

Alexandra Specialist Care Limited

Park View Care Home with Nursing

Inspection report

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Blackpool
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Park View Care Home with Nursing is a residential care home providing personal and nursing care to 35 people at the time of the inspection. The service can support up to 44 people with a variety of needs, including people living with dementia and people receiving care at the end of their lives.

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

We found people's medicines were not managed safely on the first day of our inspection. The provider acted immediately to make improvements. We have made a recommendation about the management of medicines.

Staff knew people well and how to support them safely. We have made a recommendation about improving the quality and consistency of records related to people's care. We have made a recommendation about analysing accidents and incidents to look for areas of improvement. We were assured the service was protecting people against the risk of infection, including COVID-19.

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.

People were cared for by staff who were well supported and had the right skills and knowledge to meet their needs effectively, following good practice guidance. Staff supported people with their healthcare needs and worked well with external healthcare professionals. The service met people's nutritional needs and worked with them to make sure food provision also reflected their preferences.

People were treated well, with kindness and compassion by staff who respected their privacy and dignity and promoted inclusion. The service supported people to be independent. We received very positive feedback about the caring approach of staff.

The service was led by registered manager who people felt was approachable and caring. People felt the care they received was of a good standard and liked living at the home. The culture was open and inclusive. The registered manager understood their responsibilities and monitored the quality of the service using a range of systems including audits and gaining feedback from people and their relatives. We have made a recommendation about ensuring quality management systems are operated effectively.

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 November 2020). At that inspection, we only looked at the safe, effective and well-led key questions. This was the first time the caring and responsive questions had

been inspected since the service was registered.

Why we inspected

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.

The inspection was prompted in part due to concerns received about medicines management, risk management and staffing. A decision was made for us to inspect and examine those risks.

Follow up

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 safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Good ●

Park View Care Home with Nursing

Detailed findings

Background to this inspection

The inspection

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

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

Inspection team

The inspection was carried out by two inspectors on the first day and one inspector on the second day.

Service and service type

Park View Care Home with Nursing is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced on the first day.

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. 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 this information to plan our inspection.

During the inspection

We spoke with four people who used the service and one person's relative about their experience of the care provided. We spoke with ten members of staff including the provider, registered manager, deputy manager, nurses, senior care workers, care workers and the cook. We carried out observations of how staff interacted with people and checked the premises to make sure they were clean and safe.

We reviewed a range of records. This included seven 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 policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at staff training data and daily records. We spoke with five people's relatives over the telephone.

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 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.

Using medicines safely

- During the morning of the first day of our inspection, we found people responsible for administering medicines did not follow safe practice. Additionally, we found information to guide staff on the use of 'when required' medicines and those with a variable dose was not sufficiently detailed. Staff who administered medicines had not had their competence to do so checked to make sure they followed safe practice.
- We raised our concerns with the staff directly and with the registered manager, who acted immediately to make improvements. During the second day of our inspection, we observed staff followed safe administration processes and had made improvements to the information available around 'when required medicines'. The clinical governance manager from the provider company carried out competency checks for staff following our inspection visit.

We recommend the provider reviews their medicines management processes to ensure they are safe at all times.

Learning lessons when things go wrong

- The registered manager used systems to learn and make improvements when something went wrong, but they were not always used effectively. We found they had completed some falls analysis and recorded some actions taken to improve safety. However, they had not used the information to identify trends and themes for incidents. This would assist in identifying areas for improvement to reduce the risk of similar incidents happening again and improve the safety of the service.

We recommend the provider reviews the use of their systems for learning from accidents and incidents.

Assessing risk, safety monitoring and management

- Staff managed risks to people's safety. They assessed and regularly reviewed risks to people, to manage any identified risks and keep people safe from avoidable harm. Staff were familiar with people's individual risk management plans. One person told us, "I feel safe living here. They check on me twice during the night." Another said, "I've always felt safe in here."
- We found some inconsistencies in people's care plans, related to management of risk. Staff we spoke with knew people's risks and how to manage them well. However, some information was not recorded properly or was conflicting. We raised this with the registered manager who told us they had identified the issues and were working to improve the quality of records.
- The provider had systems to ensure the environment and equipment were safe. The registered manager ensured equipment was inspected and serviced when it needed to be. The provider had dedicated maintenance staff who addressed any safety issues as they were identified.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. The provider had systems to record, report and analyse any allegations of abuse. Staff had received training to recognise abuse and knew what action to take to keep people safe, including reporting any allegations to external agencies.

Staffing and recruitment

- The service was staffed sufficiently. People told us there were always enough staff on duty, but they were very busy. Staff told us they felt there were enough staff deployed to meet people's needs and to keep them safe. We observed staff were readily available and responded to people promptly during the inspection.
- The registered manager continued to follow safe recruitment practices and kept all the records, as required by law. Staff we spoke with confirmed the recruitment process remained the same as at the last inspection.

