

# Mark Jonathan Gilbert and Luke William Gilbert

# Argyle Park Nursing Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

We carried out an unannounced comprehensive inspection of this service in January 2016 when five breaches of legal requirements were found. The breaches of regulations were because we had some concerns about the way people's care was being planned and monitored and whether this was personalised to their needs; the need to gain consent to care and treatment; the reporting and investigation of allegations of abuse in the home; the effectiveness of management systems to regularly assess and monitor the quality and safety of service that people received and whether there were sufficient care staff to ensure care was carried out effectively.

We asked the provider to take action to address these concerns. We served the provider with a statutory Warning Notice regarding the provision of sufficient care staff.

After the comprehensive inspection, the provider wrote to us to tell us what they would do to meet legal requirements in relation to the breaches. We undertook a focused inspection on 8 June 2016 to check that they had they now met legal requirements. This report only covers our findings in relation to these specific areas / breaches of regulations. They cover four questions we normally asked of services; whether they are 'Safe', 'Effective', 'Responsive' and 'Well led'. The question 'was the service caring' was not assessed at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Argyle Park Nursing Home' on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Argyle Park Nursing Home caters for the needs of older people. It has 31 en-suite bedrooms.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found the service had made improvements and all but one of the breaches we had previously found, had now been met. We still had concerns regarding the way care was planned and monitored in the home.

At our last inspection in January 2016 we found people's care plans evidenced an individual approach to care that was not reflected in daily care records or observations we made. On this inspection we found people's care planning lacked sufficient detail to help ensure their care needs were being effectively monitored and evaluated. In some instances people's care needs was not included or updated in the care planning. Care monitoring records such as diet, fluid and positioning charts were not always completed, which meant that an accurate evaluation of care needs could not be made.

We found there was a clearer understanding of the principles of the Mental capacity Act 2005 and how this should be applied with people living in the home. We saw examples where people's capacity had been

assessed with regard to key decisions they were making and where they lacked capacity, decisions had been made in people's best interest.

We found that staff and managers were clear on their responsibilities with reporting and investigating allegations of abuse. The registered manager had reported through incidents and allegations of possible abuse and liaised effectively with the Local Authority safeguarding team.

We had previously served the provider with a warning notice to improve the care staff numbers to ensure there was sufficient staff to carry out care effectively. We found the provider had taken action and this had improved.

We found action had been taken to improve the management and governance of the home. We found the provider was supporting the registered manager and had developed clearer and more effective systems to monitor standards in the home. This included getting information from people so that the service could be developed with respect to their needs and wishes.

You can see what action we told the provider to take at the back of the full version of this report.

## 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.

We found that action had been taken to improve the safety of the home and to meet legal requirements.

Staff and managers were clear on their responsibilities with reporting and investigating allegations of abuse.

We found the provider had taken action to improve the numbers of care staff available to carry out care effectively.

While improvements had been made we have not revised the rating for this key question. To improve the rating to 'Good' would require a longer term track record of consistent good practice. We will review our rating for 'Safe' at the next comprehensive inspection.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

We saw that the manager and staff were following the principles of the Mental Capacity Act (2005) and knew how to apply these if needed.

While improvements had been made we have not revised the rating for this key question. To improve the rating to 'Good' would require a longer term track record of consistent good practice. We will review our rating for 'Effective' at the next comprehensive inspection.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.

We found people's care planning lacked sufficient detail to help ensure their care needs were being effectively monitored and evaluated. Care monitoring records such as diet, fluid and positioning charts were not always completed which meant that an accurate evaluation of care needs could not be made.

**Requires Improvement** ●

### Is the service well-led?

**Requires Improvement** ●

The service was well-led.

We found action had been taken to improve the management and governance of the home.

The provider was supporting the registered manager and had developed clearer and more effective systems to monitor standards in the home. This included getting information from people so that the service could be developed with respect to their needs and wishes.

We found that there were more comprehensive systems in place to identify, assess and manage risks to the health, safety and welfare of people living in the home.

While improvements had been made we have not revised the rating for this key question. To improve the rating to 'Good' would require a longer term track record of consistent good practice. We will review our rating for 'Well-led' at the next comprehensive inspection.

