

HC-One Oval Limited

Mersey Parks Care Home

Inspection report

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Liverpool
Merseyside
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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

About the service

Mersey Parks Care Home is a residential care and nursing home providing personal and nursing care to 109 people aged 65 and over at the time of the inspection. The service can support up to 120 people. The care home is set out across four single-floor units and one office block. Three units provided residential care for people, including those living with dementia. One unit provided general nursing care.

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

People's experience of using the service varied. Staffing had been planned but not always deployed effectively to ensure people's safety, dignity and person-centred care. Aspects of the service's record-keeping, person-centred planning and governance were not always robust. Many staff had worked at the service for a long time, felt they were overall well supported by line managers and worked together effectively as a team. However there had been a period of unsettlement with regards to the management of the service and changes. This, together with staffing level concerns, had contributed to an at times very low staff morale. An interim manager had recently started at the service to help provide stability, support staff engagement and drive outstanding improvements.

People using the service felt safe living at Mersey Park and together with their relatives overall spoke well of the staff team. Staff were knowledgeable about people's needs and spoke with dedication about their work. We identified however that person-centred knowledge at times needed to be shared better, to ensure people were safely, effectively and well cared for. We observed overall kind, respectful interactions between people. Activities were on offer and continued to be developed, to help involve, engage and stimulate people using the service.

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; however, we found at times the policies and systems in the service needed to be used more consistently to support this practice.

The provider had invested into a complete refurbishment of the service, to make it brighter and more inviting. Staff support through regular training and supervision had been addressed by the provider, with some improvements made. The service worked with a variety of other professionals to help promote people's health, wellbeing and positive outcomes.

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 requires improvement (published 9 October 2018). The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

This was a planned inspection based on the previous rating. We brought the inspection forward in part due to concerns we had received about people's safety, this included through notifications sent by the service. These concerns continued to be under investigation at the time of our visit and we have not reviewed or reflected details within this report.

Enforcement

We have identified breaches in relation to ensuring sufficient staff planning and deployment, as well as the effectiveness of governance systems and record-keeping at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider and meet with them 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.

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 ●

Mersey Parks Care 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 was carried out by three 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

Mersey Parks Care Home 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 did not have a manager registered with the Care Quality Commission. This means that the provider is 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 used all of this information to plan our inspection.

During the inspection-

We spoke with six people who used the service and six relatives about their experience of the care provided.

We spoke with 14 members of staff including the provider's area director, the interim manager, clinical services manager, senior unit staff, care workers, the activities coordinator and the chef. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included 12 people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including checks 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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

At the last inspection we recommended that the service review staffing numbers to ensure safe levels are maintained at all times. We found the provider had not made the necessary improvements.

- We observed incidents that compromised people's safety and dignity, during which there were no staff present to support people.
- Staff were concerned that there were not always enough of them to help people to get up or walk safely and we observed this.
- Staff's feedback about low staffing numbers, particularly in the afternoon and evenings, was consistent. Feedback from people and relatives was mixed, but overall noted that at times people had to wait for support and there was not always enough staff. Visiting health professionals commented on the service being "short staffed".
- When we observed lunch, we saw that people who needed assistance to eat had not been attended to for over 55 minutes after being seated for lunch.

The provider informed us staffing was in line with their dependency tool and although there were fewer residents, staffing numbers had remained the same since the last inspection. However, the above examples show that deployment of suitable staff numbers had not always been ensured. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider explained and assured us that staffing levels were determined in line with a nationally recognised model, after dependency levels of each resident had been assessed by the home manager and reviewed by the provider's quality team and senior managers.
- The service continued to rely on temporary agency staff. People and relatives commented that the quality of their care varied. Recruitment was ongoing and new staff had been employed using appropriate checks.

Assessing risk, safety monitoring and management

- Personalised information about people's health and safety risks was not always clear and consistent, for example around falls. We considered this as part of record-keeping issues.
- Some health and safety checks, as well as outstanding repairs, had not been completed for at times three months, while there was no permanent maintenance person. However, a supporting maintenance person was completing these now. We considered this as part of the service's governance.
- We saw other evidence that the service had assessed, monitored and reduced risks to people's health and

safety effectively.

Systems and processes to safeguard people from the risk of abuse

- Staff were aware of safeguarding responsibilities and had confidence in managers to address their concerns. However, managers were honest about the fact that staff had not always brought concerns to their attention quickly enough. This was being addressed.
- People felt safe overall living at Mersey Parks Care Home. One person said, "I feel safe because I have no worries of being alone. I can speak to anyone if I feel unsure of anything."

Using medicines safely

- Overall the service supported people with their medicines safely. People told us they got their medicines at the right time.
- We pointed out some smaller record-keeping issues and considered that some protocols for people's 'as required' medicines required more detail.

Preventing and controlling infection

- The service appeared clean and hygienic overall.
- On a couple of occasions, we noticed unpleasant odours, but domestic staff worked throughout the day to address this. We discussed some consideration for ensuring safe and quick waste disposal with staff and these were addressed immediately.

