

Mark Jonathan Gilbert and Luke William Gilbert

Argyle Park Nursing Home

Inspection report

9 Park Road
Southport
Merseyside
PR9 9JB

Tel: 01704539001

Date of inspection visit:
23 September 2019
24 September 2019

Date of publication:
30 October 2019

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

About the service

Argyle Park Nursing Home is a residential care home providing personal and nursing care to 29 people at the time of the inspection. The service can support up to 31 people. The building is on three levels and is used to provide services to people with both long-term and short-term care needs.

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

Staffing levels were not always sufficient to provide safe, effective care and meet people's needs. The over reliance on staff that were not familiar with people's needs and preferences meant people's needs were not always met. Call bells were not always answered in a timely manner and people were left without observation while other tasks were completed.

Processes for monitoring and improving the quality and safety of care were not robust. Audit processes were extensive and subject to review by senior managers. However, this had not always resulted in improvements to safety and quality in a timely manner. The service provided evidence of development since the last inspection, and was committed to providing high-quality, person-centred care. However, the range of concerns identified during the inspection provided clear evidence further work is required to meet regulation.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. Staff were not consistently inducted and supported to an appropriate standard. People's needs and preferences for food and drinks were not always met. We made a recommendation regarding this.

People were not always cared for in accordance with their needs and preferences. We saw evidence people were not always treated with care and respect. Staff did not always support people in a timely manner to promote their privacy, dignity and independence. People's privacy was not always respected by staff. For example, throughout the inspection we saw staff entering people's rooms without knocking or checking if they were there. We made a recommendation regarding this.

Records did not always contain enough detail to instruct staff how to deliver personalised care. In some cases records had not been completed as required. We made a recommendation regarding this.

The service met the requirements of the AIS. Information was available in a range of formats to help people understand. People were encouraged to maintain relationships and take part in activities. However, people told us activities did not always take place as planned.

Medicines were managed safely by appropriately trained staff. Incidents and accidents were recorded in sufficient detail and subject to analysis to identify patterns or trends.

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

Rating at last inspection

The last rating for this service was Good (published 22 June 2017).

The inspection was prompted in part due to concerns received about the management of pressure wounds and issues relating to staffing levels. A decision was made for us to inspect and examine those risks. We found no concerns relating to the management of pressure wounds. Information relating to staffing levels is contained in the full report.

We have found evidence that the provider needs to make improvements. Please see the Safe and Well-led sections of this full report.

Enforcement

We have identified breaches in relation to staffing levels, the quality and responsiveness of care and the management of the service. Please see the action we have told the provider to take at the end of this report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the 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.

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 ●

Argyle Park Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team included an 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

Argyle Park 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.

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. The registered manager was not available on either day of the inspection but was given the opportunity to provide information and evidence of compliance with regulation on their return.

Notice of inspection

The first day of this inspection took place on 23 September 2019 and was unannounced. The second day of the inspection was announced and took place on 24 September 2019.

What we did before 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 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 seven people who used the service and seven relatives about their experience of the care provided. We spoke with nine members of staff including three clinical leads (nurses), four care staff, the quality manager and the regional manager. We also spoke with a representative of the provider. We observed the delivery of care and interactions with staff and completed a SOFI (short observational framework for inspections).

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at two 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 and confirm what action was proposed to reduce the level of risk. We looked at supervision data and quality assurance records. We spoke with two people who contacted us because they were unavailable to comment during the inspection.

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 Good. At this inspection this key question has now deteriorated 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.

Staffing and recruitment

- Staffing levels were not always sufficient to provide safe, effective care and meet people's needs in a timely manner.
- The service used a high proportion of agency staff and regularly deployed staff from other services run by the provider. There were a number of recent occasions when fewer staff were deployed than required by the provider's own assessment.
- On the first day of the inspection it was clear some staff were not familiar with their duties. This led to people waiting for care and being left unsupervised for extended periods.
- People and their relatives expressed concern regarding staffing levels. Comments included; "There are times when there are no staff in the lounge," "People are told they have to wait to go to the toilet if it's tea-time," "They have staff that don't know the residents" and "This weekend was horrendous. They were three staff down and [relative] was in bed until 12:30 on Sunday."
- Staff were recruited safely and appropriate checks were completed. However, one staff file did not contain their full employment history as required.
- We discussed our concerns with senior staff who acknowledged the service had experienced difficulties in recruiting and retaining staff.

