

Anchor Hanover Group

# Hurst Park Court

## Inspection report

Long View Drive  
Huyton  
Liverpool  
Merseyside  
L36 6DZ

Tel: 01519495810

Date of inspection visit:  
13 July 2022

Date of publication:  
01 August 2022

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

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

Hurst Park Court is a residential care home providing personal care to 40 older people, some living with dementia at the time of the inspection. The service can support up to 52 people.

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

Risks to people were assessed and their safety was monitored. Staff understood the risks people faced and they monitored and managed risk in line with people's individual risk management plans. Regular safety checks were carried out on the environment, utilities and equipment.

There were effective systems to protect people from the risk of abuse. Staff knew of their responsibilities for keeping people safe from abuse and how to report any concerns they had about people's safety. People told us they felt safe with staff and were treated well.

People received care and support from the right amount of suitably skilled and experienced staff. Staffing levels were maintained to make sure people received safe care and support from a consistent group of staff. Staff were recruited safely; their fitness and suitability were checked before they were offered a job.

Safe infection prevention and control (IPC) measures were followed to minimise the risk of the spread of infection, including those related to COVID-19. The premises were clean and hygienic throughout.

Medicines were managed safely. Staff responsible for managing people's medicines were suitably trained and competent. Regular checks were carried out on medication stocks and medication administration records (MARs) to make sure people received their medicines as prescribed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and promoted their independence. The service worked in accordance with the principles of the Mental Capacity Act 2005.

Staff received the training and support they needed for their role. New staff completed induction training and there was an ongoing programme of relevant training for all staff. Staff received support through regular one to one and group meetings, they described the registered manager as "Very supportive."

People were supported to maintain a healthy and balanced diet. People's nutritional needs were understood and met. People were offered a choice of food and drinks and staff provided people with the support and assistance they needed at mealtimes.

There was a complaints procedure which was shared with people and their family members. Whilst people and their family members had no complaints, they were confident about complaining should they need to, and they felt they would be listened to. The registered manager explained how they would use complaints

or concerns to improve the quality of the service.

People were provided with opportunities to engage in a range of meaningful activities and to maintain important relationships. Family members spoke positively about the service and how they were made to feel welcome and encouraged to join their relatives in celebrations and events at the service.

People's communication needs were understood, and staff communicated with people effectively. Staff made sure people made use of any aids and adaptations to aid their communication.

There was a personalised approach to planning people's care. Care plans contained details about people's individual needs, choices and preferences. Regular reviews of people's care took place with their involvement and relevant others such as family members. Staff were knowledgeable about people and provided them with the right care and support.

The service worked effectively with other agencies to ensure people received the healthcare support they needed. Healthcare professionals praised managers and staff for working well with them to ensure people received effective care and support with their health and wellbeing.

Staff treated people with kindness, compassion and respect. Positive and caring relationships had been developed between people and staff. People's independence was encouraged as much as possible and their rights to privacy and dignity were understood and respected.

There were effective systems and processes for assessing, monitoring and improving the quality and safety of the service. Risks to the health, safety and welfare of people were identified and mitigated quickly and records were well maintained. The registered manager was constantly looking at ways to further improve the service.

The culture of the service was person-centred and positive. People and family members provided positive feedback about the way the service was managed, describing the registered manager as very supportive, approachable and caring. They also praised the staff for their kindness and compassion towards their relatives.

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

This service was registered with us on 06 May 2021 and this is the first inspection under the provider's new registration.

#### Why we inspected

This was a planned inspection.

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.

#### Follow up

We will continue to monitor information we receive about the service until we 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.

Good ●

### 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 well-led.

Details are in our well-led findings below.

Good ●

# Hurst Park 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 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 one inspector.

