

Community Health Services Limited

Paisley Court

Inspection report

38 Gemini Drive
Dovecot
Liverpool
Merseyside
L14 9LT

Tel: 01512300857

Website: www.paisleycourtliverpool.co.uk

Date of inspection visit:

13 October 2022

14 October 2022

17 October 2022

Date of publication:

22 November 2022

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Paisley Court is a residential care home providing personal and nursing care to up to 60 people. The service provides support to older people, a number of whom lived with dementia. At the time of our inspection there were 57 people using the service.

Paisley Court accommodates people across 4 separate 'suites' within a two storey building, each of which has adapted facilities.

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

Improvements were needed to ensure the service was properly maintained, clean and secure. Systems to monitor the quality of care within Paisley Court failed to always identify or demonstrate actions taken to make improvements which were needed around the cleanliness of the environment, care planning and monitoring of people's risks.

Further improvements were also needed to ensure aspects of medicines were safely managed. Records didn't always accurately reflect prescriber instructions regarding prescribed creams and thickening products in drinks.

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. However, we identified further development was needed around keeping MCA application procedures called the Deprivation of Liberty Safeguards (DoLS) current to reflect changing needs and also in relation to delivering best practice person centred care to people who live with dementia.

Appropriate checks on temporary (agency) and permanent members of staff were in place to ensure they were suitable for the role before working with people. Staffing levels were safely planned, which was determined by people's needs. There were some shortfalls in ancillary workers which the provider was planning to review; and further action was needed to ensure care staff were effectively deployed across the service to ensure people's needs could be promptly met at busy times of the day.

Although we found some improvements were needed, we did observe positive and caring interactions between staff and people living at Paisley Court. Staff demonstrated an understanding of people's preferences and people had access to appropriate healthcare services.

Staff told us they enjoyed working at Paisley Court and felt supported by the management team. Professionals who regularly visited the service spoke positively about the staff team and the registered manager took action to address the areas of improvement we identified in this inspection.

People were protected from the risk of abuse. Systems were in place to monitor and appropriately report

accidents and incidents to external agencies.

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 11 January 2018).

Why we inspected

We received concerns in relation to staffing levels and people's care needs. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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 that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Paisley Court on our website at www.cqc.org.uk.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to the cleanliness and security of the home and equipment which created a risk to people's safety as well as shortfalls in effective oversight at this inspection. Please see the action we have told the provider to take at the end of this report.

We have also made recommendations to the provider in relation to following best practice guidance when supporting people who live with dementia and staff deployment across the service.

Follow up

We will request an action plan from 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 continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Paisley Court

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 Health and Social Care Act 2008.

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

This inspection was carried out by three inspectors.

Service and service type

Paisley Court is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Paisley Court is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced on 2 of the 3 days we visited.

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 used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 4 people who used the service and 9 relatives about their experience of the care provided. We observed interactions between staff and people living at Paisley Court and spoke with a visiting professional.

We spoke with 23 members of staff including the registered manager, deputy manager, clinical lead, operational support manager, senior carers, carers, domestic staff, a member of the maintenance team and the head chef.

We reviewed a range of records. This included 11 people's care records and multiple medication records. We looked at 8 staff files in relation to recruitment and staff supervision. We also looked at a sample of temporary (agency) worker records in relation to suitability for the role and induction. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed 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.

