

# Athena Healthcare (Park Road) Limited

## Parklands Lodge

### Inspection report

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21 May 2019

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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?	Requires Improvement ●

# Summary of findings

## Overall summary

Parklands Lodge provides accommodation, personal care and support for up to 70 older people. There were 47 people accommodated at the time of the inspection.

People's experience of using this service:

Parklands Lodge has experienced management and staffing changes over the past three months. There was no registered manager in place at the time of the inspection. An interim manager was managing the service.

Some improvements have been made to the service during this period but there was a need for further improvements to be made. Systems of governance and oversight were still not robust enough to have identified the issues we found in relation to records supporting care.

The electronic care records that supported people's care were confusing, difficult to access and incomplete. The assessment and planning of people's care were not always individualised. Preferences and choices were not always considered and reflected within records and work was ongoing to improve the new electronic system.

There had been a lot of staff changes over the previous months. The home was not always staffed consistently. Staff could not always fully explain each person's care needs.

Records did not always evidence people's consent to care, and this needed clarifying. When people were unable to consent, the principles of the Mental Capacity Act 2005 were not always followed consistently.

There were systems in place to monitor medication so that people received their medicines safely. This was an improvement from the last inspection as aspects of medication safety had been a reoccurring issue. Some records with respect to the administration of thickening agents for people with swallowing difficulties needed improving; these were actioned at the time.

Arrangements were in place for checking the environment to ensure it was safe. We found the environment safe and well maintained.

The staff we spoke with described how they would recognise abuse and the action they would take to ensure actual or potential harm was reported.

Staff were safely recruited and received the training and support they needed to undertake their role.

People living in the home interacted freely and staff were seen to be caring and supportive.

We were given mixed feedback from the people we spoke with and their relatives. Most of the feedback was positive and evidenced people were being supported. There was some anxiety expressed about the

consistency of staffing.

There was a range of opportunities for people to engage in activities and follow their hobbies and interests.

We saw people's dietary needs were managed with reference to individual needs and choice.

More information is in the full report.

Rating at last inspection:

This service had previously been inspected in April 2018 and rated as Requires improvement. There had been two breaches of regulations with respect to medicines management and the management and governance of the service. The report was published on 30 May 2018.

Why we inspected:

This was a planned inspection based on the rating of the service at the last inspection. Before the inspection we had received some concerning information about medication administration, the management and governance of the service and staffing.

Following our inspection, the service continued to be rated as Requires improvement.

Enforcement:

We have identified breaches in relation to person-centred care, the need for consent, and good governance. Please see the action we have told the provider to take at the end of this report.

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.

Follow up:

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

## 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 always Well led.

Details are in our Well led findings below.

**Requires Improvement** ●

# Parklands Lodge

## Detailed findings

### Background to this inspection

#### The 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 checked 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.

#### Inspection team:

The inspection was undertaken by two adult social care inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type:

Parklands Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had an interim manager in place who was not registered with the Care Quality Commission. A registered manager 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 was an unannounced inspection which took place over two days on 20 and 21 May 2019.

#### What we did:

Our planning considered information the provider sent us since the last inspection. We also considered information about incidents the provider must notify us about, such as abuse or other concerns. We obtained information from the local authority commissioners and safeguarding team and other professionals who work with the service.

Prior to the inspection we received some concerns regarding safety of medicines and the ongoing

management and staffing of the home. We reviewed these on our inspection.

We assessed the Provider Information Return [PIR] which 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 used all this information to plan our inspection.

During the inspection, we spoke with eight people using the service and four family members to ask about their experience of care. We also spoke with the interim manager, the regional manager and 11 members of staff. We received feedback from two visiting professionals.

We looked at six people's care records and a selection of other records including medication records, quality monitoring records, training records, staff records, and records of checks carried out on the premises and equipment.

We completed checks of the premises and observed how staff cared for and supported people. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us to understand the experience of people who cannot talk with us.

# Is the service safe?

## Our findings

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

Some aspects of the service were not always safe. There was an increased risk that people could be harmed. Regulations may or may not have been met.

