

Ainsworth Nursing Home Limited

Ainsworth Nursing Home

Inspection report

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22 February 2018

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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 caring?

Good 

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 Ainsworth Nursing Home on 20 and 22 February 2018.

At the last comprehensive inspection on 5 and 6 December 2016 the service was rated requires improvement. Whilst no breaches of the regulations were found the provider was asked to develop support systems for staff and checks to monitor and review the service needed embedding. At this inspection we found some improvements had been made, however monitoring of the service provision needed expanding upon.

Ainsworth Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Ainsworth Nursing Home provides nursing and residential care for up to 37 older people including people with mental health and dementia needs. The building is a large, converted former hospital, based in the Ainsworth area of Bury, Greater Manchester. Accommodation is separated into two units; one providing general nursing and residential care and the second provides nursing care for people living with dementia. All rooms are situated on the ground floor and are easily accessible. At the time of the inspection there were 25 people living at the home.

The registered manager had recently left the service. Therefore there was no registered manager at the time of this inspection. However the provider had taken prompt action to appoint a new manager to the position. 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.

During this inspection we identified five breaches in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the back of the full version of the report.

Effective systems to monitor, review and assess the quality of service were not in place to help protected people from the risks of unsafe or inappropriate care.

Robust systems were not in place to ensure people received their prescribed medicines safely.

Assessments and management of the environment need to be put in place so that potential risks to people are minimised.

Robust recruitment procedures were not in place to ensure the suitability of staff employed to work at the

home. Sufficient numbers of staff were not always available at core times. Further recruitment was taking place so that better flexibility of support could be provided.

Further training opportunities were needed so that staff have the necessary skills and competencies needed to safely and effectively meet the needs of people living at the home.

We recommend the provider seeks advice from the Greater Manchester Fire and Rescue Service (GMFRS) about the safety and suitability of locks being used at the home particularly as some people were restricted from leaving the building alone. Relevant checks were completed with regards to fire safety. Arrangements had been arranged for an up to date fire drill to be completed.

Activities and opportunities were offered to people to help promote their health and wellbeing as well as maintain community links. Information in people's 'life story' books were to be considered so that other opportunities could be introduced around people's individual hobbies and interests. We recommend the provider also refers to current guidance when developing opportunities for people.

Suitable arrangements were in place for the recording and responding to any complaints or concerns. People and their visitors were not aware of the procedure in place but said they would speak with the manager or staff and felt confident their concerns would be listened to and acted upon. We recommend the provider informs people of the procedure so they understand how their concerns will be dealt with.

People and their visitors were complimentary about the staff and the standard of care and support offered. From our observations we saw staff speak with people in a sensitive and respectful manner and responded to people's requests promptly.

People and their relatives, where appropriate, were consulted about their care and treatment. The provider had sought the relevant authorisation to ensure people being deprived of their liberty were protected.

Staff were aware of their responsibilities in protecting people from abuse and were able to demonstrate their understanding of the procedures. Staff confirmed and records showed that annual training was provided in this area.

Care plans were person centred and contained good information about the current needs, wishes and preferences of people.

People were offered adequate food and drinks throughout the day ensuring their nutritional needs were met. Where people's health and well-being had been assessed as at risk, relevant health care advice had been sought so that people received the treatment and support they needed.

Hygiene standards were maintained to help minimise the risks of cross infection. The premises and equipment were adequately maintained and regular checks were undertaken to help keep people safe.

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.

The management and administration of people's medicines was not safe.

Risks to people's health had been assessed and planned for. Assessments and management of the environment need to be put in place so that potential risks to people are minimised.

Robust recruitment checks were not completed prior to new staff commencing employment. Staffing arrangements were to be reviewed so that sufficient numbers were made available at all times.

Systems were in place to ensure the safety and protection of people from abuse. Hygiene standards and equipment were also adequately maintained so that people were kept safe.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Where people were being deprived of their liberty the provider had sought the necessary authorisation. Records evidenced that people and their relatives, where appropriate, had been involved and consulted with about their care and support.

Further training was needed to ensure staff are suitably qualified, competent and skilled to carry out their duties safely and effectively.

