Care Quality Commission

Greenacres Nursing Home Limited

# Wavertree Nursing and Care Home

## Inspection report

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Wavertree
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Tel: 01512284886

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27 January 2016

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Ratings

| Overall rating for this service | Requires Improvement |
|---|---|

| | |
|---|---|
| Is the service safe? | **Inadequate** |
| Is the service effective? | **Requires Improvement** |
| Is the service caring? | **Requires Improvement** |
| Is the service responsive? | **Requires Improvement** |
| Is the service well-led? | **Requires Improvement** |

# Summary of findings

## Overall summary

We carried out an unannounced inspection of Wavertree Nursing and Care Home on 27 January 2016. Wavertree Nursing and Care Home provides accommodation for older people who require nursing care. The service is registered to provide care and accommodation for 46 adults. At the time of our inspection there were 34 people living in the home. The service is located in the Wavertree area of Liverpool and is close to local public transport routes. Accommodation is provided on the first floor and this floor can be accessed via a stair case or passenger lift.

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. There was not a registered manager in post.
We spoke to three people who used the service, three members of staff, the manager and the deputy manager.

We found a number of breaches related to medicine management, receiving and acting on complaints, good governance and cleanliness and infection control. You can see what action we told the provider to take at the back of the full version of the report.

We observed a medication round and saw that the way medication was administered was unsafe. There were omissions in the records which indicated that some medicines had not been administered this included PRN medication, controlled drug administration and topical medications. Topical medications are in the form of creams, gels and ointments.

Parts of the environment were unsafe, dark and in disrepair and areas of the home were malodorous. Infection control standards at the home were not good nor monitored and managed.

Quality assurance systems were in place but did not operate effectively enough to ensure people received a safe, effective caring, responsive and well led service.

We reviewed the home's complaints policy and records. We found a number of concerns with complaints management at the home.

We reviewed peoples' care plans, not all of these provided sufficient information about people's needs or gave guidance to staff on how to meet them.

We found that the Mental Capacity Act 2005 and the Deprivation of Liberty (DoLS) 2009 legislation had been followed by the home. The manager told us about people in the home who lacked capacity and that the appropriate number of Deprivation of Liberty Safeguard (DoLS) applications had been submitted to the Local Authority.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Inadequate**

The service was not safe.

Medication was not safely managed in the home.

We found that the premises were not clean and safe.

Infection control was not properly managed.

There were individual risk assessments in place

### Is the service effective?

**Requires Improvement**

The service was not always effective.

The service had policies and procedures in place in relation to the Mental Capacity Act 2005 and staff had received basic training.

Not all staff had received regular supervision or an annual appraisal of their work performance.

### Is the service caring?

**Requires Improvement**

The service was not always caring.

Service delivery was 'task focused' and not adapted for the individual

A number of people living at Wavertree did not wish to live there.

Confidentiality of peoples care files was evident.

### Is the service responsive?

**Requires Improvement**

The service was not always responsive.

Accurate information about how to raise a complaint was not available within the home.

We saw people had prompt access to other healthcare professionals when required.

We saw that monitoring information for service users was incomplete.

### Is the service well-led?

**Requires Improvement**

The service was not well-led.

Quality assurance systems were not always effective at identifying risks to people's health and safety or able to inform the service about any improvements needed.

Record keeping was poor

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# 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 was planned to check whether the provider was 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.

This inspection took place on 27th January 2016 and was unannounced. The inspection was carried out by two adult social care inspector and one specialist advisor who was experienced in medication and pressure area care.

Before our inspection, we looked at information the Care Quality Commission (CQC) had received about the service including notifications received from the registered manager. We also looked at safeguarding referrals, complaints and any other information from members of the public. We talked with the local authority quality assurance team and the local Healthwatch organisation to see if they had any concerns or information about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We spoke with the manager, the deputy manager, two nurses and other members of staff. We also spoke to people who used the service and a physio therapist.

We reviewed a range of documentation including care plans, medication records, records for six staff, staff training records, policies and procedures, auditing records, health and safety records and other records relating to how the home is managed.

Inadequate

# Is the service safe?

## Our findings

We asked people if they felt safe in the home, one person told us "Staff talk to you terrible but you're scared to answer back because they have the upper hand". However there was general positive feedback from visitors.

We looked at the records relating to safeguarding incidents and we saw that the manager had made the required notifications to CQC. It was not clear if there was learning from incidents. Records showed that the majority of staff had attended safeguarding training in 2015. We saw records to show that the home's safeguarding and whistleblowing policies had been updated in October 2015.