Staffing and Recruitment:

- There had been unsettled staffing leading up to and at the time of the inspection. The interim manager reported 22 staff had left the service over the previous three months including the previous registered manager. The provider told us that these had been necessary changes to make overall improvements to the service. The interim manager was in the process of recruiting new staff who needed to settle into the service.
- Enough numbers of suitably qualified and trained staff were deployed at the time of our inspection to meet people's needs, although agency staff were being utilised whilst recruitment of replacement staff took place. The scale of staff changes meant that people were not always supported by the same staff who they were familiar with and who had a good understanding of how to meet their needs. One visitor we spoke with said, "I feel it's safe here, but I still worry they are short staffed. I come every day and staffing varies." Another visitor said, "It's the best place [person] could ever be in but they have lost a lot of staff recently and it's a worry."
- The interim and regional manager understood that the degree of staff changes meant staff needed time and support to fully integrate into the service.
- The provider had a recruitment policy that they followed to help ensure staff were recruited appropriately and were safe to work with vulnerable people.

Using medicines safely:

- Medicines were managed safely by suitably trained staff. People got their medicines at the right time and the administration of medicines was regularly reviewed. This was an improvement from previous inspections and the regulations were now being met.
- Previous medication errors had prompted a full review and there had been changes with the medication systems, including a new supplying pharmacist.
- Records regarding the administration of thickening agents did not contain enough detail for staff to ensure consistent good practice. Records were updated during the inspection.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management:

- People receiving support and family members told us they felt the service was safe. People told us they enjoyed living at the home and felt supported by staff. One visitor told us, "Things have improved since the new [interim] manager has arrived, and I feel reassured now."
- Staff had received safeguarding training and had access to relevant information and guidance when required. Staff understood what was meant by abuse and they were confident about how to report safeguarding concerns.
- Individual risks to people and the environment had been assessed and were managed appropriately. Care

records provided information around identified risks for staff to keep people safe from avoidable harm. The records were not always clear; for example, duplicate records indicating different level of risk.

- There were regular checks made around environmental risk such as fire safety.

Preventing and controlling infection:

- Staff had received training around preventing and controlling infection and had access to relevant guidance and information. Routine cleaning was carried out and the home was seen to be clean and hygienic.

Learning lessons when things go wrong:

- The new interim manager had identified previous failings in the service and had made changes and developed new systems to maintain a safe service. This had included a reassessment of all people's care needs and the temporary closure of one unit so that staff could be better rationalised as necessary changes were made. This helped reduce any risk.
- The service kept a record of any incidents or accidents that occurred. Individual accident / incident records contained appropriate detail and a review of risk had been carried out. There were good management processes to identify any patterns or trends if incidents occurred.



## 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.

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People being supported who were subject to DoLS authorisations were being monitored through the services administration systems.
- Staff understood how some decisions were made in people's best interest if they lacked the capacity to fully understand or consent. People's individual care records did not always support best practice however. There was lack of detail and conflicting information was recorded in some instances which meant staff were not always sure of the legal status of people if they lacked capacity to consent to care. For example, lack of clarity around dates for a DoLS authorisation for one person and lack of clarity around the legal status of a relative to make decisions for one person (Lasting Power of Attorney).
- There was a good example of a person receiving care based on their best interest following good practice around assessment of their capacity which evidenced staff understanding of the principals involved. This was not consistent however and another person who required assessment of their capacity before carrying out a restrictive intervention had not been assessed in line with the principals of the MCA.

These findings are a breach of Regulation 11 of the Health and Social care Act (Regulated Activities) Regulations 2014 – Need for Consent.

Staff support: induction, training, skills and experience:

- Since commencing at Parklands Lodge the interim manager had identified poor practice by some nurses and care staff particularly around the completion of care records and some care practices. Most of the training courses were completed online and some staff found them confusing and difficult to follow. This was confirmed by staff we spoke with. Athena Healthcare had commissioned a new training provider to

deliver training across all their care homes including Parklands Lodge. All mandatory training would be face to face with workshops planned for specialist training such as dementia awareness. The following our feedback the interim manager advised the need for staff training to include the use of the electronic care records which would help address the issues we raised concerning this.

- There was planned induction training for new staff. The interim manager advised us that the new training providers will include the provision of the Care Certificate, which is the current best practice standards for staff induction.
- Staff had formal qualifications in care such as NVQ or Diploma qualifications to underpin their care practice. Staff felt supported in their role by the interim manager.
- People and family members told us they felt staff had the skills and knowledge to provide the right support. One person commented, "Staff are very supportive – top of their game."

