

S.J. Care Homes (Wallasey) Limited

Aynsley Care Centre

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Aynsley Care Centre is registered to provide accommodation and personal care for up to 28 people. There were 15 people living there at the time of the inspection, some of whom were living with dementia.

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

The systems in place to monitor the quality and safety of the service were not always effective. They did not highlight all the issues identified during the inspection and it was not always clear if actions had been taken to address identified issues. The manager was not always aware of actions identified on audits, so could not ensure the appropriate steps were taken to improve the quality and safety of the home.

Although improvements had been made regarding the management of medicines, further changes were still required. We made a recommendation regarding the use of homely remedies. There were no homely remedies available to people, which meant there was a risk medicines would not be available to people when they needed them.

Medicines were administered safely by staff who had undertaken training and had their competency assessed. Medication records were completed robustly and showed that medicines were given as prescribed.

People told us they felt safe living in the home. Procedures were in place to ensure safeguarding concerns were reported appropriately. Risks to people and the building had been assessed. Care files showed that measures had been taken to minimise risks to people. Staff knew the people they supported well. Information regarding people's health conditions was available and advice from other health professionals was reflected within people's care files. The service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

There were enough staff available to meet people's needs in a timely way. Most safe recruitment procedures had been followed to help ensure staff were suitable to work in social care.

The home appeared clean and well maintained. PPE was available to staff and they had undertaken training to help prevent the spread of infections. Staff were encouraged to undertake regular COVID-19 testing, but there was no system in place to ensure staff tested in line with current government guidance.

Accidents and incidents were reviewed and acted upon to ensure the service acted in a transparent way. People's relatives were kept informed of any changes regarding their family member and were encouraged to visit the home safely.

Systems were in place to gather feedback regarding the service. Feedback from people and their relatives regarding the care provided and the management of the service was positive. Staff told us they enjoyed their

jobs and were well supported by the management team. The manager liaised with other health and social care professionals to help ensure people's needs were met.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was inadequate (published 18 January 2022) and the provider was found to be in breach of regulations 12 (Safe care and treatment) and 17 (Good governance) of the Health and Social Care Act 2002 (Regulated Activities) Regulations 2008.

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found that some improvements had been made and the provider was no longer in breach of regulation 12 but was still in breach of regulation 17.

This service has been in Special Measures since 17 January 2022. 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.

Why we inspected

We carried out an unannounced inspection of this service on 3 December 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and the governance of the service.

This inspection was carried out to follow up on action we told the provider to take at the last inspection, to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from inadequate to requires improvement based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Aynsley Care Centre on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

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 from 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 continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Aynsley Care Centre

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 Health and Social Care Act 2008.

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 completed by an inspector 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

Aynsley Care Centre is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Aynsley Care Centre is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was not a registered manager in post, but a manager had been appointed and had applied to become registered.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed the information we had received about the service and contacted the local authority quality and commissioning teams for their feedback.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

During the inspection we spoke with the manager and three other members of the staff team. We also spoke with three people that lived in the home and six relatives, most of which were via the telephone.

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

Is the service safe?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed 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.

Using medicines safely

At the last inspection we found that medicines were not always managed safely, and the provider was in breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found that improvements had been made and the provider was no longer in breach of regulation, but further improvements were still required.

- Systems in place to manage medicines safely had been improved.
- However, there were no homely remedies available to people. Homely remedies are a stock of medicines that would commonly be available in a household to treat minor ailments. This meant that these types of medicines would not be available to people when they needed them.

We recommend the provider reviews its procedures to ensure medicines are readily available to meet people's needs.

- Medicines were stored securely in locked cabinets in a treatment room. The temperature of the room and fridge were monitored regularly. On the day of the inspection the temperatures were not within recommended ranges due to the hot weather and actions had been taken to try and address this.
- Medication administration records (MARs) were completed robustly and showed that medicines were given as prescribed.
- The stock balances of medicines we checked were correct.
- There was sufficient information available to staff to ensure people who were prescribed medicines as and when required (PRN), would receive them when needed.
- Medicines were administered by staff who had undertaken training and had their competency assessed.

Assessing risk, safety monitoring and management

At the last inspection we found that risk to people and the building were not safely managed and the provider was in breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection, we found that improvements had been made and the provider was no longer in breach of regulations. However, further improvements were still required.

- Risks to people had been assessed and were usually managed appropriately.
- Although regular internal and external checks on the building were now completed, it was not always clearly recorded when identified risks had been actioned. There is more detail regarding this in the key

question of Well-led.

- Care files showed that individual risk assessments had been completed and measures were in place to reduce any identified risks. For instance, a person who was assessed as high risk of pressure sores had equipment in place to minimise the risk and another person who was at risk of falls had been referred to the falls prevention team and had equipment in place to help reduce the risk of further falls.
- Most care plans had improved since the last inspection, were more detailed and personalised, they informed staff how to safely support people. Some plans could have provided further detail and the manager amended those plans before the end of the inspection. Staff were familiar with people's care needs and how to meet them.
- Personal emergency evacuation plans were in place, which provided information staff with information regarding support people needed in the event of an emergency.
- Information regarding people's health conditions was available and advice from other health professionals was reflected within people's care files.
- Staff had undertaken some training since the last inspection specific to people's needs, such as dementia training. However, further training is required to ensure staff have the knowledge and skills to meet all people's needs.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Preventing and controlling infection

At the last inspection we found that infection prevention and control measures in place were not adequate and the provider was in breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection, we found that improvements had been made.

