

Four Seasons (JB) Limited Park House

Inspection report

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Prenton
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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?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Park House is a residential care home providing nursing and personal care to 54 people living with dementia and age-related care conditions at the time of the inspection. The service is registered to support up to 111 people, however recent changes mean care was only provided across two of the five separate units, each of which has separate adapted facilities.

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

At this inspection, we found that improvements were still needed regarding medication administration as well as reporting and recording with regards to people's care and well-being. As these issues were highlighted in the last three inspection reports, there were still significant concerns about safety and the poor governance of the service.

Feedback we received from people, their relatives and staff indicated that improvements continued to be made to the service being provided and the management of the home. We were told that the culture and atmosphere in the home had improved and this was observed by inspectors throughout the inspection.

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

Staff were recruited safely and received regular training, received supervisions, attended staff meetings and had regular practice checks. Staffing had improved and agency staff usage had reduced. However, feedback received from people and their relatives indicated staffing was still inconsistent and people did not always know the carers.

Complaints, accidents and incidents were managed appropriately, and referrals were made to other professionals in a timely manner when people living in the home were in need. Each person and visitor we spoke with had no complaints and commented on the improvements to the home.

People had care plans and risk assessments in place that gave guidance on how people were to be supported, however these were mainly task orientated and not person centred.

Rating at last inspection:

The last rating for this service was inadequate (published 11 December 2019). The service is now rated requires improvement. This service has been rated inadequate for the last three consecutive inspections. At this inspection enough improvement had not been sustained and the provider was still in breach of regulations.

Why we inspected

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

Enforcement

We have identified breaches in relation to medication management and governance.

Please see the action we have told the provider to take at the end of this report.

Follow up

The overall rating for this service is 'Requires improvement'. However, the service remains in 'special measures'. We do this when services have been rated as 'Inadequate' in any Key Question over two consecutive comprehensive inspections. The 'Inadequate' rating does not need to be in the same question at each of these inspections for us to place services 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, 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 always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service 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 ●

Park House

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.

Inspection team

This inspection was carried out by one inspector, one medicines inspector, one assistant inspector, one nurse specialist advisor and one 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

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

The service had a manager who was going through the process of becoming registered with the Care Quality Commission. 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We also sought feedback from Healthwatch Wirral. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information

helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and five relatives about their experience of the care provided. We spoke with eleven members of staff including the managing director, manager, nurses, senior care workers, care workers and the chef. We also spoke with a visiting GP. 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.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.



Is the service safe?

Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

At our last three inspections the provider had failed to manage medicines safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Records for adding thickening powder to drinks, for people who have difficulty swallowing, were not always completed. Therefore, we were not assured people's drinks were thickened which placed them at a risk of choking.
- The actual time a medicine was administered was not documented for time sensitive medicines,. This meant staff could not be assured that the four-hour time interval between paracetamol doses had been observed.
- Additional records to support staff with the administration of 'when required' medicines were not always in place. Therefore, staff would not be aware of when people needed 'when required' medicines.
- Information to support staff applying topical preparations was not in place. This meant we were not assured people's skin was cared for properly.
- Records for administration of medicines that are controlled drugs (medicines subject to extra control because of the risk of misuse) did not always meet the legal requirements.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate medicines were effectively managed. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Care staff did take appropriate actions to address concerns highlighted.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to manage risk safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Although there had been some improvements in the completion of monitoring information such as charts for nutrition and fluids, we identified records that were still incomplete. This meant there was a continued risk of information not being logged and available to staff.
- There were risk assessments in place for risks that may arise whilst supporting a person. However, these were not always specific for the person. For example, risk assessments and information for those people living with diabetes was clear in relation to minimum and maximum blood sugar levels, however, instructions were not clear when identifying the point staff should consider a hypo/hyper episode.
- Although there was evidence to show input from diabetes nurses and specialist podiatrist and chiropody, there was no evidence to support ongoing recording in relation to care of feet.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate risks were safely managed. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Equipment and utilities of the home were checked regularly to ensure they remained safe for use.
- Each person now had a Personal Emergency Evacuation Plan (PEEP) in place. This informed staff of the safest way to evacuate a person from the building in an emergency. These matched the risk assessments that had been carried out.