#### Service and service type

Hurst Park Court 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.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since it was newly registered. We sought

feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and five family members about their experience of the care provided. We spoke with five care staff, the registered manager, regional manager, deputy manager, housekeeper, chef and administrator.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at recruitment and training records for three staff and a variety of records relating to the management of the service.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- Risks to people's health, safety and welfare were assessed and monitored.
- Risk management plans provided detailed information around people's individual risks and included guidance for staff on how to keep them safe. Risk was assessed following changes in people's needs and plans were updated to reflect any changes.
- Regular safety checks were carried out on the environment, equipment and utilities and records of the checks and outcomes were maintained.
- Each person had a personal emergency evacuation plan (PEEP) which was kept under review and updated with any changes to their support needs.

### Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place and followed to safeguard people from the risk of abuse.
- Staff received safeguarding training as part of their induction, and they received regular updates. Staff had access to information and guidance about how to protect people from the risk of harm including the procedures for reporting a safeguarding concern .
- Staff knew the different types of abuse and the signs and symptoms which may indicate potential abuse and they were confident about reporting any safeguarding concerns. Safeguarding referrals were made to the relevant agency and records of these were maintained.
- People and family members told us the service was safe and staff treated people well. Their comments included; "They [staff] make sure I'm safe" and "Very confident that [relative] is well treated and kept safe here."

### Using medicines safely

- Medicines were used safely.
- Staff with responsibilities for handling medicines had received training in this area and they underwent checks to make sure they were competent to safely support people with their medicines.
- People's medication administration records (MARs) and medication profiles guided staff on how and when to administer people's medicines. They also provided information such as allergies, people's preferences for taking their medicines and on the use of medicine to be given 'as required' (PRN).
- Managers completed regular audits of medicines and related records to make sure they were accurate and people had received their medicines at the right times.

### Staffing and recruitment

- There were sufficient numbers of suitably skilled and qualified staff on duty to meet people's needs and

keep them safe.

- The turnover of staff was low and there had been no reliance on the use of agency staff. Permanent staff covered any vacant shifts which helped to maintain safe staffing levels and consistency of care for people.
- Safe recruitment procedures were followed. A range of pre-employment checks were carried out on applicants to make sure they were suitable and fit for the job. All applicants were required to complete a check with the disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National computer. The information helps employers make safer recruitment decisions.

#### Preventing and controlling infection

- Safe measures were followed to prevent and control the spread of infection including those related to COVID-19.
- The premises were clean and hygienic and smelt pleasant throughout. Cleaning schedules were adapted in response to COVID-19 to include more frequent cleaning of high touch areas such as door handles and handrails.
- Current government guidance was followed for the use and disposal of personal protective equipment (PPE) and COVID-19 testing.
- Infection prevention control (IPC) audits were regularly completed.

#### Visiting in care homes

- Visits to the service were carried out safely in line with current government guidance.

#### Learning lessons when things go wrong

- There were systems and processes in place to promote learning when things went wrong.
- Accidents and incidents were reported internally and to the relevant external bodies. They were investigated and action was taken to make improvements to reduce further occurrences.
- Learning from accidents and incidents was shared across the staff team.



# 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.

This is the first inspection of this newly registered service. This key question has been rated good. 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

- The provider completed an assessment of people's needs and choices before they moved into the service to make sure they were understood and could be met.
- Outcomes of assessments including those obtained from other health and social care professionals were used to develop people's care plans. Care plans were kept under review to make sure they accurately reflected people's needs and choices.
- Staff worked within the law and followed guidance from other professionals.
- Staff knew people well and provided care in accordance with their needs and preferences.

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

- There was effective working with other agencies to make sure people received all the care and support required to meet their needs.
- Healthcare professionals saw people regularly and referrals to specialist services were made when needed. Regular meetings were held with relevant others to discuss people's care and treatment.
- People's healthcare needs were well documented in their care plans and understood. Staff were confident in recognising and responding to changes in people's health and wellbeing.
- Managers and staff had formed positive relationships with health and social care professionals involved in people's care and treatment. Healthcare professionals told us staff worked well with them. They described good lines of communication with the service and praised staff following advice and guidance they provided.

