

Mr & Mrs K Banks

# Park Grove

## Inspection report

2-4 Liverpool Road North  
Burscough  
Ormskirk  
Lancashire  
L40 5TP

Tel: 01704893750

Date of inspection visit:  
18 November 2019  
22 November 2019

Date of publication:  
06 January 2020

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Park Grove is a residential care home providing personal and nursing care to 26 people aged 65 and over at the time of the inspection. The service can support up to 32 people in one adapted building.

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

There were processes in place to protect people from the risk of avoidable harm however, these were not always consistently used. Lessons learnt after an accident or incident were not consistently actioned or recorded. We could not be sure people always received their medicines as prescribed because medicine management practices were not consistently safe. Staff understood how to protect people from abuse or unfair treatment. Staff were not always recruited in a safe way. We made a recommendation about improving quality assurance of recruitment processes. Some staff told us staffing levels were insufficient to meet the needs of people who lived at the service however, the provider acted on our feedback and immediately increased staffing levels. We made a recommendation about gaining people's feedback to ensure staffing levels are sufficient.

People were not always supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible and in their best interests; however, the policies and systems in the service did not support this practice.

Staff had received theory-based training however, the provider had not checked their competency and understanding in relation to important subjects such as moving and handling and first aid. Staff told us they felt supported and listened to. People's physical, mental health and social needs were assessed and they were involved in the care planning process. People had access to a wide range of nutritious and good quality food.

People consistently told us they were supported in a kind and caring way. Staff had formed trusting relationships with people they supported.

Staff did not always update people's care plans as their needs changed with person-centred information. People told us staff supported them in a person-centred way and encouraged them to remain independent. Staff encouraged people to maintain relationships with their friends and family. At the time of the inspection the provider was in the process of recruiting an activity worker. Staff were responsive to people's requests. People had access to the complaints procedure and told us they felt confident to raise any concerns.

Since the last inspection quality assurance systems had improved however were inconsistently used and not always effective. The new manager had been in post for eight weeks and had already identified the shortfalls found at the inspection, they had an ongoing improvement plan. People and staff told us they felt confident in the management team and involved in decisions made about the service.

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 30 November 2018). The service remains rated requires improvement. This is the second time the service has consecutively been rated requires improvement. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made and the provider was still in breach of regulations.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Enforcement

We have identified breaches in relation to safe care and treatment, governance and consent at this inspection.

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?

**Requires Improvement** ●

The service was not always safe.

Details are in our safe findings below.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

Details are in our effective findings below.

### Is the service caring?

**Good** ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

**Requires Improvement** ●

The service was not always responsive.

Details are in our responsive findings below.

### Is the service well-led?

**Requires Improvement** ●

The service was not always well-led.

Details are in our well-Led findings below.

# Park Grove

## 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

This inspection was carried out by two inspectors.

#### Service and service type

Park Grove 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 in the process of registering 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. We informed the manager when we would return for day two of the inspection.

#### What we did before the inspection

Before the inspection, we reviewed all the information we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We also sought information from the local authority's contract monitoring team. We used our planning tool to collate and analyse the information before we inspected.

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

During the inspection, we spoke with seven people who lived in the home, two relatives, six members of staff, the manager and the providers. We looked the care records of three people who used the service, checked the environment and observed staff interactions with people. We spoke with one visiting professional. We also examined a sample of records in relation to medicines, staff recruitment and training, quality assurance checks and accidents and incidents.

#### After the inspection

We spoke with a professional who regularly visits the service.

# 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.

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

At our last inspection the provider had failed to robustly assess the risks relating to the health and safety of equipment and the environment. 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 in relation to health and safety. However, the provider failed to robustly manage risks to people's welfare and safety and to ensure staff managed people's medicines safely. This meant the provider was still in breach of regulation 12.

- The management team did not always fully review accident and incident records therefore, their assessment of risk management was not always undertaken in a timely or robust way.
- Staff did not continually learn from accidents and incidents because the management team did not always undertake robust analysis.
- Staff did not always update people's risk assessments in relation to their safety and welfare when their needs had changed. For example, personal emergency evacuation plans did not always show correct information about what support the person would need in the case of an emergency.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager responded immediately during and after the inspection. They confirmed action had been taken to ensure people's risk assessments were correct.

- The provider had engaged an external health and safety compliance company since the last inspection. Policies and record keeping around fire safety, bedrail safety and maintenance work had improved.