Systems and processes to safeguard people from the risk of abuse

- We saw that safeguarding referrals had been appropriately made by the manager and the provider had safeguarding policies in place for staff guidance.
- Staff had received safeguarding training and were able to discuss any actions they would take if people were unsafe.
- Each person we spoke to told us that they felt safe and relatives we spoke with told us that they felt their loved ones were safe.

Staffing and recruitment

- Staff were continued to be recruited safely with appropriate checks being undertaken before they started employment. Staff previous conduct had been risk assessed if appropriate.
- There was no evidence that a risk assessment for staff health needs had been carried. This was immediately brought to the managers attention who assured us that this would be actioned.
- The manager and provider had been able to reduce the use of agency staff by 50% meaning continuity of care for people living in the home was improving. However, feedback received from people and their relatives indicated that there were still staffing issues. One relative told us "They're sometimes a bit short." Another told us that they believed additional staff were needed when people needed support with eating.

Preventing and controlling infection

- The environment was visibly clean and free from any unpleasant odours. There was a clear system in place for the maintenance of cleanliness and hygiene in private and communal spaces.
- Staff had completed appropriate training and were aware of the need to control the potential spread of infection.

Learning lessons when things go wrong

- The manager continued to use the improved electronic system to audit accident and incidents to identify trends. This had improved in effectiveness with staff training.
- We saw how lessons continued to be learnt through any errors that had been identified. Issues we found

during the inspection were immediately acted on and used as a learning process.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Best interest processes were decision specific however, the providers policy in regard to consultation had not been always been followed. We also identified a small number of incomplete mental capacity assessments, others had been fully completed containing good information.
- DoLS applications had been made appropriately. A system was in place to monitor authorisations and when they needed to be reapplied for.
- Staff obtained consent for people's care and support. Staff understood the principles, of the MCA and people were supported wherever possible to make their own decisions.

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

- Each person had an assessment of their needs prior to them coming into the home. This ensured the provider and staff were able to safely and effectively need their needs.
- People's needs and choices about their care were reflected in their care plans for the most part.
- Policies promoted equality and diversity. People were treated fairly, and characteristics protected by law, such as sexuality and religion were considered.

Staff support: induction, training, skills and experience

- Staff received an induction in accordance with recognised standards for care staff. Staff also received regular training to improve their skills and knowledge.
- Attendance of training by staff had improved and compliance with the provider's training programme was

over 90%. Staff also attended additional training such as oral care.

- The manager had implemented a supervision and appraisal system, and nursing staff now received appropriate clinical supervision.

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

- We identified that the monitoring information in regard to people's fluid and nutrition intake was not always completed fully. This was brought to the managers attention who assured us that this would be actioned immediately.
- Where needed, people were supported with specific diets associated with their individual needs.
- There were smaller kitchen areas within the home that held juice dispensers, this allowed people and their visitors to access their own drinks if they wanted to.

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

- Staff were aware of people's individual healthcare needs and were able to explain how they met these needs through the provision of care, support and activities.
- Staff worked with healthcare professionals to ensure that people received the care they needed. We saw evidence in support files that GP's and other healthcare professionals maintained their involvement when people accessed the service at Park House.
- A visiting GP told us how communication had improved and staff were now very knowledgeable when they visited, and able to provide any information needed about the wellbeing of the people living in the home. We were told "Staff here are hot on safeguarding and will always let the GP know of problems."

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

- Improvements had been made to the home for the benefit of the people who were living with dementia. Staff had started a 'dementia café' for people living in the home and the community.
- Parts of the décor of the home had also been adapted for people who lived with dementia and constantly walk around the home. This included a supermarket, a tram, and there was a plan for an indoor garden.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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

- We observed that people were comfortable in the presence of the staff and it was obvious that the staff knew the people well. However, we identified aspects of the provision of care for people continued to need improvements.
- People's sensitive and confidential information was safely stored and protected in line with General Data Protection Regulation (GDPR) and staff had also received training.
- We received positive feedback from people and relative. Comments included "They're very kind and helpful," and, "Everyone's very kind, they're very good."

