

RSJB Quality Care Homes Limited

Anchorage Nursing Home

Inspection report

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Inadequate 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Anchorage Nursing Home is a 'care home' providing accommodation, nursing and personal care for up to 40 older people; some of whom lived with dementia. At the time of the inspection 32 people were living at the home.

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

There were failings by the provider in the way the service was led and managed. The systems in place to assess, monitor and improve the quality and safety of the service were inadequate. They failed to identify and mitigate risk and bring about improvements to the service people received.

The provider had failed to comply with fire recommendations set out by Merseyside fire service and fire safety training compliance was low.

Records used to monitor, and review people's care had not been fully completed and kept up to date. We found examples where sections of care plans and other care records had not been updated to reflect changes in people's needs.

People did not always receive their medicines in line with the prescribers' instructions. Risks to people were not always managed and learning from accident and incidents had not identified themes.

Staff had not received all the training they needed to support people safely or appropriate support from the provider.

The principles of the Mental Capacity Act (2005) were not consistently followed when providing care and treatment for people. People were not always supported to have maximum choice and control of their lives and staff did not always 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 did not accurately reflect people's needs and they lacked guidance for staff about how to deliver person-centred care. The design and signage around the home did not take into account the needs of those people who lived with dementia.

The provider was receptive to the inspection findings, they told us they were willing to learn, improve and share the actions they would take to address the issues found at this inspection. The provider submitted an action plan following the inspection to inform us of further actions they would take to ensure improvements were made.

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

Rating at last inspection

This service was registered with us 11 April 2022 and this is the first inspection.

The last rating for the service under the previous provider was requires improvement, published on 5 November 2021.

Why we inspected

This was a planned 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 read the report from our last comprehensive inspection, by selecting the 'all reports' link for Anchorage Nursing Home on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified breaches in relation to monitoring and assessing risk, medicines, staffing, person-centred care and oversight and governance of the home.

Follow up

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 with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Special Measures

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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 safe.

Details are in our safe findings below.

Inadequate ●

Is the service effective?

The service was not effective.

Details are in our effective findings below.

Inadequate ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Details are in our well-led findings below

Inadequate ●

Anchorage Nursing 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 2 inspectors.

Service and service type

Anchorage Care Home 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.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a manager in post but they were not registered with the Care Quality Commission. The manager left during the inspection process.

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 gathered feedback from the local authority and other professionals who have visited the home since our last inspection. 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. We used all of this information to plan our inspection.

During the inspection

We spoke with 3 people who used the service and 5 relatives about their experience of the care provided. We also spoke with 11 members of staff including the home manager, regional manager, nurses, care and maintenance staff. We made observations in communal areas of staff interactions with people living there.

We reviewed a range of records. This included 8 people's care and support records and medicine administration records. We looked at 5 staff records in relation to recruitment and training. We also reviewed a variety of records relating to the management of the home, including policies and procedures, staffing rotas, accident and incident records, safeguarding records and reports.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated inadequate. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks had not been sufficiently assessed or mitigated and care plans were not always in place to guide staff on how to keep people safe.
- People were at an increased risk of harm as risk assessments were not always updated or followed. For example, one person who was assessed as being at high risk of falls was not provided with the equipment they needed to minimise the risk of harm, including a sensor and falls mat.
- People's safety was not always monitored in line with their care plan. For instance, there were gaps in records used to monitor and review people's safety from the previous 6 months.
- The provider had failed to act upon fire risks highlighted in a report issued by Merseyside Fire and Rescue Service following an inspection they carried out on the premises in October 2022. Staff continued to smoke underneath an external fire escape next to a flammable substance and a lock to a gate providing a means of escape in the event of an emergency had not been removed following recommendations given.
- Fire safety was not robust. There was low compliance in basic fire safety training (77%) and moving and handling training (71%) for staff.
- Accident and incidents were reported and recorded however records lacked information about action taken and lessons learnt to minimise further occurrences.

The provider had failed to appropriately assess, monitor and manage risks to people's health and safety. This was breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- Medicines were not managed safely.
- There was not always protocols or administration charts for some 'as required' medicines to guide staff on how and when these medicines were to be given or to record when they were administered to people.
- There were no protocols in place for one person who was administered medicine for agitation and for another person who was prescribed end of life medicines.
- Some people were prescribed medicated creams, however there were examples where there was no directions about when, how or where these creams should be applied.
- Only 25% of staff had completed medicine management training and competency checks and there was no clinical lead provide staff with guide and support around the safe management of medicines.

The provider failed to ensure the proper and safe management of medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities)

Regulations 2014.

Preventing and controlling infection

- The provider failed to ensure safe infection prevention and control measures were in place.
- Parts of the premises and equipment were unclean and unhygienic increasing the risk of the spread of infection.
- The provider was aware of these issues and had begun work prior to the inspection to improve the cleanliness and hygiene of the environment. This included plans to redecorate and change the flooring.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.

