

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?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Arncliffe Court Care home is a 150 bedded care home providing personal and nursing care to people aged 65 and over. At the time of the inspection, 77 people lived in the home.

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

Improvements had been made to the service with regards to infection control, medicines and to the culture of the home. We identified additional improvements were needed however with regards to the governance of the home, the monitoring and management of risk and the need for consent.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

Care plans and risk assessments were in place, however these did not always reflect the needs of the people and were in need of review. We also identified that monitoring information in relation to people's needs and care was not always properly completed.

Improvements were needed to the recruitment processes as we found issues with pre employment checks such as references. On the day of inspection there appeared to be sufficient staff on duty to deliver care safely. However, feedback from staff, people living in the home and family members indicated that this was not always the case and that staffing was an issue. Staff were in receipt of induction and supervision however issues we found during inspection indicated that training in some areas such as mental capacity was not effective.

The majority of feedback received from staff indicated that there had been an improvement in the communication between management and staff within the home. A high number of the people and family members we spoke with however told us that communication was insufficient from the management of Arncliffe Court in regard to the care being provided. This was discussed with the provider during the inspection.

Infection control in regard to COVID-19 processes had significantly improved and the home appeared clean. Accidents and incidents were managed appropriately, and the management notified CQC of significant incidents when it was appropriate.

We observed support being provided in the home and saw that this was done in a caring, responsive and patient manner. We saw that people were comfortable in the presence of staff.

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

Rating at last inspection and update: The last rating for this service was inadequate (published 28 April 2021) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection enough improvement had not been made and the provider was still in breach of regulations, but we noted the improvements that had been made.

This service has been in Special Measures since 28 April 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures. However, the provider is still in breach of Regulation 12 (Safe care and treatment), Regulation 11 (Need for consent) and Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

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.

You can see what action we have asked the provider to take at the end of this full report.

The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection.

#### 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.

We have identified continued breaches in relation to management of risk, and governance and an additional breach in relation to the need for consent.

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 effective?**

The service was not always effective.

Details are in our effective 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** ●

# 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. 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 three inspectors, an inspection manager, a medicines inspector, a nurse specialist 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

#### Service and service type

Arncliffe Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 who was going through the registration process with the Care Quality Commission. As the manager in post is not currently registered, the provider alone is 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 the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 five people who used the service and 13 relatives about their experience of the care provided. We spoke with 12 members of staff including the deputy manager, care support manager and provider representatives.

We reviewed a range of records. This included eight people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two other health and social care professionals who regularly interacted with the service.

# 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 inadequate. At this inspection this key question has now improved to requires improvement. This meant 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.

Assessing risk, safety monitoring and management

At our last inspection the providers systems were either not in place or robust enough to demonstrate risks were effectively managed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12

- During the inspection we found continued areas of concern. Monitoring information was still in need of improvement. For example, people who were in need of pressure area care, as in pressure relief, did not always have this information documented on turn charts. There was also missed monitoring information on care for a Percutaneous Endoscopic Gastrostomy (PEG) tube. There is also some discrepancy around fluids given through the PEG.
- There was conflicting information in people's care plans. For example, risk assessments that did not reflect the person's needs and pressure mattresses were not being used correctly with evidence to show that mattress settings were set incorrectly in accordance with manufacturers guidelines. Pressure settings were not included in care plans or if they had it was not relevant to the equipment being used.
- There was also conflicting information with regard to people's diabetic care. There was no guidance for staff to follow in order for them to identify and respond appropriately to a hypoglycaemic or hyperglycaemic episode.

The systems in place to mitigate risks in respect of people's needs and care were not robust. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Regular health and safety checks of the environment were completed. Service agreements and safety certificates were all in date.
- Accidents and incidents were appropriately reported and monitored for trends.

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

At our last inspection the provider had failed to safely manage medicines. This was a breach of regulation 12

(Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12 in regards to medicines management.

- The provider had implemented new and robust systems to ensure people received their medicines appropriately.
- There was now a system in place to audit medicines to ensure that any issues with medication management were identified and acted on in a timely manner.
- Records showed that people received the medicines they needed to keep them safe and well?
- The provider had started to roll out a new electronic medication administration system that was aimed to ensure information was available immediately. This was being rolled out one unit at a time to ensure the staff had a full working knowledge of the system.
- The provider had improved processes so that people were protected from the risk of abuse, there were systems in place that were effective in identifying and responding to any concerns identified.

#### Staffing and recruitment

- The provider told us that they had identified issues with recruitment files and were taking action to rectify this, as there had been problems prior to the development of the new management team.
- However, we identified that there was an issue with a recruitment file with regards to previous employer references following the changes to the management structure. This was acted on immediately following the inspection.
- All staff had had their criminal conviction checks in place.
- During the inspection there appeared to be enough staff on duty to meet people's needs. However, feedback received from people living in the home and family members indicated that at times, staffing was not always sufficient. They also told us that the provider used agency staff a lot to provide their care. Comments included "I like to think that [person] is safe, but over recent months been constantly told they are short staffed, [person] has been told they are short staffed, he has to wait for the toilet allot of the time – they are told 'we are busy, there is only two of us on', it does not make any difference the time of day of the day," and "They use a lot of agency, [person] says that they see different people, they says they has to wait for the toilet fairly often, depending who is on shift."
- Staff we spoke with also said that staffing had been a significant issue within the home and that this had put additional pressures on the staff.
- This was discussed with the provider who told us that this would be improving with the impending recruitment of new staff.