Staff support: induction, training, skills and experience

- Staff received the support and training they needed for their role.
- New staff completed an induction programme which included the completion of the Care Certificate. All staff were provided with ongoing training appropriate to their role and people's needs.
- Family members told us staff were well trained and competent. Their comments included; "They [staff] know what they are doing, I have a lot of confidence in them" and "They [staff] are brilliant."
- Staff received support through regular one to one supervisions and team meetings and they were given opportunities to develop within their career.

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

- People were provided with the support they needed to eat and drink and maintain a balanced diet.

- People's nutritional needs were assessed and detailed in their care plan.
- Referrals were made to dieticians and speech and language therapists (SLT) for people at risk of dehydration, malnutrition or choking. Where it was required, staff followed professional guidance including monitoring people's weight, food and fluid intake. Food and drinks were modified where this was required for people.
- Menus offered people a choice of meals and drinks and they were offered snacks and drinks in between main meals.
- People were happy with the choice and quality of food. Their comments included; "No complaints at all, I get plenty of food and drinks" and "It's smashing, yes I get a choice."

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

- The premises were suitably adapted and decorated to meet people's needs.
- Signage and equipment such as bathing aids, handrails and ramps were located around the premises to aid people's mobility and promote their independence.
- There was a choice of communal areas for people to spend their time. Spaces along hallways leading to people's bedrooms had been decorated to create focal points of interest and promote stimulation. Work was in progress to further develop some communal areas.
- People were encouraged to personalise their own bedrooms. Bedrooms were personalised with items such as photographs, plants and ornaments.

#### 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 was working within the principles of the MCA. Managers and staff completed MCA training and understood and acted in accordance to the MCA.
- Mental capacity assessments had been completed for people who lacked the mental capacity to consent to their care and treatment.
- Applications for DoLS authorisations had been made when needed for people and authorisations granted were in place, reviewed and monitored.
- Staff obtained consent from people before providing care and support.

# 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 newly registered service. 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 well and their lifestyle choices were respected.
- Information about people's likes, dislikes, wishes, preferences and beliefs were recorded in their care plans and staff were knowledgeable about them. Staff knew for example people's preferred name, how they liked to dress and where they preferred to spend their time.
- Family members complemented managers and staff on their approach and caring attitude towards their relatives. Their comments included, "They [Staff] are all brilliant, I can't fault any of them. They are so kind to [relative]" "[Relative] loves them all [staff]. They [staff] are so gentle and patient with [Relative]" and "Nothing is too much trouble."
- Family members were greeted on arrival and made to feel very welcome. Staff updated family members with an overview of their relative's wellbeing and directed them to where their relative was.

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

- People and those acting on their behalf such as family members were given opportunities to express their views and make decisions about the care provided.
- Meetings for people and family members were held regularly enabling them to express their views and contribute to the running of the service.
- Questionnaires were sent to people and family members to obtain their feedback about the quality of the service provided. The results of the most recent survey were positive in all areas.
- People and family members were provided with information about the service including what services and facilities are offered and how they are provided. Where it was needed people were provided with information and support to access advocacy services for independent support and advice.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to remain as independent as possible and their rights to privacy and dignity were respected.
- Some people's independence was limited due to their health, however staff followed guidance from healthcare professionals to maintain and maximise people's independence. For example, they ensured people had access to walking aids and wore their glasses and hearing aids.
- We observed staff encouraging and promoting people's independence. Staff encouraged people to mobilise and engage in activities with minimal support.
- Staff protected people's privacy and dignity when providing personal care. They knocked on doors before entering people's bedrooms and made sure doors were closed when providing people with personal care in

their bedrooms and bathrooms.

- Confidential information was stored securely and treated in line with data protection laws.

# 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 newly registered service. This key question has been rated good. This meant services were planned and delivered in ways that met people's needs.

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

- There was a personalised approach to planning people's care and support.
- Assessment and care planning documentation reflected people's choices and preferences.
- People and relevant others such as family members were involved in the development and review of care plans. Care reviews gave people the opportunity to comment on the care they received and discuss and agree any changes they wished to be made to the way their care was delivered.