Visiting in care homes

- The provider's approach to visiting was in line with current government guidance.

Systems and processes to safeguard people from the risk of abuse

- There were effective systems and processes to safeguard people from the risk of abuse
- Safeguarding and whistleblowing procedures were in place. 75% of staff had completed safeguarding training and they knew how to report concerns and the importance of keeping people safe.
- The provider had referred safeguarding concerns onto the appropriate agency. Records of safeguarding referrals made and the steps taken to help ensure people were safe were well maintained.

Staffing and recruitment

- People had mixed views on staffing numbers at the home. Some people told us there were times when there were not enough staff. Comments included, "The girls are good but they do work hard and that is clear to see but they need more help" and "There is a good team ethic and people are trying to make things better but it is hard with amount of agency and the low numbers of permanent staff."
- The provider evidenced they were actively recruiting additional permanent and agency staff, including a clinical lead and nurses.
- The provider followed safe recruitment practices. A check with the Disclosure and Barring Service (DBS) was carried out on all applicants. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

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.

This is the first inspection for this newly registered service. This key question has been rated inadequate. This meant there were widespread and significant shortfalls in people's care, support and outcomes.

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 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 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider was not always working within the principles of the MCA
- Where people's capacity had been assessed and best interest decisions had been made we found the provider had failed to update the care records to reflect the changes.
- We found that when people had a best interest decision made the provider did not have current information in a place to support the decisions.
- The provider had not reviewed or updated DoLS authorisations which were in place for people to ensure they remained valid .
- Training compliance for MCA/DOLS was 20%.

The principles of the MCA were not consistently applied. This meant that people did not have the protection of the legal framework in place in regard to significant decisions that may impact their wellbeing. This was a breach of Regulation 11 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

- Staff did not always receive the support and training for their role.
- Training statistics showed a significant shortfall in the completion of training for staff in mandatory topics. For example, Safeguarding & Protection of Adults (75%), learning disabilities (62%), infection prevention and control (71%), health and safety (70%), documentation and record keeping (66%), falls prevention (68%) and oral health (66%).
- There were no records to evidence staff had received appropriate support, supervision and appraisal

necessary for their role. We recommend the provider reviews training compliance and staff supervision arrangements .

Staff had not received appropriate support or training to carry out their job role effectively. This was a breach of Regulation 18 (Staffing) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People's needs had been assessed using recognised tools, however care was not always delivered in line with assessment outcomes and best practice guidance.
- There were examples where people's weight had not been assessed in line with the Malnutrition Universal Screening Tool (MUST) which is a nationally recognised tool used to identify people who are malnourished, at risk of malnutrition or obese. Therefore, we could not be assured that appropriate referrals were made for people who may be at risk of malnutrition.
- Care plans had not been reviewed and updated since November 2022, this was despite people experiencing a change in their needs.
- Staff communicated people's changing needs verbally during shift handovers. However there were no clear written records of the discussions or within people's care records to ensure the information was available to all staff.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to eat and drink enough to meet their needs. However, we found that the systems in place were inadequate for recording and monitoring how much fluids people had been offered and what they actually consumed. We saw that the manager discussed this shortfall with staff in a team meeting and this had been an ongoing issue.
- People were supported to make choices about meals and snacks. Staff encouraged people to make healthy choices, where possible, and supported them to plan meals. We observed a number of people eating their lunch and staff supporting them appropriately. We observed one person ask for something different that was on the lunch menu and the kitchen staff accommodated this request.

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

- The environment was not well-maintained.
- Parts of the premises were in need of repair and redecoration, including marked walls and ceilings, damaged flooring and woodwork.
- There were no meaningful, sensory or stimulating focal points around the home for people to visit or engage with when they walked with purpose.

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. This is the first inspection for this newly registered service.

This key question has been rated requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- The provider had not ensured the systems and culture within the service drove high standards of quality care.
- Records of care delivered were inconsistently completed and did not always show people had been supported with their needs or preferences.
- Where people expressed distressed emotions there was a lack of appropriate person-centred management plans to guide staff in supporting people in a dignified and respectful manner.
- The provider had not ensured people's well-being and safety was paramount due to shortfalls found throughout this report. However, we were assured that the provider was working hard to improve the quality and safety of service people received.
- We observed heartfelt and caring interactions between people living in the home and the care staff.
- The provider had neglected to adequately maintain the environment, and this meant people were living in undignified conditions. For example, we found that the communal areas and some of the bedrooms were in a poor state of repair and decoration.
- There was low compliance in privacy and dignity training with only 67% of staff completing this.
- We observed staff respecting people's privacy and independence. Staff knocked on bedroom doors before entering and letting them know who they were, and they encouraged people to be as independent as possible.