# Argyle Park Nursing Home

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We undertook this focused inspection on 8 June 2016. The inspection was completed to check that improvements to meet legal requirements identified after our comprehensive inspection on 8, 11 and 13 January 2016 had been made. We inspected the service against four of the five questions we ask about services; is the service safe? Is the service effective? Is the service responsive? Is the service well led? This is because the service was not meeting legal requirements in relation to these questions.

The inspection team consisted of two adult social care inspectors.

During the visit we were able to speak with seven of the people who lived at the home. We spoke with two relatives of people living at Argyle Park.

We spoke with 12 staff members including the registered manager, the nurse in charge of the shift and other senior managers for the provider. We looked at the care records for seven of the people living at the home and other records relevant to the quality monitoring of the service. These included medicines audits, safety audits and quality audits, including any feedback from people living at the home and their relatives.

We undertook general observations and looked round the home, including some people's bedrooms, and the dining/lounge area.

# Is the service safe?

## Our findings

We carried out an unannounced comprehensive inspection of this service in January 2016 when breaches of legal requirements were found. The breaches of regulations were because a safeguarding incident [allegation of abuse] had been investigated by the home and had not, initially, been referred to the local safeguarding team. This had not followed standard safeguarding procedures to ensure people were protected.

In addition we found there were not enough staff on duty at all times to help ensure people's care needs were consistently met. We had served the provider with a warning notice regarding the breach of regulation around staffing.

At this inspection we found improvements had been made in these areas and regulations had been met.

Since the last inspection the manager has sent the Care Quality Commission [CQC] notifications of any safeguarding issues such as allegations of abuse. We had previously been in contact with the registered manager for updates on these and also spoken with the Local Authority safeguarding team when appropriate. We found that the registered manager and staff at Argyle Park had liaised well with the safeguarding authorities to ensure each incident was followed through. This ensured people were protected and their rights upheld.

Staff we spoke with understood the importance of recognising abuse and said they would report any concerns to the registered manager. People who lived at Argyle Park told us they felt safe and could talk to staff about any concerns they had. One relative told us, "I would trust the manager to make sure any issues were dealt with."

We looked at the adequacy of staffing in the home. The action plan we had received from the provider told us they had made changes to the staffing and this was now better monitored. We were showed a 'dependency tool' used to assess the dependency of people's care needs and to measure whether there was enough staff to meet these.

We spoke with the registered manager who told us that there was now always six care staff on duty in the mornings [an increase of one staff]. This ensured that all three floors in the home had two care staff who could work together to assist with care. It was noted that many of the people in the home had high dependency needs and required two staff to assist with personal care.

At the time of our inspection there were six care staff and a nurse to carry out care for 27 people. This was reduced to four care staff in the afternoon. In addition we were informed the hours set for supporting people with various activities in the home had also increase with an additional day. The registered manager was also present and we were informed that the number of hours they worked supernumerary had been increased. This meant the manager had more time to support staff, carry out and monitor care.

We made observations of the care. At the previous inspection we saw there was not enough care staff to ensure people were attended when required during the morning time particularly. We sat in the lounge area during the morning and saw this had been improved. Staff were consistently present and spent time observing people to ensure they were available when requested. We spoke with a staff member who told us " There is generally staff present most times in the day room in the morning; from 10.30 there is always a staff present." A relative commented, " Care has improved; there is a more stable staff team. I Would speak up if worried and [another family member] has raised concerns in the past and the manager has taken action."

We spoke with people using the service who gave mixed comments but told us things had improved overall. One person told us, "There have always been changes to the staff but it has got better recently and I'm getting to know the staff well." Another person commented, "If I call for help, sometimes they are busy but they do come when they can." One person said, Things are better but you still have to wait sometimes if you want the loo." All commented that staff were very supportive and attentive when carrying out personal care.

We spoke with all of the care staff on duty. Many of these were new to the home from our previous inspection. They were all happy with working at Argyle Park. We were told, "There was staffing issues but it's now much better and more consistent", "We've got the proper amount of staff and can now do the job", "The staffing levels in the morning are now six [care staff] and it's made a big difference." Staff felt supported by the registered manager and felt that standards regarding staffing were more likely to be maintained.

The registered manager told us the care team was now settled but there had been changes to the nursing team. There was a positive plan in place, however, and new nurses were due to commence duties in the home in the near future. Meanwhile nursing staff covering the home were 'bank' nurses, employed by the provider and knew the home well. This was the case on the day of our inspection.