Preventing and controlling infection

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

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 remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Staff assessed people's needs regularly and involved them in care planning to ensure their choices and preferences were considered and their needs were met effectively. Staff gathered information from the person, relatives and professionals involved in their care to create written plans of care for staff to follow. Staff knew people's individual needs and preferences well. One person told us, "They have done wonders. They have given me tough love in a nice way and it's worked."
- Staff used recognised tools to assess people's needs and referenced good practice guidance and legislation. This helped to ensure people received effective and appropriate care which met their needs and protected their rights.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and had completed training which gave them the skills they needed to carry out their role effectively. People and their relatives were positive about how staff supported them.
- Staff were well supported by the management team. One staff member told us, "[Registered manager], her door is always open and she is approachable. There's always someone who will help you out or give you advice." Staff were supported through day to day contact, regular supervision and feedback about their performance. Staff had opportunity to discuss any concerns, issues, work performance and development with the management team. A staff member commented, "[Registered manager] always organises staff meetings. We have supervision one-to-one. We can say what we want and say what is good and what isn't good."

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

- Staff supported people to ensure they received a balanced diet and sufficient fluids to maintain their health. They assessed people's nutritional needs and sought professional guidance where people were at risk, for example of malnutrition or difficulties with swallowing. We saw professional guidance was used in care planning to help ensure people's nutritional needs were met effectively.
- People were satisfied with the food provided. They told us they were involved in choosing what they would like to see on the menu and could choose to eat something else if they did not like what was planned on the day. Comments we received included, "It's very much like what you had at home." And, "The food is really good. Food is available 24 hours and alternatives are available."

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

- Staff worked with healthcare professionals to ensure people's healthcare needs were met effectively and

consistently. We saw the service worked closely with healthcare professionals. Staff incorporated professional guidance into people's care plans.

- The service supported people to live healthier lives with guidance around healthy eating and supporting them to access healthcare services. Relatives we spoke with told us they were confident their loved ones received the healthcare they needed.

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

- The service was adapted to be safe, accessible and comfortable. Communal areas provided space for people to relax and socialise. The provider ensured the premises were maintained. We saw people had been supported to personalise their bedrooms.

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.

- The service gained people's consent to the care and support they received. People told us staff gained their consent during regular discussions about their care and on each occasion before any care or support was delivered.
- Staff assessed people's capacity to consent to and make decisions about their care. Where people lacked capacity to consent, staff followed processes to ensure decisions were made in their best interests. We saw applications were made under DoLS appropriately and conditions on DoLS were met by the service.

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.

This is the first inspection of this key question for this service since its registration. This key question has been rated good.

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

- People were treated with respect, compassion and kindness, by staff who promoted equality and valued diversity. Staff understood the importance of valuing people's individual backgrounds, cultures and life experiences. People were complimentary about the approach of the staff team. One person told us, "Staff talk to you nicely." A relative was very complimentary about the care they had witnessed staff deliver and told us, "I can't fault them. They're lovely. They can't do enough. They're really interested in [family member] asking what she likes and doesn't like."

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

- Staff involved people in decisions about their care and support. The registered manager used several methods to gain people's views including daily interaction, regular reviews of people's care and resident's meetings. One person commented, "If I have an issue, it gets dealt with. The seniors are really good. If they can help you, they will."

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and supported them to maintain their dignity. People and their relatives gave us positive feedback about the caring approach of staff. One person told us, "They are really caring. Can't fault them." A relative told us, "They [staff] are super caring and super friendly."

- Staff respected people's right to privacy and ensured, when delivering personal care, for example, doors and curtains were closed and people were covered.

- Staff promoted people's independence as far as possible. Staff supported people to make choices and to do what they could for themselves. For example, prompting people to support them with personal care, rather than taking over and doing the task for them. One person told us, "Staff know what they're doing. They don't talk down to me. I wash the top and pick my clothes for the next day." A relative told us, "They support her to be as independent as she wants. She has the door codes."

- The service protected people's private information. Information was stored securely and was not left visible, for example on desks or noticeboards.

Is the service responsive?

Our findings

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

This is the first inspection of this key question for this service since registration. This key question has been rated good.

This meant people's needs were met through good organisation and delivery.

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

- People received care and support which was personalised to them. Staff assessed people's needs and recorded their preferences in relation to health and social needs when they first moved into the home. Staff involved people in regular reviews to ensure planned care continued to meet their needs. A relative told us about the care their loved one had received, "It's marvellous. They have worked so hard." Another commented, "We've marvelled at how well she's doing in there."
- We found the level of details in some care plans was inconsistent. Staff were able to tell us how they cared for people and supported them, but this was not always recorded. For example, one person's ability to mobilise could change day to day. Staff knew this, but their care plan did not contain this detail. For another person, their communication care plan appeared contradictory. Other care plans we looked at contained a good level of detail to guide staff. The registered manager told us they had identified this as an issue and was in the process of making improvements.