Learning lessons when things go wrong

- Incidents and accidents had been analysed. However, at times learning from these needed to lead to changes. For example, the analysis had shown that between 8.30pm and 7.30am, when there were fewer staff on shift, the amount of people's falls was double to those during the day.
- Staff reflected on incidents and managers carried out investigations to identify the underlying causes of significant events. We considered that at times reflection on incidents that could compromise people's dignity needed to be more robust, to prevent future reoccurrence.

Is the service effective?

Our findings

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

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

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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

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

- Mental capacity assessments had been completed and appropriate applications to the local authority had been made.
- The quality of mental capacity assessments varied. We saw good examples and a new format had been introduced to help with this. However, other examples showed that staff needed further support in their understanding of the MCA and decision-specific assessments.
- Further training in partnership with the local authority had been arranged to support this.
- Staff sought people's consent, however some information regarding this was not consistent or up to date in care plans. We considered this as part of record-keeping issues.

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

- People had a basic assessment of needs completed before moving into the service. Staff worked together with families and professionals to reassess and try to meet people's needs in the least restrictive way.
- Care plans and records to support people's behaviours that may challenge or compromise their dignity at times needed to be clearer to support proactive care by all staff.

Staff support: induction, training, skills and experience

At the last inspection we recommended that the service regularly reviewed the schedule of training and supervision to ensure staff are given sufficient support and guidance. The provider had made improvements to training completion and supervision frequency was improving.

- Most staff had attended at least one supervision in 2019. The interim manager assured us all staff would receive four supervisions within the year, in line with provider policy.
- Staff felt well supported overall, particularly by line managers. However, staff did not always feel listened to by senior managers and the provider regarding staffing concerns. Staff had raised these concerns with us at the last inspection, as reported.
- Training completion across the service had much improved and was overall good. Staff felt there was a good variety of training on offer but had mixed feelings about the mainly online-based learning.

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

- People had enough to eat and drink and staff supported people's meal choices in personalised ways. People and their relatives felt the food was fine overall and that alternatives were available if they did not like the main choices.
- Referrals had been made to professionals when there were concerns about people's weight. Staff gave some positive examples of supporting people to eat better in a person-centred way.
- Information about people's dietary or specialist nutritional needs had not always been clearly and consistently documented. We considered this as part of record-keeping issues.

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 with a variety of health professionals to promote people's health and wellbeing and we received some positive feedback about this.
- However, advice from external health professionals needed to be included in clearer, up to date care plans, to ensure effective communication.

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

- The provider had invested into a complete refurbishment of the communal parts of the service, to make them clean, bright and inviting. There were different sitting areas, including diner style settings that were part of the main lounge.
- Equipment was in place to make the service accessible for people. Signage to help make the service more dementia-friendly had been ordered.

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 good. At this inspection this key question has now deteriorated to requires improvement. 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

- When we visited, it was one person's birthday and staff on their unit were not aware of this. Kitchen staff had a list of birthdays and ensured they made a cake for people to have in the afternoon. We considered staff on the units needed to know about people's birthdays, so they could celebrate them and make people feel cared for.
- Relatives informed us of issues with the laundry and family members' items going missing. We also discussed some long outstanding repairs to people's wardrobes were needed to be completed to ensure a dignified living environment.
- We discussed some areas for improvement with managers regarding incidents or aspects of care that could compromise people's dignity. We observed that staff treated people with kindness and respect, in personalised ways.
- All of the people we spoke with said they liked the staff who looked after them and that they were caring and respectful. They spoke highly of all the staff. People's comments included, "Staff are generally kind and patient, I have a laugh with them" and "The staff are very kind and patient even with people who are very demanding. They never lose their patience and never shout."
- Relatives overall agreed with their praise of a dedicated staff team. Relatives' comments included, "Staff are very kind and caring and cannot do enough for my relative" and "The staff are very kind. You could not get better care and attention. I love them all."
- Staff we spoke with were clear that despite the pressures of their work, they cared very much about the people living at Mersey Parks. Staff spoke about people with consideration, knowledge and dedication. One staff member said, "We just want people to enjoy it here. We go home when we finish works, but this is their home and they deserve the best."
- People told us staff always respected their privacy. People's confidential records were stored securely in locked cupboards.

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

- Staff promoted people's choice-making. We saw examples of this being done in personalised ways.
- We saw examples of people and families being involved in care plan writing, such as life stories and there was evidence of their involvement in care plan reviews.
- Care plans noted the seeking of people's consent or that of their legal representatives. The service signposted to independent advocacy services when people needed them.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

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

At the last inspection we recommended that the service implement the new format of care plans and other care related documents, with speed. We found that the provider had made improvements with some areas still requiring further development.