## Is the service effective?

### Our findings

At the last inspection of the home in January 2016 we found that people who were able to give their consent to care and treatment were listened to and their wishes respected. We found, however, that people who lacked capacity to make decisions for themselves had not been assessed appropriately and care had not been organised with respect to the requirements of the Mental capacity Act (2005) (MCA). We had asked the provider to take action to address these concerns.

On this inspection we found improvements and the requirement was now met.

We looked to see if the service was working within the legal framework of the MCA. The legislation 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.

The provider's action plan told us this had been addressed and standards were now being met. The action plan stated, 'Mental capacity assessments are being completed for all [people] who lack capacity' and 'Best interest decisions indicate the decisions that have been made on [peoples] behalf as well as the reasons why'.

We looked at and reviewed the care of seven people living at Argyle Park. These people varied in their capacity to make decisions regarding their care. We found that there was a better understanding by staff of good practice in this area of care. We found good examples where people's mental capacity had been assessed with respect to key decisions made with respect to care and treatment. In one example we saw a person who had bedrails in place to reduce the risk of a fall from the bed, had a clear plan in place for the assessment and monitoring of this. It included an assessment of the person's capacity to make the decision. In this example the person, although suspected as not being capable, was assessed as having capacity and the care plan had been signed by the person which recorded their consent.

We also saw that all new admissions to the home had had this discussed with them and their agreement recorded. In the case of people lacking capacity, the person had been assessed using the appropriate assessment tool and, if not able to make a decision, the record showed who was making the decision in the person's best interest. We also saw that other key decisions regarding care had been consented to including the administration of medicines.

There were still inconsistencies in recording of some people's consent. For one person we saw little evidence recorded about their consent to care though the person had confirmed with us their care needs were discussed with them by the staff team. We discussed the need for further on-going consolidation in this area and monitoring through the home's auditing processes.

Overall we found the registered manager and staff knowledge and awareness had improved. The staff were

now using mental capacity assessments more appropriately.

## Is the service responsive?

### Our findings

We carried out an unannounced comprehensive inspection of this service in January 2016 when we were concerned that people's care plans, although evidencing an individual approach to care, were not reflected in daily care records or observations we made. We asked the provider to take action to address these concerns. On this inspection we checked to make sure requirements had been met.

We found improvements had not been to meet necessary requirements.

We looked at how people were involved with their care and treatment at the service. People we spoke with said they were happy with the care they received and staff advised them of any change in their care and treatment. People's comments included, "The staff are just brilliant, they look after me so well. I have help in bed to move and they check me all the time" and "Staff are watching my diet in response to blood tests." Another person said they were very pleased with the way in which the staff were supporting them to become more mobile and this with help from an external professional was well managed.

People told us the care was based around their individual need and staff ensured they were consulted about their daily support or if there was any change to their plan of care. People also said the staff answered calls for assistance as quickly as they could, appreciating at times the home could be very busy and they may need to wait a short time.

Staff recorded the daily care provision and also charts in respect of different aspects of people's care. For example, fluid and dietary intake and position to ensure their comfort and well-being. At the previous inspection in January 2016 we raised concerns regarding these care charts not being completed accurately to reflect the care given. At this inspection we still found gaps in the recording using these charts. For example, a positional chart for one person dated 6 June 2016 was completed at 6am and the next entry was at 10pm. For the same person on 3 June 2016 there was no entry on their positional chart from 6am in the morning and for 5 June 2016 no entry after 2pm. Charts we saw for another three people evidenced similar poor recording.

We saw charts used to record whether people's external applications [creams] were monitored. Very few of these [twenty in all] had accurate records. For example one person had four creams prescribed on the chart. None were recorded as applied by staff. A staff member confirmed that at least one of the creams was applied daily. The staff member had no knowledge of the other creams.

One person's plan of care was for two hourly turns to maintain skin integrity. The person had a plan of care to identify the care needed. A nursing care plan provides direction on the type of care an individual may need following the original assessment. Care plans cover areas such as, skin integrity, constipation, nutrition, personal hygiene, mobility and personal care.

Some care plans we saw described people's care though these were not always consistent or inclusive of all care needs. There was a risk therefore that the staff did not always have the information they needed to

provide care and support to people in accordance with their individual need.

For a person who potentially might have developed a condition that required their diet to be monitored their nutritional plan of care had not been updated to reflect this care need. There was also no plan of care in place regarding the medical condition which the person told us they may have, hence the need for blood tests and dietary monitoring to confirm this diagnosis. Discussions with staff confirmed their knowledge around the person's care needs though, when looking at the daily evaluation records, there was no information recorded in respect of this care need.