A low number of falls had been recorded on the falls audit. The audit had not been completed every month, for example there were none for September and December 2015. The forms used were difficult to interpret as it was unclear whether they referred to one incident or to the whole month.

Both management and care staff told us that no person who used the services currently had any skin damage and that all people's pressure area points were intact at the time of the inspection. This was evidenced within a number of care plans that we reviewed during the course of the inspection as all people had a Waterlow Assessment completed. We noted that many people were sleeping on pressure relieving mattresses, which reduced the risk of skin damage. development.

The service had recently started admitting people from hospital who required intermediate care support. At the time of this inspection, eight people who needed this support were living at the establishment. The registered nurse raised concerns regarding the referral and admission process for the intermediate care beds and felt that it was unsafe. The service received a fax from the referrer advising of the admission. No clinical assessment or pre-admission assessment was able to be completed to ensure that the service/environment was able to meet the person's needs safely. The nurse advised us that they had raised their concerns with management but the process remained unchanged.

We saw the lunch time medication being administered. The trolley was placed in a treatment room and during the activity was not taken out of the treatment room. Medicines were 'potted' into small plastic pots by the nurse and a carer took the medication to the person. On questioning this practice, the nurse advised us that this was the usual practice. This meant that the nurse didn't see the medication being administered to the person.

A number of storage cupboards which contained medication were located in the treatment room. Each cupboard had a small padlock in place, but, all of these padlocks were un- locked which meant they were not secure. meaning easy access to the cupboards.

We reviewed all medication administration records (MAR). and found the following concerns. A person was prescribed a controlled drug analgesic. The prescription gave a twelve hour interval in between doses (06:00 and 18:00 hrs). However for the previous two mornings the 06:00 dose had not been given. We could not

locate any form of documentation advising the reasons as to why this was not given. This finding was urgently raised to the manager who referred the issue to Adult Safeguarding and gave assurances that the involved nurses would be interviewed. We were further assured that measures would be put into place to prevent this happening again

We noticed ten MAR sheets were the person had been prescribed PRN medication (Paracetamol and Salbutamol Inhalers). The signature entries were blank which indicated the medication had not been given. We were unable to locate any records which showed that people had been offered medication but had refused to take it. None of these ten people had undergone a pain level assessment at any time.

The medication fridge had a date check diary but the process was not consistent. The fridge was packed to capacity with medication. This could cause risk to the cold chain management We discussed this with the manager who told us they would speak to Medicines Management as soon as possible

We found a number of lotions and creams in some bathrooms. This meant that people might inadvertently use or ingest these when these items were not meant for them. We discussed this with the manager who told us that this would be addressed straight away.

These examples were breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the provider had not ensured medication was safely and properly managed.

We viewed six staff recruitment files and found that all the appropriate recruitment processes and checks had been made. All files contained two references, proof of identification and had appropriate criminal records checks on each person.

We looked at staff rotas for the last four weeks. These showed there was a nurse on duty 24 hours. There were usually six care or senior care staff on duty during the day, but on some days there were five and on two occasions there were four care staff rota'd. There were four care staff at night.

There was a high level of sickness absence. Staff rotas showed that the home used a significant number of agency nurse hours to cover shortfalls. We asked if they received information from the agency about the nurses they supplied. The administrator told us that one of the agencies provided an information sheet about each nurse. The administrator showed us copies that had been sent electronically and these showed the registration checks, DBS numbers and training records for three nurses.

There were 24 hours per week allocated for maintenance. We looked at a variety of recently dated safety certificates that demonstrated that utilities and services, such as gas, electric and small portable appliances had been tested and maintained.

We saw that the home was visibly dirty, in some bedrooms there was an odour of urine and we were told there was no staff member who was the infection control lead. We saw that there had been no infection control audits since August 2015 and then this had been only partially completed. We also observed that two members of staff working in the kitchen had uniforms which had once been white but were now a dingy grey colour and which looked dirty. The staff told us they thought they had to buy their own uniforms. We looked at the terms and conditions of employment which stated that they would receive two uniforms on commencement of employment and were then entitled to one uniform per year

Two staff were employed to cover the domestic and laundry duties. When one of these members of staff was off sick on a specific days in January 2016 there was no cleaning or laundry.

These examples were breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the provider had not ensured infection control was properly managed.

We witnessed a work room with a very hot iron on the work surface. The door was left wide open. This had the potential to cause serious harm.

Requires Improvement

# Is the service effective?

## Our findings

When we  asked people if they thought the staff had the appropriate skills or knowledge to deliver an effective service, the feedback was not positive. We were told by one person "Some of the carers are ok but basically they are a gang of kids with no experience of life. They mess about an awful lot."