- Care plans provided basic information about people, including their personal preferences and support needs. However, information was not always completed or consistent within people's care plans, which we considered as part of record-keeping issues.
- There were some positive examples of plans giving person-centred information about people, their background and what was important to them. However, this needed to be completed more consistently.
- Care staff did not always feel involved in care plan development but knew people very well. We found that not all verbally handed over knowledge was captured in people's care plans, for example around specific support needs. This meant care plans might not always provide readers, such as new or temporary staff, with important knowledge or rich detail about people's unique needs.
- Staff felt they did not always have enough time to spend with people and listen to them.

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.

At the last inspection we recommended the service review the provision of information to ensure that it meets the relevant standards. We discussed some further improvements needed for consideration at this inspection.

- Important information, such as the resident guide, was available on request in different formats, including braille.
- Communication care plans described how to support people's understanding in personalised ways and we observed this.
- We discussed the need to consider making some displayed information more accessible and easy to understand for people, such as menus. However, the service for example offered 'showcase meals' ready on plates, which can help people choose by how the food looks and smells.

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

- A variety of activities were on offer for people to get involved in. The service employed two activity coordinators who worked across the four units throughout the week.
- Individual and group outings had taken place, including to destinations people had asked for at residents' meetings.
- A uniquely designed magnetic board showing a map of Liverpool offered people the opportunity to reminisce with staff about important places around the city. A pub was available on-site for people to visit.

Improving care quality in response to complaints or concerns

- A complaints procedure was included in the residents' guide and information pack; people and their relatives knew how to make a complaint.
- Complaints had been recorded and responded to promptly. We saw that managers had been apologetic and identified actions to take as well as learning opportunities.

End of life care and support

- We saw some examples of care plans that detailed people's wishes for planning ahead, their needs and requests, as well as those of their family. However, these plans were completed to an inconsistent level throughout the service and needed to be developed.

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 requires improvement. At this inspection this key question has remained the same. 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

At the last inspection we recommended that the provider review its quality assurance and audit processes to ensure that they were sufficiently robust to identify concerns and drive improvement. We found the provider had not made all necessary improvements.

- We found that in the absence of a permanent maintenance person at the service, important health and safety checks had not been carried out for at times three months.
- Repair needs, such as for people's wardrobes, had been identified in April 2019, but not been completed. People's wardrobes were missing doors and one door was hanging from the wardrobe by its hinges.
- Although some improvements had been made regarding the recommendations from the last inspection, not all of them were met and the service overall had not improved.
- We found record-keeping issues in different parts of the service, relating to person-centred information. At times important information about people, including falls risk, nutritional risks and requirements or mental capacity, was not consistent or up to date. Care plan audits had not been implemented consistently or carried out effectively to identify this.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate the safety and quality of people's care and person-centred records were effectively managed. 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.

- A registered manager was not in post. The last registered manager had left the service in May 2019. A new manager had just been appointed when we visited. An experienced interim manager had been at the service for a few weeks and was working to achieve improvements.
- The interim manager had ensured there was a maintenance person to help, catch up on safety checks and carry out necessary repairs. Some immediate repair needs were addressed on the day of our visit. The interim manager had also ensured care plan audits had been reintroduced, to be completed more robustly. A variety of other checks and quality assurances were in place to help the service improve going forward.
- Ratings from our last inspection had been displayed and notifications about specific events sent in line with legal obligations.

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

- We heard examples of supporting people's equality and diversity, for example with regards to their religion, as well as associated dietary needs and observance of religious festivals.
- There were several couples living at Mersey Parks Care Home. The service had consulted with the individuals or, if appropriate, different stakeholders on respectful living arrangements to meet their needs.
- We received mixed feedback from staff regarding morale and at times this appeared very low. However, many staff had been at the service for a long time and praised the teamwork.
- We discussed with managers the need for effective and supportive communication with the team during periods of change and unsettlement.

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

- The provider completed an annual survey with people and their relatives. We saw that actions had been identified from this to improve the service. This included holding more 'residents meetings' and these had led to items being purchased or activities being arranged.
- Senior staff had daily flash meetings with service managers, to help support effective communication. Meetings took place for staff on their units, these addressed issues, but also praised staff for their hard work. Staff felt overall well supported by their unit managers and seniors.
- As there had been changes, not all of the people living at the service and relatives we spoke with knew who the manager was. People and relatives were invited to leave reviews on a national website. We saw the overall score for the service on the website was very good, although the last comments had been posted in January 2019.

Working in partnership with others

- We received positive comments from visiting health professionals regarding working together with the service.
- A social worker had based themselves on one of the units for a period of time and staff felt this had been very helpful.
- Relatives comments about the leadership of the service were mixed. People living at the service spoke particularly positively about the teamwork amongst the staff. One person told us, "All the staff seem to work well together and know what they are doing. They are always pleasant. I would recommend this home to anybody, no problem. It is like my home from home."

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 Governance and monitoring systems had not always been operated effectively to maintain people's safety and drive improvements. Information in people's person-centred records was not always consistent, accurate and up-to-date.
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 The provider had not always ensured the effective deployment of appropriate staffing levels to maintain people's safety, dignity and other fundamental care standards.