A continence care plan for another person did not record information around the person having a urinary catheter in place; the care plan made reference to continence aids which were no longer in use. The person also did not have a care chart so that staff could record the person's output. This is to ensure the urinary catheter is draining satisfactorily. The registered manager confirmed that a care chart should have been put in place to record this care need.

This is a breach of regulation 9 (1) (a) (b) 3) (i) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

For a person who had pressure ulcers, we saw care plans for staff to follow in respect of wound dressings. The pressure ulcer dressings were being carried out in accordance with the plan of care and the registered manager advised us these would be updated once further information had been received from the hospital's wound care team. A body map was in place to evidence the pressure ulcer sites; the registered manager recorded a new body map during the inspection as we found this did not accurately record the pressure ulcer sites. A body map is a diagram of the front and back of the body to identify symptoms such as bruising, cuts and pains.

The registered manager told us about the provision of palliative and end of life care in the home. Palliative care is for people living with a terminal illness where a cure is no longer possible. It is also for people who have a complex illness and need their symptoms controlled. An individual plan of care was being implemented to support a person who was receiving end of life care along with other supporting documentation which had been agreed by the person, their family and GP.

Discussions with staff confirmed their understanding and knowledge to support people with an advance care plan (ACP) which details their end of life care wishes. We saw evidence of staff working with the GP to ensure the person's care needs were being met and how to manage symptoms that may arise, such as pain control and nausea.

## Is the service well-led?

### Our findings

We carried out an unannounced comprehensive inspection of this service in January 2016 when we were concerned about the effectiveness of systems in place to identify, assess and manage the quality of service provision. Some of the systems for auditing the quality of the service needed further development to ensure better monitoring of key issues.

The provider had sent us an action plan which outlined how they were to achieve the improvements needed.

On this inspection we checked to make sure requirements had been met. We found improvements had been made to meet necessary requirements. This involved the way the home was run and changes made to the overall governance [management] processes to help ensure consistent and improving standards.

The action plan told us a new 'compliance manager' was being employed to directly support the registered manager. We met with the compliance manager who showed us some of the newly devised auditing tools now being used to monitor the home. A key audit was carried out six monthly. This had been undertaken on 16 May 2016 and covered 'essential standards' such as how care was being planned and evaluated, staffing and consent to care and treatment. The audit we saw was scored and 'RAG' rated which helped to clearly identify the areas where the home could improve and work on. The registered manager told us they had received the feedback and this had helped plan and prioritise any action. In addition the compliance manager undertook audits for infection control and health and safety.

The registered manager, in turn, had a series of checks and audits to carry out on a more regular [monthly] basis [some of these were also carried out by the compliance manager]. For example, catering and dining experience, laundry, medicines, people's personal allowances, fire and staff files.

Staffing in the home had been an issue of concern identified at the last inspection. We saw that a new staffing audit / dependency tool had been introduced. This plotted staffing levels against the dependency of people living in the home and was being used to assist discussion and planning in this area.

The registered manager had also improved the way people's opinions about the service were sought, recorded and analysed. We were shown the results of a survey undertaken which highlighted issues that people had raised and the action the home had taken to address these.

The registered manager was identified as providing a good lead for the home. One relative told us "The manager is organised and gets things done." Staff we spoke with said there had been some staff meetings and they felt the registered manager communicated well and would listen to any issues and ideas. The registered manager told us the home was more settled regarding the consistency of care staff and the priority now was to ensure nursing staff were settled and consistent.

We saw that the improved monitoring had not identified some of the issues we raised on the inspection. For

example the lack of consistent care planning and the monitoring arrangements such as the completion of care charts. We were told by the managers that the auditing processes would be further developed to address this.

At the previous inspection we were concerned that the home was not submitting statutory notifications informing us of significant events in the home such as safeguarding incidents. Since the last inspection we have received notifications. The provider's action plan stated any notifications are discussed and monitored as part of the compliance managers visits.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	We found people's care planning lacked sufficient detail to help ensure their care needs were being effectively monitored and evaluated. Care monitoring records such as diet, fluid and positioning charts were not completed which meant that an accurate evaluation of care needs could not be made.

### **The enforcement action we took:**

We served a warning notice