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

- Care and support was not always planned, delivered and monitored in line with people's individual assessed needs. Some assessments and care records were not clear. For example, one person had risks assessed around swallowing difficulties but there was no detail around any follow up to this. Staff were able to provide some background which reassured us of the persons safety, but the care records did not support good monitoring.
- Assessments were obtained from health and social care professionals and used to help plan effective care for people although in some instance's records were not clear if there had been any follow up.
- There were examples of staff applying learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life. For example, developments of the care environment in line with good practice in dementia care.

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

- People and family members told us, and observations confirmed, that staff supported people when needed at meal times. Meal time was a very sociable occasion. We had varied comments regarding the food, but most people commented positively.

Supporting people to live healthier lives, access healthcare services and support:

- People received additional support from healthcare professionals and this was recorded within their care records. The interim manager and staff were aware of the processes they should follow if a person required support from any health care professionals.
- A visiting health care professional told us, "They are always organised and aware of when appointments are. It's a good home." Another health professional informed us that the changes in staffing had meant a less proactive service overall, but staff did liaise with and ask for appropriate support when needed.

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

- People told us the general environment of the home was pleasing, well maintained and comfortable. We saw all areas were well decorated and homely.
- There were adaptations to shared bathrooms and toilets for people with disabilities to make them easier to use. For example, walk in shower facilities.
- Work was ongoing on creating a more dementia friendly environment, these include pictures and artwork to help people reminisce, personalising bedroom doors, memory boxes, decorating walls and handrails in contrasting colours to assist residents in finding their way around the home.

# 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.

People did not always feel well-supported, cared for or treated with dignity and respect. Regulations may or may not have been met.

Respecting and promoting people's privacy, dignity and independence:

- Staff treated people with dignity and respect whilst providing care and support. We observed people being supported appropriately and staff were seen to ensure care was carried out at an appropriate pace.
- There were some inconsistencies. One relative told us that when they visited another person had wandered into their relatives' room and private space; this was ongoing as staff support had not always been consistent. We also saw some care records on one unit which were not safely stored to ensure confidentiality. This was fed back to the interim manager.

Ensuring people are well treated and supported; respecting equality and diversity:

- Staff understood, and supported people's communication needs and choices. Care records included information about people's life history, likes, dislikes and preferences. Some of this information was however not up to date. Some people's protected characteristics were not always highlighted in the care records, so staff knew how to provide support appropriate to their needs.
- People were treated with kindness and were positive about the caring attitudes of staff. All the feedback we received about the staff approach to care was positive. One person told us, "If I need them, staff respond and are very kind. Another resident said of the home, "Everything is well done. The staff are kind and caring. The care assistants do a tremendous job. They are kind and caring without exception."
- Staff interacted well with people and displayed positive and warm relationships with them. We observed staff had a good rapport with people and we could see in their daily interactions that they trusted staff. One person said, "You couldn't do better than this."

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

- People were supported to communicate their views and were involved in planning their activities and daily life. Regular monthly 'Resident of the day' reviews had been introduced by the interim manager to help ensure people had regular input and were canvassed about their care.
- People and family members were encouraged to share their views about the care they received with meetings and surveys.
- People and family members told us that there had been improvements and now they were confident in expressing their views about the care and support provided by staff and that staff responded positively.

# Is the service responsive?

## Our findings

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

People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- Care files lacked enough detail. They were inconsistent and contradictory. Care plans were clunky and not easy to follow. They were not person centred in that they did not always include full and easy to follow guidelines for staff regarding people's specific and diverse care needs. For example, for one person there was no reference to or personalisation and detail regarding an important part of their identity. Contradictory information included one person who had been recorded as having no hearing aids but in another part of the care record indicated there were hearing aids. In another example a person's choice of night time routine was out of date in that person's preferences had changed and the care plan had not been updated to reflect this in line with the providers policy.
- Care plans were not person centred but seemed task orientated and were described by one care staff as a "Tick box exercise".
- There were duplicate care plans in place for some people, which made it difficult to understand which one to follow. For example, more than one medical care plan for one person, and more than one care plan for a person with swallowing difficulties.