The entrance area was a large open space that was bare and unwelcoming.
The environment in general was dark and gloomy. Lighting was inadequate throughout the building. This was a risk for people with restricted vision and mobility and meant that poor visibility could lead to errors being made with medication and recording, for example.
We saw some carpets in poor condition and there was malodourous smell in some areas.

We noted that the bedrooms had sinks in them. These sinks had built in cupboards under them and many of these cupboards were in extreme disrepair. They looked unsafe, dirty and in some places were falling apart. One staff member said "I think that we all know that the place needs a refurbishment and I feel sorry for the residents sometimes as some rooms have very old and damaged furniture."

A total of ten people were still in bed around 11am. We were advised that this was due to either personal choice or medical care. The doors to these rooms were classed as fire doors but two were wedged open. We asked for the wedges to be removed immediately.

These were breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the provider had not ensured that the premises were safe to use for their intended purpose.

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 checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. It was clear that the management team and senior staff had a full and detailed understanding of the MCA and its application. We saw that the majority of the staff had received MCA and DoLS training.

We saw that there were signed consent forms in care files, this meant people had agreed to care being delivered, this also included consent for bed rails to be used.

We saw a record of the dates when staff had an appraisal. This showed that 14 members of staff had an

appraisal on 14 September 2015 and a further six on 15 September 2015. There were also records of dates when staff had a supervision meeting with the manager, the deputy manager, or the senior care assistant. We noted that five of the night care staff had not had a supervision. A member of care staff who we spoke with said she had a supervision meeting every six weeks.

We looked at training records for staff and saw that relevant staff had undertaken training in risk assessment, moving and handling, fire safety, infection control and food hygiene although the records did not show that any of the nursing staff had attended these training courses.
Six care staff had NVQ level 3 and nine had level 2.

We looked at the most recently recruited staff files and saw that there was an 'induction workbook' which was very basic and of poor quality. This recorded a review after six weeks of employment but this was not signed or dated. The induction workbook mentioned six induction standards for nurses but there was no further evidence of these.

We looked at menus which showed that on week one, chips were served at lunchtime on Monday, Tuesday, Wednesday and Friday and hash browns on Thursday. The evening meal had new potatoes Monday, boiled potatoes Tuesday, new potatoes Wednesday, and 'potatoes' Thursday. We considered that the nutritional value of the meals should be reviewed. There was a board in the kitchen that gave details of people's special dietary needs. There was no information about what people requiring a soft or pureed diet, received. We were told by one person "The food is ok but I wish that there was more variety."

Requires Improvement

# Is the service caring?

## Our findings

We asked the people if they thought the service was caring, we were told by one person "You get no privacy. You're told when to eat, told when to shower and when to go to bed". A staff member told us 'I have not been working here long but think that I have made a difference in turning the place around as I myself could see where improvements in care needed to be made."

We observed that there seemed to be a lack of meaningful interaction between staff and people who used the service. Care delivery appeared to be task led rather than individual care although we did observe one occasion were one person was walking who was being supported by
three staff members who were helping with physiotherapy and they were using the persons communication device to effectively speak with the person.

We asked to look at a copy of the home's 'Service User Guide', but none was available. We were provided with a copy of the home's 'brochure', which was a single sheet that provided little useful information. It stated that the home provided 39 single bedrooms and seven double bedrooms. This would mean that the home could accommodate 53 people, however it was registered to accommodate 46 people. This was brought to the manager's attention who informed us that this would be rectified.

A copy of the home's 'Statement of Purpose' was included in each person's care file. We found no evidence that people who used the service and their families were provided with information about the home so that they would know what to expect.

We observed that confidential information was kept secure either in cupboards in the nurse's office or the main office.

We saw evidence in peoples' care plans of their end of life choices and we noted that there were six staff members who had up to date end of life training, this meant that they had the care knowledge and skill to appropriately support people at the end of their life.

When we spoke with the staff they showed an awareness of the health needs of the people who lived in the home and were able to tell us of what care was needed and preferred.

Requires Improvement

# Is the service responsive?

## Our findings

We saw that the home's complaints policy and procedure was on a noticeboard in a corridor. This may have been difficult to find for a visitor who wished to make a complaint. The complaints procedure did not give the name of the home manager, nor the name or any contact details for the provider. It did give the telephone numbers for the Local Authority and Care Quality Commission. The complaints procedure did not give any timescales by which complaints would be investigated and responded to. We asked people if they had complained to the manager, the person responded 'The manager's change that often, I wouldn't have a clue who the current one is'.