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

- We were unable to see evidence that people or their family, if appropriate, had been consulted or agreed with changing aspects of their care planning. There was some evidence to suggest this was initially, however there was no review of signatures or agreements.
- The manager and provider had held 'resident's and 'relatives' meetings. At these meetings, opinions were sought on aspects of the home, menus and activities. Relatives told us the meetings were useful, and helpful with issues followed up by the manager.
- We observed staff encourage people to make decisions during the inspection and respect their choices.

Respecting and promoting people's privacy, dignity and independence

- Staff were discreet with support that they provided by approaching people quietly and carefully when offering support. We also observed staff knocking on doors before entering.
- People and visitors we spoke with felt their privacy was respected at all times.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now remained the same. 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

- People's needs had been assessed and care plans developed to meet those needs. However, care plans lacked the 'how' to do things. They were not person centred, and did not always provide clear direction how to meet a person's needs. An example of this was oral care, care plans stated that this was needed, but not how to support a person with this.
- The manager and staff we spoke with knew the people they supported well, including their dietary needs and preferences and activities they preferred.
- During the inspection we observed staff using effective distraction techniques with people who became agitated. This calmed people and reduced a person's anxiety.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service was meeting the Accessible Information Standards as they assessed, recorded and shared information regarding people's communication needs. Examples included if a person needed hearing support of glasses.
- Documents were available in different formats for people. Menus had been recently introduced in a pictorial format. This enabled people to make clear choices.

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

- We saw people were encouraged to get involved in social activities and maintain effective relationships with their relatives. The provider employed an activities co-ordinator.
- The new 'dementia café' was popular with the people living in the home. The manager also planned to have a cinema room installed. This was partially completed at the time of inspection.
- We observed visitors freely moving around the home, being welcomed by staff and being able to access refreshments when needed.

Improving care quality in response to complaints or concerns

- The manager maintained a log of any complaints received, and records showed they were investigated and responded to appropriately. However, the actions taken were not always clear. The manager was able to evidence actions taken when asked during the inspection.

- People we spoke to and their relatives told us that they would not hesitate if they had any complaints and felt comfortable with raising any complaints. One relative told us that if they had any concerns or complaints that they would first mention them to the unit manager as they had a "Good relationship with them."

End of life care and support

- At the time of the inspection, nobody at the service was receiving end of life care. However, people's care plans documented peoples wishes if they wanted to discuss it.
- The registered manager told us how they would support people wishes and we were provided with the providers end of life policy.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as inadequate. At this inspection this key question has remained the same. 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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; Continuous learning and improving care

At our last three inspections the provider had failed to robustly manage the service which meant people had been at risk of receiving poor quality care. This was the third consecutive breach of Regulation 17 (Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The provider had employed a number of managers who had failed to commit to working at the home. There had also been significant changes in the senior leadership team. This had led to inconsistent management and people had continued to receive poor care.
- Although there was a new manager in post who had commenced their registration with CQC, the provider had consistently failed to ensure there had been a registered manager for a significant period of time which was a condition of the providers registration.
- The provider did have an audit system in place, however, this was ineffective in identifying the issues we highlighted during this inspection. We discussed this with the manager and provider as the issues should have been identified by the providers own systems to ensure people had not been placed at unnecessary risk.
- The provider and manager had developed an action plan to address the failings in the previous inspections, however some improvements were recent and needed to be embedded to demonstrate enough improvement had been made and sustained. Other issues still needed to be addressed.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate the quality of the service effectively managed. This placed people at risk of harm. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider and manager had been open and transparent with people, relatives and staff and had the

previous inspection ratings visible in the home.

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

- Feedback about the new manager from professionals, staff, relatives and people living in the home was very positive. We were told how there had been a change in the culture of the home; and staff now felt valued and listened to. One relative told us, "I think [manager's] very good, he interacts with everyone, he's very enthusiastic which rubs off on everyone." Another said, "The home is now going in the right direction, it's now getting structure."
- Staff told us "Staff are now happy and enjoy coming into work" and "Things are moving forwards now."
- We saw evidence of regular staff meetings and residents and relative's meetings that were taking place for people to engage with the changes and improvements being carried out in the home.