- Appropriate Infection prevention control policies and procedures (IPC) were in place to help reduce the risk of infections, including COVID-19.
- The home appeared clean and well maintained and cleaning schedules were in place to minimise any risk of infections being spread. People and their relatives told us, "They clean my room every day" and "It is a little outdated, but the home is always kept clean."
- Staff had undertaken IPC training, as well as pandemic awareness training.
- Personal Protective Equipment (PPE) was available to all staff and visitors and this was in use and worn appropriately.
- Systems were in place to record staff COVID-19 testing in line with current government guidance. However, there was no system in place to ensure records were checked to ensure all staff adhered to the guidance.

Visiting in care homes

- Visits to the service were carried out safely in line with current government guidance.

Staffing and recruitment

- There were sufficient numbers of safely recruited staff available to support people.
- Records showed that relevant checks had been made to ensure staff were suitable to work in social care. This included a Disclosure and Barring Service (DBS) check, which provides information including details about convictions and cautions held on the Police National Computer and helps employers make safer recruitment decisions. Risks assessments were also completed when any risk was identified during the recruitment process.
- References were available in staff files, however electronically completed references did not always have evidence of email addresses they were sent from for verification. The manager agreed to include the emails in the staff files for clarity.
- There were enough staff on duty during the inspection and rotas showed these numbers were regularly maintained.
- Most people living in the home and their relatives told us there were enough staff. Comments included, "There seems to be plenty, they come to the door quickly," "There are always people around; you don't have to wait for anything" and "There's always people around and they answer the door quickly when you visit." Some people did describe occasions they had had to wait for support but were aware staffing levels were low at the time due to sickness.

Learning lessons when things go wrong

- Accidents and incidents were managed appropriately. Records showed that appropriate actions were taken following any accidents and advice was sought from other health professionals when needed. For example, one person who had had several falls, had been referred to the fall's prevention team had an infra-red sensor in place to alert staff when they were mobilising,
- Accidents and incidents were reviewed regularly to look for any potential trends and to help prevent recurrence.

Systems and processes to safeguard people from the risk of abuse

- Procedures were in place to ensure safeguarding concerns were reported appropriately.
- A safeguarding policy was in place and staff had completed relevant training.
- People living in the home told us they were safe there. Comments included, "I am getting looked after very well, any help I need they can do anything for me, I am very lucky to be here," "It is very good here, it is safe, there are kind people about" and "[Relative] is settled, which means our minds are at ease."

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 our last inspection we rated this key question inadequate. At this inspection the rating has changed 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.

Continuous learning and improving care

At the last inspection we found that effective systems were not in place to monitor the quality and safety of the service and the provider was in breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection, we found that although some improvements had been made, the provider was still in breach of regulation.

- Systems were in place to monitor the quality and safety of the service; however, these were not always effective.
- The audits completed did not highlight all the issues identified during the inspection, such as those regarding the oversight of staff testing and lack of homely remedies.
- When audits identified areas for improvement, the issues were not always communicated to the manager to ensure they would be actioned.
- Actions taken to address identified issues were not always recorded. For instance, the fire alarm and emergency lights had been inspected and a certificate was available. However, they identified the need for some additional work, which the manager advised had been completed, but there was no recorded evidence of this.
- Records were not always adequately maintained to evidence care provided to people. For example, repositioning records did not reflect how people were supported to reposition, just when they had been assisted.

Lack of effective systems to ensure the quality and safety of the service is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager took responsive action to issues raised during this inspection.

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

- The culture of the service helped ensure good outcomes for people.
- Feedback from people and their relatives regarding the care provided and the management of the service was positive. People told us, "I have privacy when I need it, the food is good, they [staff] are all really nice, and could not be kinder," "The staff there are wonderful, they are beautiful people. The manager is always available, she goes out of her way to come and speak to everyone" and "The best think about Aynsley is the

staff, they are loving and caring, you can tell they care about everybody there. And, as it is a small place the staff know every resident."

- Staff told us they enjoyed their jobs, liked working in the home and were well supported by the management team. Their comments included, "I love it, there is a lovely homely atmosphere and everyone gets on," "[The manager's] door is always open if you need anything" and "[Manager] is very supportive."
- Measures had been taken during the COVID -19 pandemic to facilitate people having contact with their friends and family.

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

- Accidents and incidents were reviewed and acted upon to ensure the service acted in a transparent way.
- Relatives told us they were always kept informed of everything involving their family members. Their comments included, "We are very well informed; nothing is too much trouble" and "Yes, they even call me if [relative] is upset and needs a bit of reassurance, one day they phoned me to say she was tearful, so I popped in to see her."
- Staff told us that they would not hesitate to inform the manager of any issues or concerns they had and were confident they would be dealt with appropriately.

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

- There was no registered manager in post at the time of this inspection, however a new manager was in post and they were in the process of registering with the Commission.
- A range of policies were in place to guide staff in their practice.
- The Commission had been informed of all incidents the provider is required to notify us of.
- The current rating of the service was displayed within the home and on the providers website as required.

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

- The manager liaised with other health and social care professionals to help ensure people's needs were met.
- Systems were in place to gather feedback regarding the service. Regular meetings took place with people living in the home to gather their views regarding activities, meals, infection control and staffing, for example.
- Records showed that staff meetings took place regularly and staff were reminded of current guidance and encouraged to work in line with best practice.
- Referrals were made to relevant professionals when required for specialist advice and support.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems in place to monitor the quality and safety of the service were not effective.