Preventing and controlling infection

- Areas of the service were not sufficiently clean. A deep clean needed to be undertaken of kitchen and dining areas due to staining of worksurfaces and food debris in cupboards. One person used a specialist chair which was heavily ripped and damaged.
- Bathrooms were unclean, unhygienic and not always suitable for immediate use. On two occasions we alerted domestic staff when immediate cleaning was required to enable people to access the facilities. We also found a dirty shower chair, a broken drain cover in a walk-in shower room, plungers placed in the corners of some bathrooms and rusted bins being used without bin liners in place. People's toiletry products had also been left in bathrooms and were not secure.
- Other aspects of the environment also needed immediate attention. In a number of bathrooms, the flooring was coming away from its seals and some tiles were cracked. This meant dirt could accumulate. One sluice room and a kitchen area had missing or broken locks on doors and cupboards. A room used to store wound dressings and the maintenance room were not always locked. These issues created a risk people could access products which could cause harm to their physical health.
- There was a lack of storage in the service. Rooms which could be used by people to relax were used for storage of equipment and some bathrooms at times were inaccessible due to storage of manual handling equipment. On one occasion a bathroom had been left unlocked which created a risk of falls.
- We discussed our findings with the management team and domestic staff. Staff absence had led to a shortage in the number of ancillary staff on occasions to undertake regular deep cleans in the service or complete some of the routine cleaning tasks. Domestic staff told us their priority on these occasions was to ensure people's bedrooms were clean and free from hazards; which we found to be the case.

Systems were not robust enough to ensure the premises and equipment used were clean, secure and maintained to a high hygiene standard to mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The management and staff team responded immediately during the inspection to rectify the issues we raised. We also shared our findings with the provider who told us they planned to undertake a full review of the property and review the staffing levels of ancillary staff. There was some redecoration of the service underway during our inspection.

- The provider was enabling visiting in line with government guidelines. One family member commented, "I

can visit anytime."

Using medicines safely; Assessing risk, safety monitoring and management

- People did not always receive care and treatment in a safe manner. People were prescribed creams to reduce the risk of poor skin integrity and developing pressure wounds. Administration records were poorly completed. This meant we were not assured people were receiving all their medicines as prescribed.
- One person was prescribed a thickening product which was to be added to fluids to reduce the risk of choking. Administration records were inconsistent and did not always confirm whether thickener had been added.
- In one medicine's storage room, the medicines trolley was not fully secured to the wall when not in use.
- People needed to have their fluid intake recorded to reduce the risk of dehydration. Fluid intake was often not being totalled at the end of the day. This meant we were not assured there was sufficient clinical oversight of a person's risks by the nursing team.
- In some cases, risk assessments were either not individualised or failed to demonstrate how risks were being safely managed. For example, one person's risk assessment described how they may present when experiencing distress. This contained general statements and was not focused on the person. The care plan of another person at risk of self-neglect due to a refusal of care and medical treatment lacked sufficient detail to identify the point to which external agencies should be contacted for support and advice.

Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us they were aware of improvements needed in the quality and detail of some care plans and had already allocated this review to a senior member of the care team. They also described the current process for monitoring the completion of care records and told us they would be strengthening these processes to improve oversight by the nursing team.

- All other aspects of medication were found to be managed safely. Accurate records were maintained. Medicines were only administered by staff who were suitably trained.
- Other systems to assess, manage and mitigate risks were safe. For all other aspects of care, appropriate risk assessments and care plans had been developed. Routine checks on the environment and equipment were up to date and certificates supported this.

Staffing and recruitment

- Staff were safely recruited. Appropriate checks had been made before being offered employment. This included checks on temporary (agency) workers.
- We received mixed feedback about the staffing levels at Paisley Court and we observed short periods when people did not have staff support at all times in the communal areas of the home. Comments from family members included, "There seems to be enough staff, always someone around." However, we were also told, "[Name] waits a while to get changed on occasions, takes time." Some staff members told us they felt additional numbers would be beneficial around busy times of the day such as the morning and when assisting people to bed. We were told, "I don't think staffing levels are too good. It looks a lot because of all the [people who receive 1-1 care]" and, "Sometimes short staffed but on other days we are overstaffed. It's how the rota works."
- We reviewed rotas and compared staffing levels to the latest dependency tool. A dependency tool is used by providers to identify safe levels of staffing within a care home based on people's needs. We found on

most days the staffing levels had been maintained, unless impacted by short term sickness.

- We shared the feedback we received and our observations with the management team. There was an ongoing recruitment drive at Paisley Court and the provider aimed to over recruit to ensure safe staffing levels could be maintained.

