how to raise a concern or make a complaint about the service. People were treated with kindness by staff. Staff provided care and support with positive outcomes for people.

Details are in the key questions below.

Rating at the last inspection: The service was rated as Inadequate on 25 September 2018 and was placed into Special Measures.

Rating from this inspection: Requires Improvement. The service is no longer in Special Measures.

Why we inspected: This was a planned inspection to assess what improvements had been made by the registered provider following its previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 findings below.

**Requires Improvement** ●

### Is the service effective?

The service was Effective.

Details are in our findings below.

**Good** ●

### Is the service caring?

The service was Caring.

Details are in our findings below.

**Good** ●

### Is the service responsive?

The service was Responsive.

Details are in our findings below.

**Good** ●

### Is the service well-led?

The service was not always Well-led.

Details are in our findings below.

**Requires Improvement** ●

# Arncliffe Court Care 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

This inspection was completed by an inspection team manager, two adult social care inspectors, one assistant inspector, a pharmacist inspector, a nursing specialist advisor and two experts 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:

Arncliffe Court 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 had a manager registered with the Care Quality Commission. 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.

Inspection site visit activity was on 19 March 2019.

**What we did:** Our inspection plan took into account information that the provider had sent to us since the previous inspection which included their on-going improvement plans. We also considered information about incidents the provider must notify us about and we looked at issues raised in complaints and how the service responded to them. We obtained information from the local authority commissioners and safeguarding team. We used all of this information to plan our inspection.

During the inspection, we spoke with 20 people using the service and five family members. We spoke with the registered manager, deputy manager and members of staff from each of the houses. In addition, we spoke with a members of the senior management team from Advinia Care Homes Limited.

We looked at 14 people's care records and a selection of medication administration records (MARs) and procedures in place for the safe management of medicines. We looked at other records relating to the monitoring of the service, including records of checks carried out around the premises, the training records of staff and the recruitment records for five staff who had been employed by the service since our last inspection.

# Is the service safe?

## Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

Using Medicines Safely:

- Care plans for people with requiring medicines for specific health conditions were not always in place. We raised this with the management of the service who took immediate action to ensure that this information was available.
- Regular audits took place to monitor that people's medicines were managed and administered safely. However, these audits were not always effective. Information about people's medicines did not always include best practice guidelines or advice provided by the Clinical Commissioning Group's medicines management team.

We recommend that the registered provider reviews its medicines management and recording procedures to ensure that all information and advice is recorded and actioned in relation to the safe management of medicines.

- Staff followed safe medicines policies and procedures and good practice guidance most of the time. This was an improvement from the previous inspection.
- Staff responsible for managing people's medicines had completed training and their ability to manage medicines safely had been checked to ensure their competence.
- Information and guidance was available to staff about how and when to administer medicines prescribed for people

Systems and processes to safeguard people from the risk of abuse

- Effective safeguarding procedures were in place. Staff had completed safeguarding training and had access to information about how to protect people from harm. Staff knew how to refer any concerns they had about people's safety.
- People told us they felt safe living at the service. One person told us "I feel very safe here, there is always someone around. They're very attentive".
- Family members told us "[Relative] safety is paramount and he's under no threat at all. I'm happy to walk out and leave him here. I don't give it a second thought. He seems very happy here."

Assessing risk, safety monitoring and management

- Risks to people were identified and plans were in place to minimise those risks. This was an improvement from the previous inspection.
- Regular safety checks were carried out on the environment and equipment used. One family member told us "The premises are safe [name] has never fallen, and she has been here seven years".
- Emergency procedures were in place. This information was easily accessible in the event of an emergency.
- Staff had access to policies and procedures in relation to health and safety and training was available in

this area.

#### Staffing and recruitment

- The recruitment of staff was safe. Appropriate checks were carried out on applicant's suitability for the role before they were offered a job.
- Sufficient numbers of suitably trained and experienced staff were on duty to safely meet people's needs. People's comments included, "When I ring the buzzer, they're [staff] are always quite quick."
- The service was in the process of recruiting trained nurses. During this process agency nurses were employed. Wherever possible, the same agency nurses were used to promote consistency for people using the service.