Using medicines safely

- Staff did not always follow safe procedures for the administration of people's medicines, night time medicines were potted in advance and administered by unqualified staff. The manager took immediate action on the first day of inspection and stopped this unsafe practice.
- Staff did not always accurately record when they had administered people's topical medicines. This

meant we could not be sure people received their treatment as prescribed.

- The management team did not have robust systems in place to audit stock of controlled medicines. We found a significant amount of controlled medicines had been locked away for someone who had not lived at the service for some time. The manager was not aware of this and took immediate action to locate and return the medicines on the first day of the inspection.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safe management of people's medicines. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us staff supported them to take their medicines and asked them for their consent before administration.

#### Staffing and recruitment

- Staff told us they did not always feel sufficiently staffed to be able to meet the needs of people they supported.
- The provider failed to formally assess staffing levels. During the inspection the manager requested support from an external professional in relation to assessing people's dependency levels to therefore determine safe staffing levels. The provider listened to our feedback and increased staffing levels in the morning and early evening.
- People told us they sometimes had to wait longer at night for staff to respond to their call bells, "Staff have a lot on at night, I will call for them but have to wait because they are busy."

We recommend the provider continues to seek feedback in relation to staffing levels to ensure people feel satisfied and staff feel they are able to effectively support people.

- The provider did not always ensure record keeping was robust in relation to the recruitment of staff. We found gaps in employment history and failure to seek the candidates most recent employment reference. The manager had already identified this and taken sufficient action to seek staff information and improve recruitment processes.

We recommend the provider improves quality assurance systems in relation to safe recruitment of staff.

#### Preventing and controlling infection

- There were robust systems and processes in place for the prevention and control of infection.
- Staff followed safe practices when supporting people with personal care.



# 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.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff received sufficient training to undertake their role and responsibilities. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 18.

- The provider failed to ensure staff were assessed for competency after they had undertaken on-line training in courses such as safe administration of medicines, moving and handling and first aid.

We found no evidence that people had been harmed however, staff training did not always ensure they were competent to support people in a safe and effective way. This placed people at risk of harm. This was a continued breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff told us they found the new on-line training platform interesting and relevant to their role. People told us they were supported by skilled staff.

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

At our last inspection the provider had failed to ensure staff assessed people's mental capacity before asking for their consent. This was a breach of regulation 11 (Consent to care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 11.

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.

- The provider failed to ensure people's mental capacity was assessed and recorded before a restrictive practice was implemented. For example, DoLS applications had been made, including urgent authorisations without assessment of the person's mental capacity.
- The provider did not have paperwork in place to document assessments of people's capacity.

This placed people at risk of receiving unnecessary restrictive practice and was a breach of regulation 11 (Consent to care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- The provider did not always ensure people received comprehensive pre-admission assessments before they moved into the service. We discussed this with the new manager who demonstrated good understanding of the importance of assessing people before admission, they assured us this would be improved.
- People had access to a wide range of health and social care professionals. Professional guidance was recorded and followed. We saw good examples of people being supported to improve their independence and quality of life through partnership working with external professionals.
- Staff completed hospital passport documents with information about people's current needs and preferences. This ensured effective communication when a person was transferred to hospital or to external health care appointments.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

- People had choice and control over meal times and were encouraged to maintain life-skills. People told us they enjoyed the food provided and were happy with the dining experience.
- The new manager had implemented fact sheets and guidance for staff to follow around best practice in supporting people with good nutrition and hydration.

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

- Staff supported people to personalise their bedrooms. People told us they were satisfied with the facilities available to them.
- The provider continued to promote the use of technology to enhance people's care and support which included a telephony system, a call bell system and assistive technology such as sensor mats.
- Since the last inspection the provider had implemented bedroom signage for people who lived with cognitive impairment. This helped them to identify their bedroom.

# 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 remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- Staff supported people to maintain their independence and life skills. People told us staff were attentive and respectful of their wishes, for example, "The staff know me well and know all my little quirks which is a good thing."
- People told us staff respected their privacy and dignity. Staff engaged with people in a kind and dignified way. We saw good examples of staff promoting people's independence, for example, staff encouraged people to stand and mobilise and did not intervene unless they needed a higher level of support.
- Staff were inclusive and respectful of people's back ground and life choices. The provider promoted an open and accepting culture in line with principles of good practice around equality and diversity and human rights.