We recommend the registered manager reviews current arrangements to deploy staff effectively across the service.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- In some cases, people's care needs had changed where an application through DoLS was waiting to be authorised. These changes were not always reflected in the most up to date DoLS application. We discussed this with the registered manager who took immediate action to address this and update all appropriate records.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were protected from the risk of abuse; policies and procedures supported this. Staff had completed training and knew how and when to raise concerns.
- People spoke positively about the care provided. Family member comments included, "I am made up [Name] is here. [Name] has lots of people visiting. We all share the same view about the care" and, "[Name] is safe. We know that. I'm more like myself. Now I know [Name] is safe."
- Provider records demonstrated referrals had been made to the local authority safeguarding team and appropriate investigations to any allegations raised were completed.
- Systems were in place to record accidents and incidents. They were reviewed regularly by the registered manager to look for any trends, review care plans and identify whether future incidents could be prevented.

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 our last inspection we rated this key question good. At this inspection the rating has changed 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.

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

- Audits and regular checks to review the quality of care being delivered were not always effective or sufficiently robust. Checks made by the management team had not always identified the areas for improvement we found during this inspection.
- A provider 'mock inspection' undertaken in March 2022 had identified many of the issues at this inspection; however, there was a lack of progress against agreed actions to demonstrate a commitment to continuous improvement. For example, the provider had identified improvements were needed in the completion and oversight of care planning and care monitoring, repairs needed to specialist seating and environmental improvements. The provider had also identified, staff not always wearing facemasks correctly and in line with national guidance. We also made this observation during our inspection.

Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager understood their responsibility for notifying the Care Quality Commission of events that occurred within the service and under duty of candour.
- The rating from the last inspection was displayed in the main reception area and on the provider's website.

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

- Throughout our inspection we observed a number of areas were locked and inaccessible to people. These included communal bathrooms and bedroom doors. We discussed this with the management team and were told this was due to people accessing other people's bedrooms and the risk of personal belongings being damaged or misplaced. There was a blanket approach taken to this risk and it was not based on individual support needs of people currently living at Paisley Court.
- There was also a lack of direction signage evident to support people who lived with dementia to orientate around their home environment.

We recommend the provider consider current best practice guidance available to make environmental improvements which assist people who live with dementia in a person centred way.

- Although we have made this recommendation, people living at Paisley Court told us they were happy. Family members also spoke positively about the service and the care people received. One family member said the staff were, "Worth their weight in gold." We observed people supported by staff who knew them well.

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

- The registered provider sought the views of others through questionnaires. Records were maintained of any complaints made and actions taken.
- Regular meetings were also held with family members within the service to gather their views, share information and plan events. One family member told us they had a, "Great connection with the staff and management."
- Staff confirmed they had supervisions and told us they enjoyed working at Paisley Court. One staff member said, "We have a lovely team. Always laughing and smiling." Team meetings took place, but these were held for senior team members and not care staff. We discussed this with the registered manager who told us they were planning to arrange team meetings in the coming weeks. Although team meetings had been limited, staff told us, "The management are very supportive" and, "The door is always open."
- Information contained within care plans demonstrated the staff at Paisley Court worked in partnership with other agencies. We also observed external professionals visiting people during our inspection. One visiting professional told us, "The team are very engaging. It feels like all the staff have our patients interests at heart and know people well."

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
<p>Accommodation for persons who require nursing or personal care</p> <p>Treatment of disease, disorder or injury</p>	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>People who use services and others were not protected against the risks associated with unsafe or unsuitable premises because of a failure to ensure the environment and equipment was clean, secure and maintained to a high hygiene standard.</p> <p>People who use services were not protected against the risks associated with unsafe care because of a failure to ensure risks were adequately assessed and monitored.</p> <p>Regulation 12(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
<p>Accommodation for persons who require nursing or personal care</p> <p>Treatment of disease, disorder or injury</p>	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>People who use services were not protected against the risks associated with unsafe care because of a failure to ensure there was an effective system of governance which identified and demonstrated actions taken to address risks.</p> <p>Regulation 17 (1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