#### Preventing and controlling infection

- Systems were in place to prevent the spread of infection. Procedures were in place to maintain a safe and clean environment for people to live. This was an improvement from the previous inspection. One family member commented "[Relative's] room is spotless, all his laundry is done here with no problems and he's always dressed well."
- Personal Protective Equipment (PPE) was available throughout the service. Staff were seen to use PPE when supporting people with specific tasks to prevent the spread of infection.

#### Learning lessons when things go wrong

- Accident and incidents which occurred at the service were recorded and analysed to look for any patterns and trends and ways of minimising further occurrences.
- Lessons were learnt and improvements made following accidents and incidents.
- Family members told us that they were informed if their relative had experienced an accident or if an incident had taken place.



# Is the service effective?

## Our findings

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

People's outcomes were consistently good, and people's feedback confirmed this.

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

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We found that they were. This was an improvement from the previous inspection. People's DoLS authorisations clearly demonstrated that any specific restrictions had been considered in the application process.

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

- Systems were in place to assess and review people's needs and wishes in line with legislation and best practice.
- People's individual needs were assessed to ensure they could be met at the service.
- People, their family members and health and social care professionals were involved in the assessment and planning of people's care. Family members told us that they were included in the development of their relatives care and support plans. Their comments included "I sat down and did the care plan, they wanted me and my sister to be involved in it and they review it every year" and "I helped to write it and they review it yearly."
- Care plans contained professional guidance and information about how people's needs were to be met.
- Staff delivered effective care to people in line with their care plan. People told us that staff consulted with them prior to delivering care and support.

Staff support: induction, training, skills and experience

- Staff had the right knowledge, skills and experience to meet people's needs effectively.
- Staff told us that training was available to ensure that they had up to date knowledge for their role.
- Staff competency was assessed for specific tasks within their roles.
- People and their family members spoke positively about the skills and knowledge of staff. Comments included, "What pleases myself and sister, there isn't a big turnover of staff. The [staff], we're very satisfied."

- The provider had developed and introduced on-line training packages for staff to complete and maintain up to date knowledge for their role. In addition, training and coaching staff visited the service on a regular basis to support staff learning.
- A system was in place to plan individual supervision sessions for staff so that they received an appropriate level of support for their role.

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

- People were protected from poor nutrition and dehydration. People had access to sufficient food and had a choice of food and drinks. Outside of mealtimes people had access to snacks and drinks.
- People had a choice of where they ate their meals and their meals were served fresh and at the correct temperature.
- People had mixed views about the food provided. Their comments included, "I had plenty for breakfast, it was very nice. We get a good choice here for our meals", "The food is mainly very good, and I've tried food that I'd never tasted before" and "The foods not that great, bit tasteless, no spices or seasoning. Can't fault the choice though, we always get plenty of choice. The breakfast and supper are gorgeous. They do proper well-done toast."

#### Supporting people to live healthier lives, access healthcare services and support

- Where people required support from healthcare professionals this was arranged. Staff requested visits from doctor's, nurse practitioners, opticians and a podiatrist when people required these services.
- Staff had access to professional guidance relating to people's specific medical conditions.
- Any support people needed with their healthcare needs was recorded in their care plan.
- Systems were in place to ensure that important information about people's needs was shared when they were admitted to hospital.
- People and their family members told us that staff would always arrange for them to see a doctor if they were unwell.

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

- The layout of the individual buildings enabled people freedom of movement.
- A programme of redecoration was in place and advice had been sought for the use of colour and décor to promote orientation and a restful environment for people living with dementia. For example, people's bedroom doors being painted in different colours. One family member commented "The bedroom doors being like a front door and all different colours is a big improvement as [relative] found it very confusing before."
- People had access to safe outside garden areas with seating.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People were treated with kindness, dignity and respect. This was an improvement from the previous inspection. People's and family members comments included, staff "They're really lovely", "[Staff name] is fabulous, he's like our little ray of sunshine", "There's some really lovely staff here that go above and beyond", "The staff treat me well" and "Staff are really good, dead nice and friendly."
- Staff knew people well and it was evident from their interactions with people that positive relationships had been formed.
- Staff understood and supported people's communication needs. Staff spoke with people clearly whilst maintaining eye contact and where it was required they used none-verbal methods to communicate with people.
- People, along with family members, had been given the opportunity to share information about their life history, likes, dislikes and preferences.
- People were supported to maintain their religious and spiritual needs.