Suitable arrangements were in place to meet people's nutritional needs. Relevant advice and support had been sought where people had been assessed at nutritional risk.

Requires Improvement ●

Is the service caring?

The service was caring.

People and their visitors spoke positively about the staff and care provided. Staff were seen to be polite and respectful towards people, offering lots of encouragement when providing

Good ●

assistance.

Staff spoken with demonstrated they knew people's individual needs and preferences and were able to provide examples of how they encouraged people to be as independent as possible.

People's records were stored securely so that people's privacy and confidentiality was maintained.

Is the service responsive?

The service was responsive.

People's assessed needs and wishes were detailed in people's care plans providing sufficient information to guide staff on how they wished to be cared for.

Activities and opportunities were offered to people. Life history books detailing people's hobbies and interests were to be used to enhance the activities and opportunities offered to people.

A review of records and comments from people and their relatives demonstrated that the provider listened and responded to people's complaints and concerns.

Requires Improvement ●

Is the service well-led?

The service was not consistently well led.

A new manager had been appointed commencing work the day before the inspection. They were aware that an application to register with the Care Quality Commission (CQC) was required.

Systems to monitor, review and improve the quality of service provided needed improving to help ensure people were protected from the risks of unsafe or inappropriate care and support.

The provider had notified the CQC as required by legislation of all events, which occurred at the home with regards to the well-being of people.

Requires Improvement ●

Ainsworth Nursing 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 is 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.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This was returned prior to the inspection. We took this information into account when we made the judgements in this report.

We also reviewed information we held about the service, such as whistle blower information and notifications of incidents. A notification is information about important events which the service is required to send us by law.

We contacted the local authority commissioning team, the Clinical Commissioning group (CCG) and Healthwatch prior to seek their views about the service. Health Watch is an independent consumer champion for health and social care. Feedback received was considered as part of this inspection. No serious concerns were raised with us.

This inspection took place on the 20 and 22 February 2018 and was unannounced. The first day of the inspection was carried out by two adult social care inspectors, a pharmacist 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. The second day was carried out by one adult social care inspector.

As some of the people living at Ainsworth Nursing Home were not able to clearly tell us about their experiences. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During the inspection, we spoke with nine people who lived at the home and the relatives of four people. We

also spoke with two care staff, a nurse, kitchen staff, the manager and two directors of the company.

We spent time looking around the environment including the outside of the building. We reviewed records relating to the care and support provided as well as the management of the service. These included; three care plans, staff recruitment, training and development, the medication system, health and safety checks, staffing rotas and auditing systems.

Is the service safe?

Our findings

We asked people if they felt safe living at Ainsworth Nursing Home. People told us; "I think he is safe here. Security is paramount, and it's like Fort Knox which is good".

People's relatives also said, "I'm very happy with it here. She's settled right down and she's very safe. She's never got out or wandered off anywhere. I couldn't see her anywhere else; we're fortunate that places like this could take her", "Security wise, it's a lot better here. She's very safe here; we don't have any worries about that at all."

At the last inspection we reported that medicines were managed safely and had greatly improved since the previous inspection. However, at this inspection we found that those improvements had not all been sustained. We found that medicines were no longer managed safely and people's health was put at risk of harm.

During this inspection we looked at medicines and records about medicines for 17 people and we found concerns about medicines management for all 17 people. We saw that the management did frequent audits, checks, of medicines but these checks were not detailed and failed to note any concerns that we found during the inspection. We found items were not stored securely, records and guidance about medicines were not always clear and accurate, sufficient stocks were not always available and adequate checks were not in place where people had been discharged ensuring people received the current prescribed medicines. This meant that there was no robust system in place to ensure people received their medicines safely. This meant there was a breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We checked to see that staff had been safely recruited. We reviewed three staff personnel files and saw that each file contained an application form with included confirmation of the person's identity. Checks had been carried out with the Disclosure and Barring Service (DBS) for all applicants. The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. These checks help to prevent unsuitable people from working with people who use care and support services.

We saw there were also procedures in place to confirm that that all nursing staff maintained an up to date registration with the Nursing and Midwifery Council (NMC). This should help ensure people received care and treatment from nursing staff who met national standards and code of conduct.