#### Preventing and controlling infection

- We identified that improvements had been made in regard to infection control.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

# 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.

At the last inspection (published 28 April 2021) this key question was not re rated as it was not inspected. The previous rating given to this key question in December 2019 was good. At this inspection, we inspected this key question again and the rating has deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

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.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- During the inspection we discussed with the provider if staff had received training in the principles of the MCA and DoLS. It was confirmed that this was the case however, we questioned the effectiveness of the training as we identified concerns.
- The environment in which people lived with DoLS conditions was not secure.
- Appropriate best interest processes were not being followed. Not all best interest documentation had been completed for example, which decisions were being made or who was involved. This meant that any decisions made on any person's behalf may not have been made in their best interests
- These issues were discussed with the provider during the inspection. Who assured us that actions in regards to training and best interest processes would be taken.

Failure to follow The Mental Capacity Act 2005 (MCA) placed people at risk of harm and of decisions not being made in their best interest. This was a breach of regulation 11 (The need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

- We discussed with the provider our concerns about the lack of robust systems in place to monitor people's needs; insufficient care planning and the failure to ensure people's consent was obtained in accordance with the MCA. The provider told us that that improvements were to be put in place.
- Induction and supervision processes were in place to support staff. However, we queried the efficacy of the induction process for agency staff. When we spoke with an agency staff member, they lacked sufficient knowledge of people's needs and the care they required. This was discussed with the provider who assured us that processes were being evaluated and new systems were planned to ensure all staff had the appropriate knowledge to provide safe care.

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

- People's needs and choices were assessed however, assessment information was not always reflected accurately into care plans for staff to follow.
- Policies promoted equality and diversity. People were treated fairly, and characteristics protected by law, such as sexuality and religion were considered.

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

- People's nutritional and hydration needs and how they were to be met were recorded in their care plans. Where needed, people were supported with specific diets associated with their individual needs.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had access to healthcare services when they needed it and were referred for healthcare assessments if required.
- When other health and social care professionals were involved in people's care, any advice given was noted within their plans of care.

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

- Specialist aids and equipment were in place to provide essential care and support as and when needed.
- Three out of the four units within Arncliffe Court had dementia friendly signage and were spacious and brightly decorated. We were informed that there was a plan in place to improve on the fourth unit.
- People were involved in decorating their living space. For example, one person was helping to paint the furniture in the garden and there was a garden competition between each of the units.

# 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 inadequate. At this inspection this key question has now improved to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection we found systems were either not in place or robust enough to demonstrate the service was safely and effectively managed. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- Oversight of the service had improved, and the audits in place to monitor the quality and safety of the service were more effective than previously and as we could see that this was helping drive improvement. However, concerns with regards to the implementation of the MCA, the management of risk, and staff recruitment, were identified again at this inspection.
- During the inspection, we found that people's personal information was not always stored securely to maintain people's right to confidentiality. We spoke with the provider about this, who acted upon it immediately. We identified an issue of security of a storeroom that held confidential information and medications. However, it should not have taken CQC inspectors to have to draw this to the provider's attention.
- There had been a significant lack of leadership within Arncliffe Court Care Home and a lack of understanding about roles and responsibilities. There was a new management team in place who were very transparent and aware of the improvements that needed to take place.
- Feedback from staff indicated that improvements were being made with the new management team in place.

The provider's governance arrangements remained ineffective. This was a continued breach of regulation 17 (Good Governance) Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- During the inspection we spoke with people and their families, a significant amount of feedback we received indicated that communication with the management of the home was not effective and that people's views on the service had not been sought.
- Comments we received included, "Numerous managers coming and going, relatives never get any communication from them especially on Covid, we have to ring, I try to speak to the Manager and get told they are busy, or out of the office, say they will ring back but never do", "Communication is bad, they only call me if they fall, I have asked for feedback on medicines, mental health review and physio, not had answers" and "I get no feedback, they are not open and transparent." This feedback was discussed with the management team and provider.
- Other professionals also discussed that it was sometimes problematic communicating with the management within the home.

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

- During the inspection, the provider and new manager were responsive to the concerns we raised and participated positively in the inspection process..
- There seemed to be a marked improvement in the atmosphere of the home and we saw comfortable relationships between staff and the people living in the home.
- A new 'Resident of the Day' system had been put in place to review all aspects of a person's care to ensure it met their needs.

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 Treatment of disease, disorder or injury	Regulation 11 HSCA RA Regulations 2014 Need for consent  The provider had not always followed the Mental Capacity Act 2005 to ensure decisions were always made in people's best interests.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Systems were either not in place or robust enough to demonstrate risk was effectively managed and monitored.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems were either not in place or robust enough to demonstrate the service was safely and effectively managed.