

# Four Seasons (JB) Limited Park House

## Inspection report

93 Park Road South  
Prenton  
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Tel: 01516521021

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Park House is a residential care home providing nursing and personal care to 39 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. Care is provided across two separate units, each of which has separate adapted facilities.

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

Feedback we received from staff, people and relatives was very positive in regard to improvements that had been made in the areas we inspected and to the management of the home. The provider and registered manager was aware the improvements needed to be sustained and had made significant progress. Improvements had been made to how medicines were managed, people's needs were monitored, and how the service was managed.

We observed care being delivered in the home and saw this was done with care and in a patient manner. People were comfortable in the presence of staff and had developed positive relationships with care staff. One person told us, "They do ask me if I'm happy and they ask what they can do for me. I can talk to the staff; they do listen to me." Relatives told us staff were kind and treated their relatives with dignity and respect. We were told, "They [the staff] give me peace of mind. They tell me nice stories about [person]."

Care plans and risk assessments reflected the needs of people. Medicines were managed safely and those staff who administered medication had had their competencies regularly checked. Staff attended meetings and said they felt well supported.

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 and systems in the service supported this practice. The policies and systems in the service now support this practice as consent was sought and recorded in line with the principles of the Mental Capacity Act 2005.

Accidents and incidents were managed appropriately, and referrals were made to other professionals in a timely way. The registered manager notified CQC of significant incidents when it was appropriate. Additionally, the provider and management team had a new auditing system in place that helped drive improvement and ensure quality service for people living in the home.

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

### Rating at last inspection and update:

The last rating for this service was requires improvement (published 26 March 2020) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations. The service remains rated requires improvement. This

service has been rated requires improvement for the last four consecutive inspections.

This service has been in Special Measures since 16 April 2019. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

This was a planned inspection based on the previous rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance the service can respond to coronavirus and other infection outbreaks effectively.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements. The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained the same. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Park House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. We will work with the local authority to monitor progress. If we receive any concerning information we may inspect sooner.

## 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 safe.

Details are in our safe findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by two inspectors, a medicines inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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 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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to

send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service and four relatives about their experience of the care provided. We spoke with four members of staff, registered manager and provider representatives.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision and training. 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 policies and protocols.

# 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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely; Learning lessons when things go wrong

At our last inspection 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.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

- Significant improvements in the safe management of medicines had been made since the last inspection.
- Records about medicines showed they were administered safely as prescribed.
- Creams, medicated patches and prescribed thickeners were all managed safely.
- Stock checks and balances showed all medicines were accounted for.
- Written personalised guidance was in place when people were prescribed medicines to be given 'when required' giving staff information to tell them when someone may need the medicine.
- However, when medicines were prescribed with a choice of dose there was no information about which dose to choose, this was an area for improvement.
- Two people ran out of medicines, but the manager and unit managers were aware of this and they provided evidence the issues were with the pharmacy and they were working to resolve this problem.

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.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

- People's risks were assessed and staff had guidance on how to meet their needs and keep them safe.
- People's daily records showed people received the care they needed.
- Regular health and safety checks of the environment had been completed. Service agreements and safety certificates were all in date.
- Each person 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.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- Safeguarding incidents were properly recorded and investigated and staff had received training in regard to safeguarding adults.
- People and their relatives we spoke with all said they felt safe and had no concerns. We were told, "I've not been concerned about [persons] safety at all. The staff are very good at caring for dad and so we have no complaints there" and "Oh yes, I'm safe here. The carers look after me and I get on well with them all. They always come into my room to make sure that I'm ok."

#### Staffing and recruitment

- Staff files we looked at held the appropriate information needed to ensure fit and proper persons were employed.
- All staff had had their criminal conviction checks in place.
- During the inspection we saw there was an appropriate number of staff on duty.
- Continuity of care for people living in the home had improved. The registered manager and provider had been able to completely stop the use of agency staff.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.



# 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 now improved to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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 four 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 fourth consecutive breach of Regulation 17 (Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17.

- The provider had previously employed a number of managers who had failed to commit to working at the home. Since the last inspection a registered manager was in place and a new manager was in the process of registering with CQC. The changes in the senior leadership team had stabilized and had contributed to the improvements in the home. However, these improvements needed to be sustained and the new manager to continue in their role.
- Since the last inspection the provider had implemented a new auditing system that was effective in identifying issues and driving improvement in the quality of the service.
- The provider and registered manager had worked closely with the local authority, utilizing action plans and improving the service in a collaborative way.
- The management team were open and transparent and engaged positively in the inspection process.
- There was a training and supervision process in place and the competency of staff members to administer medications safely had been checked.
- The registered manager had shared information with the CQC as required.
- The provider, current registered manager, incoming manager, and the staff we spoke with were clear with regards of what was expected of them within the home.
- Staff we spoke with were very positive about the improvements and changes that had occurred and told us how committed they were to continuing the improvements.

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

characteristics; Working in partnership with others

- Staff meetings took place regularly to share information and learning with the staff team.
- Referrals to other health and social care professionals were made in a timely manner when people needed additional support. We received positive feedback from a GP about the care being delivered. We were told, "I feel they have responded well to the pandemic and been responsive to the needs of the patients, using technology where able to help and protect their residents."
- The majority of the feedback from relatives was very positive, comments included, "I ring three times a week. I have every faith in them; I think they're marvellous" and "If I have any concerns, I could just ring them (the home). I don't feel like I'm causing them a problem when I ring. They always seem to be happy to tell me what's going on. I do feel listened to."
- However, we also received the following comment, "There's no doubt in my mind the staff are caring. It's not about the care it's about the information that we're getting." This was discussed with the manager of the home who was able to show actions that had been taken to address this.