We also asked to see what information or checks were completed prior to agency staff being used at the home. Information showed that confirmation of all recruitment checks and training had been sought from the agency prior to workers completing a shift at the home. We were told that where agency staff had worked well with people, the service was requesting they work at the home on a regular basis to ensure consistency. A review of staff rotas confirmed this.

Care was needed to ensure that a full employment history was in place and references were taken up from services where applicants had previously worked with vulnerable adults and children. The full health questionnaire also needed to be used. A record of interview was completed however we found questions were limited and did not explore applicant's skills for the role they had applied for. Robust recruitment procedures are needed to help ensure only those staff with the necessary skills and abilities are employed to work at the home. This meant there was a breach of Regulation 19 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spent some time looking at the staffing arrangements in place to support people living at Ainsworth Nursing Home. We spoke with people who used the service, looked at staffing rotas and observed the support offered throughout the day. People's relatives commented, "The staff do alright, there's usually enough on. There are always 2 or 3 on. Sometimes they get short and get agency staff in and they don't know what they're doing because they don't know us" and "I think the staff are run off their feet, there's never enough staff. Staff spoken with described the team as "caring", "works as a team" and "support each other."

We were told that in addition to the manager, staffing levels comprised of one nurse and four care staff throughout the day with a nurse and two care staff available during the night. In addition to this, an additional carer was provided for five morning shifts. The care team were supported by kitchen, laundry, maintenance and activity staff. Whilst a review of staff rotas confirmed these levels, from our observations and discussions with people and staff we found that sufficient numbers of care staff were not always available at core times. We noted that kitchen staff worked until 3pm, which meant that care staff were responsible for serving the evening meal as well as cleaning up afterwards, whilst also attending to people's support needs. Staffing arrangements at night were also insufficient as a number of people required two staff to assist them. This meant whilst care staff were providing care or completing nightly checks the nurse would be responsible for covering the two units.

We discussed our findings with the directors and manager. We were told that a further nurse and carer had been appointed. Relevant recruitment checks were being completed. Further applicants were to be interviewed the week following the inspection. We were told that a fourth member of staff would be provided during the night time and additional staffing would be planned so that sufficient cover was available to cover the evening meal time period. We will monitor this at our next inspection.

We looked at how the provider managed areas of identified risk to people's health and well-being so that they were kept safe. The relative of one person we spoke with also told us, "I do think she's safe here though and they have fire tests every week".

A review of records showed that risk assessments in areas such as; moving and handling, falls, and poor nutrition had been completed. Records were reviewed on a monthly basis to ensure information reflected people's current and changing needs. Where necessary additional aids and adaptations or health care advice had been sought to help protect people as well as promote their independency and safety. We observed staff assisting someone to move using a hoist. This was done effectively, offering reassurance to the person.

We saw people used bedrails where they needed extra protection whilst in bed. Records showed that risk assessments had also been completed to support this decision so that people were kept safe. Alarm sensors and pressure mats were also used. These alerted staff if people were moving and may need support to help reduce the risk of falls.

Detailed environmental risk management plans were in place to guide staff on the action to take to mitigate the identified risks. However although the outgoing registered manager had started to review the risk assessments most had not been reviewed since August 2016.

We saw that outside the home there was a significant amount of unwanted items that needed to be removed from outside the premises. We were told that quotes had been received from contractors to remove and dispose of the unwanted items and this work would be undertaken in the near future. This will help reduce the risk of fire and pests. We did note that there was no risk assessment for the extensive grounds to the property. Due to the remote location of the property and layout of the grounds a detailed assessment should be made to ensure people accessing the outside of the building are kept safe from harm or injury. We also saw that an emergency exit pathway needed to be cleaned to prevent anyone using it from slipping on the build-up of moss.

Care also needed to be taken in relation to the underside of bath chair hoists and commodes. We also saw that some wardrobes needed to be chained to the wall and accessible strings needed to be added to some side lights so that they could be used. The macerator machine was not housed in a lockable sluice and this needs to be checked whether this is safe given the needs of people.