Supporting people to express their views and be involved in making decisions about their care

- People and their family members were encouraged to share their views about the care provided.
- Regular care reviews gave people and relevant others the opportunity to express their views about the care provided and make any changes if they wished to.
- Family members confirmed they had been involved in supporting their relatives to make decisions about their care and support.

Respecting and promoting people's privacy, dignity and independence

- People living on Childwall House did not have privacy locks on their bedroom doors or toilet and bathrooms. We discussed this with the management of the service told us that this would be addressed as a priority.
- Staff treated people with dignity and respect.
- Staff provided people with personal care in private.
- People were supported to use their right to vote.
- Staff ensured that people's confidentiality was maintained. People's personal information was stored securely and only accessible to authorised staff. This was an improvement from the previous inspection.
- People were supported to maintain their independence. One family member told us that their relative had "Lost the will to walk whilst he was in hospital. [Staff] really worked with him and got him up walking again, they were great."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- Staff understood and applied the principles of person-centred care and support. This was an improvement from the previous inspection.
- People's needs were identified, including those needs that related to protected equality characteristics. For example, reasonable adjustments were made where appropriate; the service identified, recorded, shared and met the communication needs of people living with a disability, dementia or sensory loss, as required by the Accessible Information Standard. Staff knew people well and how best to communicate to support their understanding.
- Family members told us that they received regular updates about their relative's care needs and were involved in their care plan reviews.
- Staff were person-centred in their approach when speaking to and about the people supported.
- Staff engaged people in activities and people had a choice of whether they participated. People were invited to attend activities within the different houses and to socialise with others.

Improving care quality in response to complaints or concerns

- A complaints procedure was in place and made accessible to all. A record was maintained detailing complaints, how they were investigated, the outcome and any lessons learnt. A system was in place for the registered provider to monitor all complaints made about the service.
- People and their family members knew how to make a complaint, or who they would speak to if they were not unhappy about the service. One family member told us "I have made an official complaint on one occasion. The manager knows if I have something to say I will say it, but I would always start with the nurse on duty. My complaint was dealt with quickly and resolved."

End of life care and support

- People were given the opportunity to record their specific wishes about how they wanted to be cared for at the end of their life. Where appropriate family members were involved in this planning.
- When required, people were supported by local healthcare professionals to support them as they approached their end of life.
- Family members of people in receipt of end of life care were supported to spend as much time as possible with their relatives.

# 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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- A system was in place for the monitoring of quality and safety. Areas for improvement were identified through audits and action was taken to make any required improvements. The current auditing systems in place had failed to identify that improvements were needed to medicines management and that not all records had been appropriately signed and dated. In addition, the auditing system had failed to identify and address the lack of privacy locks available to people on Childwall House.

We recommend that the registered provider reviews their quality assurance and monitoring systems to ensure that they are effective in identifying all areas of improvement.

- The registered manager was clear about their responsibilities and had a good understanding of regulatory requirements. They had notified CQC when it was required of events and incidents which occurred at the service.

- People and family members were confident in the leadership of the service and told us they could speak with the house managers at any time.

- Policies and procedures to promote safe, effective care for people were available to staff. The service was in the process of implementing new policies and procedures specific to Advinia Care Homes Limited, the registered provider.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- The registered provider demonstrated a clear ethos of person-centred care and support for people using the service. This was an improvement since the last inspection. The service was in the process of implementing new recording formats for the planning and delivery of people's care.

- The registered provider and registered manager held regular meetings where they reviewed and updated a continual improvement plan for the service.

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

- The management team engaged people using the service, family members and staff through discussions and meetings.

- The registered provider was in the process of developing a survey for people and their family members to complete with their views on the service delivered at Arncliffe Court.

- The registered manager and staff sought advice and worked in partnership with others such as commissioners to ensure the best possible support for people.

#### Continuous learning and improving care

- The service worked with local initiatives to continually improve the service people received.
- The registered manager and staff received regular training and support for their role to ensure their practice was up to date and safe.
- The registered manager worked with the provider to make and sustain improvements.
- Improvements were being made to the décor and furnishings within the service.
- Learning took place from accidents and incidents to minimise the risk of re-occurrence.