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 supported to engage in a wide range of meaningful activities and to maintain important relationships.
- All staff had completed training around supporting people with their wellness and activities. Staff offered people a variety of both group and one to one activities, including baking, sing a longs, arts and crafts, pamper sessions and bingo. A family member shared a compliment with the registered manager stating how lovely it was to see people clapping their hands and singing and dancing to live entertainment and they described the moment as magical.
- Family members spoke positively about how they were made to feel welcome and encouraged to participate in celebrations and seasonal events along with their relatives. We received positive feedback following a recent party to celebrate the Queen's jubilee. A family member described the party as "Joyful and Amazing" and another said, "It was just what everyone needed, the staff hosted a wonderful party."
- Representatives from local churches visited the service each week to support people with their religious beliefs.

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 communication needs were assessed and recorded in their care plans.
- Information was made available to people in formats they could understand such as signs, symbols and large print.
- Staff understood how people communicated and they used approaches in line with people's needs. Staff encouraged people to use aids and adaptations to help improve their communication, such as hearing aids and glasses.

### End of life care and support

- People received compassionate and dignified end of life care and support.
- People were given the opportunity to discuss and plan their end of life wishes and others such as family members were involved where this was appropriate.
- Staff had completed recognised training around end of life care and support. They understood their responsibilities for working closely with health professionals to ensure that people experienced a comfortable, dignified and pain free death.
- No person was receiving end of life care and support at the time of the inspection. However, a family member shared a compliment with the registered manager praising the care their relative recently received during the last stages of their life. They stated their relative was treated with kindness and received excellent care.
- The appropriate documentation was in place for people where they had expressed a wish to not be resuscitated.

### Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure which detailed how complaints would be managed and the expected time scales for responding.
- Information about the complaint's procedure was shared with people and relevant others. People and family members told us they would complain if they needed to and they were confident their complaint would be listened to and acted upon. Their comments included; "I've no complaints at all. I've no worries telling them if I did" and "I'm sure they'd [managers/staff] sort things out if I was unhappy about something as they are good at listening."
- No complaints had been received about the service, however the registered manager explained the provider's procedure for dealing with complaints and how they would use outcomes to improve the quality of care.

# 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.

This is the first inspection of this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager promoted a positive and person-centred culture which led to people receiving good outcomes.
- The morale amongst the staff team was positive. Staff described good working relationships within the team, and they felt valued and included in the running of the service.
- Staff and family members described the registered manager as very supportive, approachable and caring. Comments included; "[Manager] is very caring and so approachable" and "He [manager] is a breath of fresh air, he has kept us informed throughout covid. He and the staff have managed it all so well."
- The registered manager operated an open-door policy and welcomed everyone's feedback, views and opinions about the service and ways to improve it.

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

- Managers and staff had a good understanding of their roles and responsibilities and regulatory requirements.
- The registered manager and provider completed regular audits on the quality and safety of the service to measure performance and drive improvements. Risks to people were managed, monitored and reviewed.
- Staff were provided with job descriptions which clearly defined their role and responsibilities. Staff confirmed they understood what was expected of them within their role.
- The registered manager knew which events they were required to notify CQC about and had submitted notifications in a timely way.

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 registered manager and provider understood and acted on the duty of candour, they were open and honest with people, their family members and relevant others about things that had gone wrong.
- Information was shared with CQC and other agencies including commissioners and the local authority safeguarding team in a timely way and lessons were learnt.

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

- People, family members and staff were engaged and involved in the running of the service using surveys,

meetings and informal discussions. People said communication with the registered manager was very good. Feedback had resulted in changes to the service.

- People were provided with information about the service in the form of a service user guide.

Continuous learning and improving care; Working in partnership with others

- The registered manager responded quickly to make improvements when they were identified and was constantly looking at ways to further develop the service.
- The registered manager and provider made use of audits, reports and other forms of communication to monitor and improve the safety and quality of care.
- Lessons learnt from incidents and accidents were shared with staff to improve practice.
- There was good partnership working with internal and external partners to develop practice. There was effective working with health and social care professionals to ensure people received all the care and support they needed.
- The registered manager attended local meetings and forums to further develop their knowledge and understanding of current legislation and good practice.