Assessments and management of the environment was needed so that potential risks to people were minimised. This meant there was a breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We had concerns about the security arrangements to the rear and side of the building. Although people were able to evacuate the building in cases of emergency, we could not be sure that the present arrangements would prevent people who were legally being deprived of their liberty from leaving the building or without the staff team's knowledge. We were concerned because some cupboards that should be kept locked were done so with the use of bolts, for example, where keys were lost. We also saw that one bathroom door did not have an emergency override lock in place to promote people's privacy and dignity as did some bedroom doors. We recommend the provider seeks advice from the Greater Manchester Fire and Rescue Service (GMFRS) about the safety and suitability of locks being used.

We checked the arrangements for fire safety. We saw that staff had received fire safety training. Inspection of records showed that a fire risk assessment was in place and regular checks had been carried out to confirm that the fire alarm, emergency lighting and fire extinguishers were in good working order and the fire exits were kept clear. However, the recommendations made in the fire risk assessment had not been signed off by the person responsible for it and it had not been kept under review. We were told by the maintenance person that the work had been completed. We also saw that a fire drill had not been undertaken at the service since June 2016.

On the second day of our inspection we were told contact had been made with an external contractor. Arrangements had been made for them to carry out a fire drill. The named person responsible for the fire risk assessment had also reviewed the recommendations identified and confirmed that work required had been completed.

We saw that personal emergency evacuations plans (PEEP's) were in place for people and were kept in a grab file close to the main entrance of the building. We also noted a business continuity plan was in place to provide information for staff about the action they should take in the event of an emergency such as a failure of the gas or electricity supply to the premises.

The home was clean and tidy inside. No malodour was detected. There was plenty of personal protective equipment, for example, disposable aprons and gloves for staff to use. Liquid hand wash and paper towels were available for people to use.

We saw that premises checks had been undertaken in relation to gas safety, electrical fittings and fitments and portable electrical appliances. A legionella certificate was also in place. Regular checks were made by the maintenance person of profiling beds, wheelchairs, nurse call and movement sensors. These checks help to ensure appliances and equipment are in good working order.

We saw that systems were in place to safeguarding people from abuse. Staff had access to policies and procedures to guide them on safeguarding people from abuse and whistle blowing (reporting poor practice). A review of records and discussion with staff confirmed that training was also provided in this area. This was provided on an annual basis by the local authority. Those staff we spoke with were aware of their responsibilities and knew who they could speak with if they had any concerns.

Prior to this inspection we were made aware by the provider of one concern which had been raised with them about the standard of care and support provided. The matter had been investigated by the provider and their findings shared with CQC and the local authority. This matter had been resolved without further action.

During the inspection we received concerns from a whistle-blower about the falsification of records and lack of agency staff cover. These issues were followed up with a director on the second day of our inspection. Records were reviewed and copies of evidence taken. These were reviewed immediately following the inspection. We found no evidence to substantiate the allegations made.

Is the service effective?

Our findings

At our last inspection we found that systems to support and develop staff needed formalising. During this inspection we looked at how staff were supported to develop their knowledge and skills, particularly in relation to the specific needs of people living at Ainsworth Nursing Home. We asked the directors about the training and support provided, spoke with staff and examined training records.

We explored the induction programme provided for all new members of staff. We were told that the service had implemented the 'Care Certificate'. The Care Certificate is a standardised approach to training for new staff working in health and social care. Staff were said to complete each of the modules on-line, which were then marked externally. One new member of staff we spoke with confirmed what we were told and provided certificates to show what areas training had been completed. They told us; "I would like to progress so want to do more training."

We found that on-going training had been provided in areas of health and safety. These included; moving and handling, fire training, first aid, infection control and food hygiene. E-learning training was also provided in understanding dementia and nursing staff had received updates on medication administration. We discussed with the directors and manager about other areas training being provided to enhance the knowledge and skills of care and nursing staff, such as pressure care prevention, catheter care and nutrition and hydration.

Records we looked at confirmed that periodic supervision sessions had been undertaken with care and ancillary staff. These explored working practice and training and development opportunities. Staff told us and records showed that team meetings had also been held on a monthly basis over the last six months. These sessions are important as they provide staff with the opportunity to discuss their work as well as promote consistent working practices.