Systems for recruiting, inducting and deploying staff were ineffective. This placed people at avoidable risk of harm. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- Medicines were managed safely by appropriately trained staff.
- Medicines were stored in accordance with best-practice and records of administration maintained.
- During the course of the inspection we identified minor errors relating to stock levels and a missed signature. Each issue was addressed before the inspection was completed.

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

- Personal and environmental risk was assessed, and appropriate measures were in place to keep people safe.
- Risk in relation to health conditions and behaviours was recorded and subject to regular review.
- Incidents and accidents were recorded in sufficient detail and subject to analysis to identify patterns or trends.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us the service was safe and they had no concerns in this regard. However, some people reported, and we observed, significant delays in responding to call bells. This placed people at avoidable risk of harm.
- Staff had received training in adult safeguarding and understood their responsibility to report abuse or neglect.
- Safeguarding referrals to the local authority had been made appropriately and adequate records were maintained.

Preventing and controlling infection

- Staff had received training around preventing and controlling infection and had access to relevant guidance and information.
- Personal protective equipment was available throughout the service for staff to use when providing personal care.
- Routine cleaning was carried out and the service was seen to be clean and hygienic.

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 Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff were not consistently inducted and supported to an appropriate standard.
- Training had been completed in accordance with the provider's schedule. However, staff who were new to the service did not always receive a suitable induction into the service which meant they did not have some essential information. For example, information regarding people's routines and preferences.
- The frequency of formal supervision was variable. Some staff had been working in the service for an extended period without receiving formal supervision. This meant there were limited opportunities to support staff and improve practice.

Failing to adequately induct and support staff placed people at avoidable risk of harm. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People's needs and preferences for food and drinks were not always met.
- We received mixed feedback regarding the choice and quality of food available. One person explained their specific dietary needs were not consistently met because suitable alternatives were not always offered. Other people told us they were happy with the choice of food.
- Some daily records did not reflect a safe intake of fluids. This placed vulnerable people at risk of dehydration.
- The menus in use on the first day of the inspection were typed. This meant some people could not understand what options were available to them. Pictorial menus were found and put to use on day two.

We recommend the service reviews the provision of food and drinks to ensure that people are given an adequate choice of healthy alternatives.

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.

- Applications had been made to the local authority where people's liberty was restricted.
- Staff understood the principles of the MCA and acted accordingly. We saw that people were asked to provide consent before staff provided care.

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

- People's needs were assessed and reflected in care records.
- Some care records did not contain sufficient detail to fully inform staff of people's needs and preferences. This had been identified by the provider and was in the process of being addressed.
- Staff were aware of the relevant standards and guidance relating to their roles and responsibilities.

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

- The service worked effectively with other agencies to provide care.
- We saw evidence referrals to external healthcare professionals were made in a timely manner.
- Records of professional visits were maintained and important information discussed at staff handovers.

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

- The service was adapted to meet the needs of people living there.
- Corridors were wide and well-lit. Handrails were provided throughout the building and specialist equipment was available to support people who needed assistance with personal care.

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

- People were not always cared for in accordance with their needs and preferences.
- Most people expressed their satisfaction with the way staff provided care and spoke positively about them. Comments included, "I love the staff" and "The staff try very hard." However, we saw evidence people were not always treated with care and respect. For example, people reported being left in bed longer than they wished because there were not enough staff to assist them.
- Other people we spoke with reported delays when they required support with personal care. Relatives we spoke with confirmed care was often delayed. We reported on the same issue following our last inspection.
- Staff told us they tried to avoid providing personal care around meal times.
- People's privacy was not always respected by staff. Throughout the inspection we saw staff entering people's rooms without knocking or checking if they were there.

We recommend the provide implements a robust system for monitoring staff response times to ensure people's needs are met in a timely manner.

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

- People and their relatives were not always supported to express their views and be involved in decisions about care.
- Staff took time to speak with people and discuss options before providing care or activities. However, we saw staff did not do this consistently at the busiest times of the day.
- People and their relatives attended meetings to discuss the service, proposed changes and improvements. People said they could also approach a member of staff or a manager at any other time if they needed to.