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

- Staff supported people to be involved in making decisions about their care and about how the service was run. One person told us they were asked to express their views on what makes a good activity leader because the provider was recruiting into this post.
- Staff encouraged people to share their life story information and be involved in the care planning process.
- The provider asked for people's feedback by questionnaire. The provider regularly visited the service and had build trusting relationships with people and relatives. People told us they were regularly asked to comment on what was good and what could improve and their feedback was acted on.

# 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

- Staff did not always update people's care plans as their needs and preferences changed. This meant people were at risk of receiving incorrect care and treatment. For example, one person's care plans did not include information about their behaviours that challenge. This meant staff supporting the person did not have up to date information to guide them when supporting the individual.
- Staff did not always effectively communicate information about people's needs and preferences received on admission. This meant people were at risk of being supported by staff in a way that did not meet their needs or placed them at risk.

We found no evidence that people had been harmed however, systems were not robust enough to demonstrate safety through person-centred care planning. This was a breach of regulation 9 (Person-centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and relatives told us they were supported by staff who understood their needs and preferences, "Yes staff know me well, they are brilliant to me here" and "The staff have been here a long time and are local, they know mum well."

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.

- People's care plans did not always include information about their communication needs. For example, one person's care plan did not include information about their profound deafness and use of hearing aids. Staff took immediate action to update the care plan during the inspection.
- The new manager told us they had already identified improvements were needed to ensure people were supported in line with the AIS. People told us they were supported by staff who understood the importance of good communication.

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 had access to social activities and social engagement. The provider was in the process of recruiting a new activity leader however, staff continued to support people to meet their recreational preferences.
- Staff, relatives and people had formed trusting relationships. Staff had very good understanding about

people's life stories and what was important to them including family connections.

- People consistently told us they were satisfied with the social and cultural support provided.

Improving care quality in response to complaints or concerns

- People told us they felt confident to raise their concerns and were listened to. The provider had a robust complaints procedure and listened to people's feedback.

End of life care and support

- The new manager told us they were looking to improve the standard of end of life care planning. They had engaged with a specialist health professional and anticipatory end of life care discussions had started to take place with people who lived at the service.
- Not all staff had received end of life training however, training has been scheduled. Staff told us they felt confident to provide palliative care and we received positive feedback from a relative of a person who deceased before the inspection.

# 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

At our last inspection the provider failed to effectively lead and quality assure the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- The service was not consistently well-led. The provider failed to ensure people consistently received high quality care to achieve positive outcomes. The provider failed to effectively quality assure the service.
- Some of the shortfalls found at this inspection had been identified by the new manager and they had started to prioritise improvements.
- The provider failed to embed consistent and effective governance systems to reduce the risk to people of avoidable harm. We have outlined our findings in the safe domain of this report.
- There had been a significant turnover of managers in the past two years and this had negatively impacted on the sustainability of improvement.

We found no evidence that people had been harmed however, systems were not robust enough to demonstrate effective management and oversight at the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider and new manager had maintained a positive culture which encouraged staff to report their concerns or share ideas for improvement. The provider included people, relatives and staff in the running of the service however, this was not always documented.
- People and relatives provided positive feedback about the management team, "I have raised two small issues with management and they were both sorted very quickly and I was happy with the outcome" and "Yes I can speak to the manager or the owners and I trust they will listen to me."
- Staff told us they felt involved and communication was effective, "We have monthly staff meetings. Handover has improved and is at every shift change over. Communication is good, we also use a written

handover record."

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

- Staff told us they felt supported and listened to. Staff morale was positive and staff understood their role and responsibilities.
- The provider and manager understood their legal responsibility in relation to duty of candour and regulatory requirements. Since the last inspection the provider has submitted statutory notifications in a timely manner and told us how they would manage risks while they were without a manager.

Working in partnership with others

- We received positive feedback from visiting professionals. The provider had engaged with local authority and health related steering groups and staff had taken on champion roles for topics such as safeguarding and infection control.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care  The provider failed to ensure people's care plans were up to date with person-centred information.  Regulation 9
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent  The provider failed to ensure people were assessed in line with the MCA and associated DoLS.  Regulation 11
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider failed to ensure people were accurately assessed in relation to risk and medicines were not always managed in a safe way.  Regulation 12
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider failed to embed effective quality



assurance systems and this meant people were at risk of avoidable harm.

Regulation 17

## Regulated activity

Accommodation for persons who require nursing or personal care

## Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

The provider failed to ensure staff were suitably trained and checked for competence.

Regulation 18