During our last inspection we were told that nursing staff kept their knowledge up to date by attending the clinical supervisions provided by the Clinical Commissioning Group (CCG). We were told that nursing staff were scheduled to attend the next session in May 2018. These sessions help nursing staff share good practice and keep them up to date with relevant guidance. A director of the company, who is also a registered GP, also met with nursing staff to discuss their work.

Records showed that confirmation of training was provided for agency staff working at the home. However this did not include areas of clinical practice for nursing staff. We were also told that competency assessments had not been completed to check their practice was safe, for example the administration of people's medicines. This was important as at times agency nurses were the senior person on duty and therefore responsible for the care and treatment of people. We discussed this with the directors and manager who agreed to address this. The manager also spoke about the introduction of an induction for agency staff advising them of the layout of the building, fire procedures and care records.

The provider should ensure that staff working at the home are suitably qualified, competent and skilled to

carry out their duties safely and effectively. This meant there was a breach of Regulation 18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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. We were told and information showed that 20 applications had been made to the supervisory body (local authority). Some applications had yet to be authorised. Where these had been approved CQC had been notified, as required by law.

Information we looked at showed that capacity and consent had been considered when planning people's care. As much as possible people were involved and consulted with about their care and support. Where people were unable to consent to their care and treatment the principles of the MCA had been followed so that decisions were made in the persons 'best interest'. One person's relative said, "We've reviewed [relative] care plan today and signed off various things. They really do keep us informed."

We saw that information was available to guide staff in the MCA and DoLS procedures. Care staff we spoke with had some understanding of the MCA and DoLS procedures. We were told that training in these areas had also been provided and was renewed every three years. A review of training records showed that only 16 of the 30 staff had completed training in MCA and DoLS in 2015. We noted that this training was not offered to ancillary staff. This training is important and helps all staff understand that where a person lacks the mental capacity and is deprived of their liberty, they will need special protection to make sure that they are looked after properly, are kept safe and their rights are safeguarded. Updates of training were to be provided.

We looked at the care records for three people to see how their needs were assessed and planned for. Information included a pre-admission assessment completed by the home and information from the funding authority. This helped the service determine if they were able to meet the assessed needs of people. We were told that prospective new residents and their families were able to visit and look round the home to help them with their decision. One relative told us, "The move here has been pretty straightforward, and they've been great. They tell me everything warts and all."

We checked to see if people were provided with a choice of suitable and nutritious food and drink to ensure their health care needs were met. We looked at the kitchen, food stocks and spoke with the cook. Sufficient supplies of fresh, frozen, tinned and dried foods were available. Records were maintained with regards to kitchen cleaning records and temperature checks.

People we spoke with told us, "I've had a nice breakfast, small but enough for me", "Shame it's not lunchtime yet but it's good when you get it. We get good food here", "The food's very good actually and there's plenty of it. We always get a choice of two, but you can ask for something else if you don't want the ones on offer. Quite a few ask for different things", "There's probably too much food really, I'm putting

weight on", "We get three meals a day plus supper which is toast or cheese on toast and we can always ask for seconds. I always have a cooked breakfast of some description because I don't like cereal." One person's relative also told us, "The food's great, [relative] very well fed."

We saw four weekly menus were in place. The main meal was served at lunchtime whilst kitchen staff were on duty. People were offered two meal options however an alternative would be provided if people did not like or want the options available. We were told that people were asked the day before which meal they would like for the following day. As some of the people live with dementia they were not always able to remember what they had chosen. We were told this would be addressed with the kitchen staff.

Whilst people spoke positively about the food we found the tea time meal was limited with a selection of sandwiches and cake being offered each day with an additional hot option offered three days a week. We were told all food would be prepared prior to kitchen staff finishing at 3pm. The hot option would then be left in the hot trolley ready for care staff to serve at tea time. We noted there was no hot trolley available for the dementia unit. Whilst food was covered it was not kept warm. We were told that a trolley was to be purchased.

We observed the lunch time period on the dementia unit. Support was well organised, staff were seen to be patient spending time assisting people as well as offering lots of encouragement.