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 Good. At this inspection this key question has deteriorated to Requires Improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Records did not always contain enough detail to instruct staff how to deliver personalised care.
- Other records did not contain care plans to guide staff in the completion of their duties. For example, one care record did not contain a care plan for a specific healthcare need. We discussed this with senior managers and a care plan was produced before the end of the inspection. The provider had identified concerns with the quality and completeness of some care records and was already addressing the issue at the time of the inspection.
- Important records in relation to people's daily care needs were kept in people's rooms. In some cases records had not been completed as required. For example, we saw a gap of three days in one person's daily records.

We recommend the provider completes a thorough review of all care records to ensure they are complete and person-centred.

- We also saw some positive examples of personalised information in care records. For example, two care records contained detailed information on people's histories, likes and dislikes.

Improving care quality in response to complaints or concerns

- The process for receiving and acting on complaints and concerns was not robust.
- The service had a complaint's procedure in place, but this had not been applied rigorously in all cases.
- We were told by some relatives they had raised concerns and made complaints in the past. Most people said they received a satisfactory response. However, records indicated not all complaints shared with us had been formally processed.

We recommend the service reviews the procedure for receiving and acting on complaints to ensure that it is clear and accessible to people using the service and their families.

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 met the requirements of the AIS. Information was available in a range of formats to help people understand.

- We saw evidence of important information written in plain English and supported by images.
- Staff told us they knew people's preferred methods of communication which was recorded in most care records.

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

- People were encouraged to maintain relationships and take part in activities. However, people told us activities did not always take place as planned.
- People and their relatives spoke positively about the service's approach to visits. We saw that family visits took place throughout the day.
- People could choose to meet with family and friends in their rooms or communal areas.
- We received mixed comments regarding the activities available to people. One person said, "I would like something to do. There are very few activities."
- We spoke with staff who explained the activities coordinator was regularly diverted to providing care due to staff shortages.

End of life care and support

- People's end of life needs and wishes were considered as part of the care planning process.
- We saw evidence of people's end of life needs being recorded, but this was not present in all care records.
- We spoke with staff and were provided with examples where people's needs and preferences had been supported by the service in accordance with their religious and cultural needs.

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 Good. At this inspection this key question has deteriorated 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.

Argyle Park Nursing Home had a registered manager. The registered manager was not available during the two days of inspection but was given the opportunity to provide additional evidence and comments on their return to the service.

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

- Processes for monitoring and improving the quality and safety of care were not robust.
- Important information was missing from care records. Some concerns had been identified by the provider before the inspection and were in the process of being resolved.
- Audit processes were extensive and subject to review by senior managers. However, this had not always resulted in improvements to safety and quality in a timely manner. For example, concerns related to staffing had been apparent for a prolonged period.

Systems and processes were not adequate to ensure the relevant standards and regulations were consistently met. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The service provided evidence of development since the last inspection, and was committed to providing high-quality, person-centred care. However, the range of concerns identified during the inspection provided clear evidence further work is required to meet regulation.
- Throughout the inspection managers were open and responsive when concerns were identified. They demonstrated an understanding of person-centred care which was not always evident in records and people's experience of the care provided.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood its responsibilities in relation to the duty of candour. However, systems and processes did not always identify issues of concern.
- We saw examples where the provider had acted in accordance with regulatory requirements. Notifications to CQC and referrals to the local authority were completed as required.

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

- People and staff were engaged through invitations to regular meetings.
- We saw evidence these meetings had been used to share information and discuss areas of improvement.
- The service also issued regular surveys to gather people's views.

Working in partnership with others

- The service worked with commissioners from the local authority and the Clinical Commissioning Group to meet local need.
- Representatives of the provider were active members of local support and quality development groups.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes were not adequate to ensure the relevant standards and regulations were consistently met. Important information was missing from care records. Audit processes were extensive and subject to review by senior managers. However, this had not always resulted in improvements to safety and quality in a timely manner.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing Staffing levels were not always sufficient to provide safe, effective care and meet people's needs. Systems for recruiting, inducting and deploying staff were ineffective. This led to people waiting for care and being left unsupervised for extended periods. There were a number of recent occasions when fewer staff were available than required by the provider's own assessment.