We saw complaints audits starting from August 2015, however these did not always correspond with the complaints records on file. The records were not always accurate, for example a letter dated 17 October 2015 referred to a complaint received on 16 November 2015. We saw that some of the issues logged as complaints were staff disciplinary matters and not complaints. We were not able to find copies of responses to all of the complaints received.

This was a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, the provider did not effectively operate an accessible system regarding complaints.

We found that the care management plan had a satisfactory structure and was easy to read. However we noticed a number of plans had missing information. This had the potential to cause risk to the general health management of people should the person develop an acute illness. We also found some contradictory information within some care plans. An example of this related to a person who experienced seizures. A chart to record any seizures was placed in the person care plan. The document was blank giving the impression that the person had not suffered any seizures. However, at the back of the persons care file, we locate two fairly recent ambulance reports and a hospital discharge letter reporting that the person had experienced seizures.

We saw that monitoring information for service users was incomplete. We saw two people's repositioning charts that had not been completed since midday the previous day. We saw one person's observations had been done monthly up until June 2015 and then had none competed until January 2016. No explanation found in the care plan and no explanation able to be given by the manager.

We saw that there were 16 hours a week allocated for activities We spoke with the activities co-ordinator who worked three day a week. We saw that each person had a log of what activities were attended. The activities co-ordinator also showed us a daily log and an 'at a glance' monthly log of what activities had been attended or not attended. She told us she had no problems accessing any resources and that she booked external resources such as entertainers and singers, to come into the home.

We saw that people had prompt access to medical and other healthcare support as and when needed. This was fully documented in people's care plans.

Requires Improvement

# Is the service well-led?

## Our findings

A member of staff told us that the deputy manager and senior care assistant were very supportive. The member of staff told us that the home had improved because it was "chaotic" before the new manager started.

We saw a number of documents that recorded disagreements within the staff team. This included minutes of a staff meeting held on 12 January 2016 which recorded a dispute regarding whether care staff should write in care plans. Minutes of a staff meeting held in October 2015 also recorded conflict within the staff team. One member of staff had refused to sign their appraisal document and there was a record of a threat of violence from one staff member to another. A further incident had been recorded on 29 December 2015. We asked care staff about the conflict we had seen in the documentation and one person said that when conflict occurs then she tells them [staff] "to take it outside".

An audit of care plans, by NHS staff dated September 2015 recorded some very poor scores and the overall rating was 46%. We were unable to find records of how this had been addressed and whether improvements had been made, although the manager told us that the home was now compliant. We saw an infection control audit that was dated 28 August 2015 which was partly completed. The most recent kitchen audit had been completed in January 2016.

An NHS medication audit dated 2 November 2015 recorded a score of 74.4%. An action plan to address shortfalls had been partly completed. We looked at the home's own medication audits and found that those for December 2015 and January 2016 were single page reports that did not record what had been checked and this meant they were of little value.

The manager told us that she did not consider that the auditing tools currently in use at the home were fit for purpose and the provider had just purchased a new system that was going to be implemented.

We saw a number of relative's questionnaires which were all dated 8 January 2016 and appeared to have been filled in with the same pen and had the same writing. We asked the manager about this and she told us that a member of staff had asked relatives for their views and had filled in the forms.

We did not see any evidence of meetings for people who used the service and/or their relatives. The manager told us that a meeting had been arranged but nobody attended. We found in the Quality Assurance folder, two records of meetings with individual families to discuss aspects of a person's support and this was not an appropriate place for these to be kept.

Record keeping was poor and it was difficult to follow processes through from start to finish. There was duplication, some illegible documents, some documents incorrectly filed and some blank entries.

Systems and processes did not operate effectively to enable the registered person to assess, monitor and improve the quality and safety of the services provided.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as the provider had failed to adequately monitor the quality of the service.

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<br><br>Treatment of disease, disorder or injury | Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints<br><br>The registered person did not effectively operate an accessible system regarding complaints. |

This section is primarily information for the provider

# Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care<br><br>Treatment of disease, disorder or injury | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment<br><br>Premises used by the service provider were not always safe.<br>Medicines are the home were not always managed in a proper or safe way.<br>The provider had not ensured infection control was properly managed |

**The enforcement action we took:**

Warning Notice

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care<br><br>Treatment of disease, disorder or injury | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>The provider did not have effective systems in place to assess and monitor their service against Health and Social Care Act Regulations or to assess, monitor and mitigate the risks to the health, safety and welfare of people who used the service. |

**The enforcement action we took:**

Warning notice