The care records we looked at showed that additional monitoring was completed where people were at risk of inadequate nutrition and hydration. We saw that action was taken, such as referral to their GP or speech and language therapist, if a risk was identified. The relative of one person said, "I've no concerns about the food and there's been no weight loss concerns with [relative]."

We saw that people had access to other healthcare professionals to help ensure their health care needs were met. Information we looked at showed that advice and support had been sought from people's GP, speech and language therapists, community psychiatric nurses, opticians and the continence team. One person's relative said, "The chiropodist and optician come in, [relative] is getting new glasses." This helped to ensure people changing needs were responded to so that their health and well-being was maintained.

People's records also showed that contact was maintained with people's relatives so that they were kept informed about their family member. This was confirmed by people's visitors. One person said, "They let me see [relatives] notes and always keep me informed. They've bent over backwards to settle him, they genuinely care here."

Ainsworth Nursing Home provides accommodation for up to 37 people. Accommodation is separated into two units; one providing general nursing and residential care and the second provides nursing care for people living with dementia. Aids and adaptation were provided throughout to assist people. All bedrooms are situated on the ground floor and are easily accessible. Some of the bedrooms we looked at had been personalised with belongings from home.

People we spoke with said, "I've got a nice room" and "I like my room, I can personalise it and I've got photographs and drawings in there, and I like my window open." People's relatives also commented; "The home and her room are always nice and clean", "[Relative] has a very nice room but smallish. It's kept very clean and neat and tidy", "We're very happy with the room, it's en-suite which is great as she goes to the toilet by herself" and "It's not the Ritz but you've got to be realistic. It's a tired old building but they try their best to make it as comfortable as possible." We were shown an improvement plan which identified work to be completed to improve some areas of the home. The provider also employed a maintenance person who

dealt with all general repairs and safety checks helping to ensure the property was adequately maintained.

Is the service caring?

Our findings

During this inspection we spent some time speaking with people who used the service, their visitors and staff. We also spent time observing how staff interacted and supported people in meeting their individual needs.

People told us, "I like it here; the staff are lovely", "I'm happy here" and "They [staff] know me and I trust them." People's relatives also spoke positively about the staff team, adding "The staff are so patient, caring and understanding", "The staff are all very friendly and go the extra mile", "The staff are brilliant and very supportive of my Mum who is still quite young. The majority are long standing staff and that continuity is good for my Mum", "The staff are very good, very nice and very helpful" and "The staff are really nice and work really hard".

We saw that people were able to move around the home freely and had access to their bedrooms when they wanted. Staff respected people's decision to spend their time in the privacy of their own room. One staff member said their role was "not to take their independence away but to help protect and support people in a safe way."

For those people not able to tell us about their experiences, we spent some time observing how they were spoken to and supported by staff. Interactions were seen to be kind and compassionate and people were treated with respect.

Staff referred to people by their first names or preferred names, which were detailed in their care records. Staff spoken with were knowledgeable about people's backgrounds, likes and dislikes, as well as their current individual needs and behaviours.

People had been helped, where necessary, to tend to their appearance. People were clean, tidy and appropriately dressed. The service had a designated laundry person who ensured people's clothing were regularly laundered. People's relatives said that their relative's clothes were looked after properly. Adding, "[Relative] name is in everything (clothing) with permanent marker" and "I'm quite impressed with the turn round from the laundry, it's great."

People were encouraged to maintain relationships with family and friends. Visitors said they were able to visit at any anytime and were always made welcome. One person told us, "I go out for a drink once a month as a special occasion with a friend."

We saw people's care records were stored in the main office or small office on the dementia care unit, which were kept locked when not occupied. Monitoring records and diary notes were kept in a filing cabinet in the main lounge and were easily accessible when needed. A staff handover was carried out at each shift change, providing an update for care staff on any changes in people's needs.

Is the service responsive?

Our findings

We looked at what opportunities were made available for people offering variety to their day. We spent time speaking with people and staff as well as and observing the daily routine.