We recommend the provider reviews their processes around care planning to ensure important information about people and their care needs is available to guide staff.

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 people's communication needs. Staff assessed people's communication needs and recorded this information as part of the initial assessment and care planning process. Information about people's communication needs was shared with other services when appropriate, for example, if someone needed to attend hospital.

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 provided with and supported to participate in activities to help maintain their social health. We saw staff supported people with activities in the home, such as karaoke, visiting entertainers, arts and crafts and trips out to local attractions. People told us they enjoyed the activities. One person said, "There are quite a bit of activities." A relative told us, "[Activities coordinator] is absolutely brill with [family

member]. She does different days out." Another relative explained, "[Family member] can be a bit shy, so they try to encourage her and try to get her involved. She loves dancing and music, so they have taken that onboard."

- People were supported to maintain relationships with those close to them. Staff supported people to call relatives on the telephone or via video call. Relatives we spoke with told us they were able to visit their loved ones safely, following COVID-19 precautions.

Improving care quality in response to complaints or concerns

- The provider had processes to ensure complaints were dealt with properly. The service had acted appropriately to address complaints received since the last inspection. The provider's processes treated any concerns or complaints as an opportunity to learn and to improve the service.
- People who used the service, relatives and staff all told us they would have no hesitation in speaking with the registered manager or senior staff if they had a concern or complaint. They were confident any issues would be resolved swiftly. One person told us they raised a complaint about a member of staff. They explained they were happy with how their complaint was dealt with and the registered manager dealt with it efficiently. A relative told us, "If I wasn't happy, I would go to [Registered Manager]. She will sort it out."

End of life care and support

- The service had processes to support people to have a dignified and pain-free death. At the time of our inspection, the service was supporting several people at the end of their life. The service followed best practice guidance in relation to planning end of life care. The registered manager had recorded people's end of life decisions, their preferences and any spiritual needs.
- Staff had not all received training in end of life care. We discussed this with the registered manager who explained training courses had been booked but had to be rescheduled due to COVID-19. They were in the process of sourcing training for staff.
- We saw many compliments and thank you cards which the service had received from people's families following end of life care at the service. They praised the staff for their approach in caring for people at the end of their lives.

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 remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

- The registered manager used a variety of method to assess, monitor and improve the quality of the service provided. This included audits as well as feedback from people, their relatives and staff to identify areas for improvement. However, their systems had not identified the shortfalls we found during inspection around medicines management and incident analysis. Additionally, it was not clear how feedback was used to develop the service.

We recommend the provider reviews the use of their systems to assess, monitor and improve the service, so that shortfalls in standards can be identified and addressed promptly.

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

- The registered manager had created a culture that was open, inclusive and put people at the heart of the service. Staff ensured people's needs were met through ongoing review of their care and referenced current legislation and best practice guidance to achieve good outcomes for people. People spoke positively about the care they received. One person told us, "I've been here two years, it's the best place I've been in." A relative told us, "Staff and [Registered Manager] really do care. [Registered Manager] is always more than happy to help with everything. She's doing a really good job. We're seeing some positive changes."

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 had a policy and procedure which provided guidance around the duty of candour responsibility if something was to go wrong. The registered manager knew how to share information with relevant parties, when necessary.

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

- The management team understood their legal obligations, including conditions of CQC registration and those of other organisations. We found the service was well-organised, with clear lines of responsibility and accountability.
- The registered manager and staff were experienced, knowledgeable and familiar with the needs of people

they supported. People were complimentary about the staff team and the management of the service. Staff were enthusiastic about their working roles. All staff had a clear understanding of their job roles and how to provide high-quality care. One person told us, "[Nurse] and [Staff member] are lovely." Another described the registered manager as, "down to earth".

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

- The service engaged with people, others acting on their behalf and staff in an inclusive way. The registered manager used face to face meetings to gain feedback about the service. We saw various topics about the service were discussed in meetings where people were able to influence decision making about the premises, food provision and activities, for example. On relative commented, "We've had nothing but a positive experience, especially with [Registered Manager]. I've nothing but praise for her."
- The registered manager continually engaged with staff. Staff meetings were held, along with individual meetings with the manager. This gave staff the opportunity to influence how the service was delivered to people.
- The service worked in partnership with a range of healthcare professionals. This helped to ensure people's needs continued to be met and their wellbeing enhanced. A relative told us, "It was a smooth transition from hospital to Park View. They supported her well with isolation."