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

- There was a generic approach to planning people's care and care reviews did not evidence people's involvement and agreement to their plan of care.
- We observed staff being kind in their response to people and their approach was patient.
- We observed staff encouraging people to express their day to day wishes, such as which food they wanted to eat or whether they wanted to stay in their bedroom.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs. This is the first inspection for this newly registered service.

This key question has been rated requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them; End of life care and support

- People's needs were not always planned in a personalised way to ensure their choice and control.
- Care plans did not always evidence people's involvement and agreement to their care and how it was to be met.
- People were not always supported to maintain contact with relatives or friends.
- Staff tried to ensure people received social stimulation as much as possible. There were some records of activities people had been offered, participated in or refused.
- People's end of life wishes was not always included within their care plans.
- A care plan for one person receiving end of life care lacked detail about their end of life care wishes.

People did not receive care that was consistently person centred, and which considered their individual needs or promote choice and control. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Meeting people's communication needs Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were not always met.
- There was a lack of information recorded in people's care plans around their communication needs to enable staff to communicate effectively with them.
- The manager told us they had highlighted this prior to the inspection and was working to update the relevant information in relation to people's communication needs.

Improving care quality in response to complaints or concerns

- Complaints were not always used to improve the quality of care.
- There was no oversight of complaints or concerns. The manager dealt with complaints but there was evidence to show how they were dealt with or of responded to improvements made in response to them in response to them.

- Relatives told us they could raise concerns. Relatives told us they were comfortable speaking to the manager, nurse in charge or other senior staff .

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.

This is the first inspection for this newly registered service. This key question has been rated inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

- The provider did not have oversight of the service and had failed to ensure effective support and leadership since registering the service in April 2022.
- There had been lack of accountability, responsibility and scrutiny at all levels which impacted on people's safety and the quality of service. This included inconsistent care and risk records lacking relevant information about people's health needs and ways in which to mitigate their individual risk.
- The systems for assessing, monitoring and improving the quality and safety of the service were ineffective as they failed to identify and bring about improvements to the service people received. Where shortfalls had been identified by the provider they failed to act upon them over a sustained period of time. This included a continuous failure to act upon fire safety concerns identified by Merseyside Fire and Rescue Service.
- The provider failed to maintain accurate and complete records in respect of people's care and of decisions taken in relation to the care provided to them.

The provider failed to operate effective systems to assess, monitor and improve the quality and safety of the service. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

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

- The provider did not always plan, promote or ensure people received person centred and high-quality care with good outcomes. The lack of robust care planning, monitoring and reviewing of people's care placed them at risk of harm.
- The provider did not evidence a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible.
- The provider did not always promote a culture that encouraged candour and openness.
- The provider failed to act upon concerns in an open and transparent way when accidents, incidents and near misses occurred at the service. For example, injuries reported to the manager were not always recorded to evidence how they were managed and of those notified.

The management arrangements in place to assess, monitor and improve the safety and quality of the service were inadequate. This is a breach of Regulation 17 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

- The provider did not always fully engage and involve people and others in the provision of care.
- There were no regular surveys or meetings carried out to engage people, relatives or staff in understanding their views in shaping the future of the service.
- We received mixed feedback from healthcare professionals about their engagement with Anchorage nursing home. One professional told us that they did not have much contact with the home and when they did contact them were given minimal information. Another health professional told us that when they had been to visit a service user at the home, they did not feel confident the records were accurate.
- Staff did not receive supervisions so could not share their views and this was a missed opportunity to support development of staff knowledge.
- Staff tried to ensure people were referred to and reviewed by external health and social care professionals. However, care records did not always reflect up to date information about recommendations made by professionals involved in people's care and treatment.

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 9 HSCA RA Regulations 2014 Person-centred care People did not receive care that was consistently person centred, and which considered their individual needs or promote choice and control. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
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 principles of the MCA were not consistently applied. This meant that people did not have the protection of the legal framework in place in regard to significant decisions that may impact their wellbeing. This was a breach of Regulation 11 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing Staff had not received appropriate support or training to carry out their job role effectively. This was a breach of Regulation 18 (Staffing) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	<p>The provider failed to ensure systems were in place to demonstrate that risks were properly assessed, reviewed and actioned and were not doing everything that was reasonably practical to mitigate risks.</p> <p>The provider failed to ensure people who use services were protected against risks because their medicines were not managed safely which put people at risk of harm.</p>

The enforcement action we took:

Warning notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	<p>The provider had failed to have effective systems in place and assess, monitor and improve the quality of the service. This placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>The management arrangements in place to assess, monitor and improve the safety and quality of the service were inadequate. This is a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

The enforcement action we took:

Warning notice