People we spoke with told us, "I go on the trips out. I like the music, beach balls and beanbag activities. I'm not great at beading or any arts and crafts but I do like having a go at some of them", "I'm a bit of a sofa person and like watching the TV. Three of us in here tend to be in charge of the remote because we know how it works", "I like the Snooker, this is the Sports TV but apart from that I stay in my room a lot, I prefer it in there" and "I like going out but when I'm here, I would rather just stop in my room and they let me do that."

People's relatives felt activities for people could be improved. They told us, "[Relative] went to the Fusiliers Museum which he enjoyed and there is something else coming up, I can't remember what though, but I would like more to keep him occupied", "There's not a lot going on stimulation wise and [relative] doesn't want to engage with certain things really due to the age difference. [Relative] stays in their room reading books or knitting", "They have had Summer fairs outside", "[Staff name] takes [relative] out on odd days shopping as they love buying stuff and we take them out at weekends as well", "They've been to the Fusiliers Museum and Blackpool and there's another one planned to the Picture House to see Singing in the Rain" and "We were concerned about the quietness on this unit but it's in her care plan to get her more involved. [Relative] has her haircut and they paint her nails. They also have World War Two songs on and they sing and dance along to them." One staff member when asked about activities said, "These are improving."

The service had an activity worker who was employed for 25 hours per week. Individual activity records were completed to show how people had spent their time. It was acknowledged that some people preferred not to join the group activities, preferring to spend their time in their own rooms or watching television. A weekly programme of activities were offered which included arts and crafts, dancing, exercises and pancake making. There had also been a recent trip to the Fusiliers museum, which people had enjoyed and arrangements had been made for people to visit a dementia friendly cinema. One person we spoke with was pleased to show us some paintings they had done and said they enjoyed this session.

We saw a 'life story' book had been introduced. These had been completed by staff in discussion with people or by people's relatives where they were not able to recall information. These provided good information about the person's life, things that were important to them such as family and friends, their wishes and feelings as well as their hobbies and interests. This information is important and helps staff to engage with people in a more personalised way as well as introduce activities around people's individual hobbies and interests.

On the dementia unit we spent time observing how staff engaged with people. We saw staff patiently playing games and throughout the day spent time sitting and chatting with people.

In relation to people's religious needs we were told that regular visits from the local church did not take place. One of the people we spoke with said they continued to visit their church on a weekly basis as this

was important to them. None of the other people we spoke with expressed a wish to visit or be visited by the local church.

We recommend the service considers current good practice guidance in relation to the choice of activities offered to help promote the well-being of people including those living with dementia, helping to promote their involvement and enable them to retain their independence.

Care plans were sufficiently detailed and provided personalised information about the individual needs of people and how they wished to be supported. Information had been reviewed and kept up to date. Staff we spoke with had a good understanding of people's individual support needs.

The care records we looked at contained detailed information to guide staff on what support people needed and how they wished to be cared for. Monthly reviews were completed to ensure information was accurate and up to date about the current and changing needs of people. We noted that the care plan for a person who was very poorly did not reflect recent changes. We were told that this had been a recent change and that records were to be reviewed so that information reflected the care and support now being provided.

We looked at how people were cared for when at the end of their life. A review of training records showed that some staff had completed training in 'end of life care'. One staff member we spoke with said that it was important for people to die with dignity. They said staff had stayed with this person when family were not present so they were not left alone. Arrangements were also made for family to stay at the home should they wish to.

Care records showed that people's wishes and feelings had been sought about when they were at the end of their life. Formal arrangements for 'Do Not Attempt Cardiopulmonary Resuscitation' (DNACPR) were also in place. The purpose of a DNACPR decision is to provide immediate guidance to those present (mostly healthcare professionals) on the best action to take (or not take) should the person suffer cardiac arrest or die suddenly.

During this inspection we looked at how the provider handled complaints and concerns brought to their attention. None of the people interviewed knew about the complaints procedure, however, they all stated that they would not hesitate to bring any concerns to the management's notice. We recommend the provider informs people of the procedure in place so they understand how their concerns will be dealt with.

We saw a copy of the homes complaints procedure was made available to each person in the home's Statement of Purpose placed in each bedroom. Since the last inspection there had been three issues raised. Records showed that a prompt response was made and action taken where necessary.