End of life care and support

- We reviewed one person's end of life care. It was unclear from the care documentation what support needs the person had and what their anticipated future needs were. The care plan was fragmented and contained different aspects of care under various headings; the 'End of life' care plan was poorly formulated. Staff were able to explain the current care and the person was receiving support from health care professionals, but this was also not included as part of the care plan.

These findings are a breach of Regulation 9 of the Health and Social care Act (Regulated Activities) Regulations 2014 – Person centred care.

- There was a strong commitment by the provider to keep people active and involved in daily activities. There were activity coordinators employed who were seen to be involved with people and providing shared activities. One visitor said that there was, "Such a variety of activities", for their relative to get involved in.

Improving care quality in response to complaints or concerns:

- People and family members knew how to provide feedback to the interim manager about their experiences of care; the service provided a range of ways to do this through care review meetings and regular surveys.
- Staff, people and family members were given information about how to make a complaint and were confident that any complaints they made would be listened to and acted upon in an open and transparent way. We were told by several relatives that this had improved. The regional manager was in the process of

dealing with some previous complaints and was responding appropriately to them.

# 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.

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

At our last inspection, published in May 2018, we rated this domain as requires improvement. This was because quality assurance arrangements set out by the registered provider were not robust in identifying areas that needed improvement such as medicines management.

On this inspection we found improvements with medication administration. However, recent changes to the management structure had meant that some of the systems in place were still not fully embedded to ensure effective overall improvement. This is the second successive inspection the provider has been in breach of this regulation.

Continuous learning and improving care:

- The service had checks in place but these were not sufficiently robust to have identified the shortfalls that were found during inspection in relation to the management of people's care records and promoting some aspects of individualised care.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good Governance.

- Staff felt more confident since the interim manager had been in place. They were confident they would be supported with any learning or development needs or wishes and described a culture of ongoing learning.
- The interim manager had links with external organisations to ensure they remained up to date with new procedures and information to ensure the care and support being provided was based on current evidence-based guidance, legislation, standards and best practice.
- The interim manager and team analysed information from accidents, incidents, complaints and concerns to drive improvement within the service.
- People and families were asked to complete surveys on an annual basis and we saw action was taken following feedback.
- Managers were receptive to feedback throughout the inspection and responded quickly to address some concerns and improve the service. However, the provider needs to offer more consistent reassurance as Parklands Lodge has not been rated 'Good' since its registration. Evidence of effective and sustained systems for oversight need to be demonstrated. We will review this at our next inspection.

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

- Managers and staff were clear about their roles, and understood quality performance, risks, regulatory

requirements and leadership and management. The previous registered manager had left the service two months previously and there was an interim manager in place. A new manager had been recruited but had not yet commenced duties and was not registered with The Care Quality Commission.

- People and family members were more confident in the leadership of the service over the past two months. One relative told us, "The manager is very approachable and listens to what we say. I'm more reassured things will continue to improve."
- Statutory notifications about accidents, incidents and safeguarding concerns were being sent to the CQC as required.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- The interim manager promoted a culture of person-centred care by engaging with everyone using the service and their family members. People and family members felt listened to and involved in the care provided.
- Current staff understood the service's vision and felt valued and supported by the new management team. They told us they felt valued and trusted by the interim manager. One staff commented, "I think we will get there now; there's been a lot of changes and I think we just need more time to settle."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:

- The service involved people and their families through regular reviews and conversations to allow them to put forward their views about the service. Staff were encouraged to share their views about the service through regular meetings.
- People and relatives generally knew who the interim manager was and said they were approachable.
- Staff told us, and we saw records to show they had regular team meetings. These were used as an opportunity to discuss a variety of issues.

Working in partnership with others:

- The interim manager was aware of the need to work closely with other agencies to ensure good outcomes for people. This included working with health and social care professionals as well as external agencies who supported best practice.

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 9 HSCA RA Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	Assessments and care planning did not always reflect peoples individual needs, diversity and choices.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent
Treatment of disease, disorder or injury	Peoples assessments and records did not support the principals of the MCA 2005.



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 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The service had checks in place but these were not sufficiently robust to have identified the shortfalls that were found during inspection in relation to the management of people's care records and promoting some aspects of individualised care.

### **The enforcement action we took:**

We issued a warning notice.