Is the service well-led?

Our findings

At our last inspection in December 2016 there was a registered manager in post. Since then there have been two further appointments. The outgoing registered manager left post in the New Year. The provider had taken prompt action to appoint to this position. At the time of this inspection the manager had only been in post one day. The manager was aware that application to register would need to be made without delay.

We asked people and their visitors for their views about the management and conduct of the service. People's relative said, "We've got no grumbles about how it's run" and "Management very helpful. They've always kept us well-informed".

Whilst no breaches of the regulations were found at our last inspection the provider was asked to improve support systems for staff and checks to monitor and review the service needed embedding. Previous checks showed that accidents and incidents, complaints, appointments of staff, hospital admissions, safeguarding, infection control, pressure care and any weight loss were monitored. Checks to staff files and care plans were also being introduced. Where improvements were needed an action plan was put in place along with the name of the person responsible for completing the work.

During this inspection we found these checks had not been maintained and embedded as part of the provider's quality monitoring and review process. New audit sheets had been implemented however records seen were vague and did not clearly detail the areas checked. For example; the medication audit referred to administration records being checked. There was no information about the treatment room, stock management or temperature checks. We also noted that the majority of audits completed in February 2018, including medication, environment, infection control, kitchen, mealtimes, staff meetings and pressure care had been completed on the same day. This practice does not demonstrate thorough and meaningful checks had been completed to help identify the issues found during this inspection, areas of development needed and the action taken to demonstrate continuous improvement of the service.

The provider had also developed a business plan for 2018-2019. This detailed basic information about training, refurbishment and stakeholder feedback. Information did not explore other factors such as staff recruitment and retention and the development of clinical skills.

Systems to effectively monitor, review and improve the quality of service needed improving to help ensure people were protected from the risks of unsafe or inappropriate care and support. This was a breach of Regulation 17(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

We saw that opportunities were provided by the service for people and their relatives to comments about their experiences. We saw the results of surveys recently distributed had been collated in January 2018. Information was positive about the care and support provided however people felt more staff were needed at times. We had been made aware that further recruitment was taking place. People's comments included; "Staff generally have a very caring nature, patient and happy", "Staff are kind, patient, hard-working and genuinely care" and "My mum is in excellent hands!"

Staff were also provided with the opportunity to comment on their experiences. Overall these were positive. Issues raised by staff related to management and communication; these had now been resolved. Staff spoken with said they had yet to be introduced to the new manager. However said they were 'excited' about the appointment as staff needed clear leadership and support. Staff said the directors were "approachable" and "really lovely." One staff member said they, "Enjoyed their work and felt the home had lots of potential." Another staff member who was new said, "The unit is run well, can be challenging" and "It's a nice home, I'm learning different things."

We saw that policies and procedures were in place to direct staff in areas of their work. These included safeguarding, whistleblowing, MCA and DoLS, recruitment and infection control. A copy of the homes Statement of Purpose had been reviewed and updated. A copy had been placed in each of the bedrooms. This document informed people of what they can expect whilst living at Ainsworth Nursing Home.

Before the inspection we contacted the local authority commissioning team, the Clinical Commissioning group (CCG) and Healthwatch to seek their views about the service. Feedback received around staffing and mealtime arrangements were considered as part of this inspection.

We also reviewed our records and saw that events such as accidents or incidents, which CQC should be made aware of, had been notified to us. A copy of the last inspection report and the rating were also displayed in the reception area and accessible to people and their visitors.

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 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The management and administration of people's prescribed medicines was not safe. Regulation 12(2)(g) Assessments and management of the environment was needed so that potential risks to people were minimised. Regulation 12 (2)(d)
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	Systems to effectively monitor, review and improve the quality of service needed improving to help ensure people were protected from the risks of unsafe or inappropriate care and support. Regulation 17(2)(a)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed
Treatment of disease, disorder or injury	Robust recruitment procedures are needed to help ensure only those staff with the necessary skills and abilities are employed to work at the home. Regulation 19
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider should ensure that staff working

Treatment of disease, disorder or injury

at the home are suitably qualified, competent and skilled to carry out their duties safely and effectively. Regulation 18