Liberty Healthcare Solutions Limited

Park Farm Lodge

Inspection report

Park Farm Road
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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Park Farm Lodge is a residential care home providing nursing and personal care to 72 people at the time of the inspection, some of whom were living with dementia. The service can support up to 80 older people.

The home has bedrooms over the ground and first floor. People have access to communal areas and the garden.

People's experience of using this service and what we found
People were not always safe as the infection prevention and control procedures were not effectively implemented.

The provider did not have effective systems in place to identify environmental issues which could put people at the risk of harm.

The provider did not have effective systems in place to identify and drive good and safe care provision.

Medicines were not safely stored although people received their medicines as prescribed. Staff understood how to protect people from the risk of abuse and knew what to do if they suspected something was wrong.

People found the management team to be approachable although their first point of contact would always be the care staff. Staff members thought communication from the management team could be improved.

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 20 March 2018).

At this inspection we found improvements were needed to keep people safe and to effectively monitor the quality of service provided.

Why we inspected
The inspection was prompted in part due to concerns received about the environment and the providers infection prevention and control procedures. A decision was made for us to inspect and examine those risks.

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.
You can see what action we have asked the provider to take at the end of this full report.

Following our inspection site visit the provider took action to mitigate the risks to people.

Enforcement
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to keeping people safe and the providers monitoring of the provision of care at this inspection.

Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe 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 Farm Lodge

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
This inspection was completed by two inspectors.

Service and service type
Park Farm Lodge 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, along with 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. However, we gave the service 5 minutes notice of the inspection. This was because we had to gather information on the home's current COVID-19 status and the providers infection control procedures for visiting professionals.

What we did before the inspection
The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection
We spoke with five people who used the service about their experience of the care provided and we spent time in the communal area observing the support people received. We spoke with five staff members including a domestic support, carer, nurse, registered manager and director. We had sight of eight peoples care and support plans, medication records, evidence of safe staff recruitment and documents relating to quality checks completed by the provider.

After the inspection
We continued to seek clarification from the provider to validate evidence found.

Requires Improvement

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 now 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.

Assessing risk, safety monitoring and management

- People were not always safe from the risks of avoidable harm as the providers risk management processes were ineffective. The provider failed to ensure adequate measures were in place to protect people from the risk of trips and falls. For example, the flooring leading into the conservatory had differing heights which were indistinguishable and a potential trip hazard. Although some ramped matting was in place this did not cover the whole area.
- The provider failed to ensure adequate fire safety and prevention measures were in place. For example, we saw three fire doors propped open, the fire doors leading to and from the kitchen failed to close properly and fire doors leading from the visitors lounge also failed to close. Additionally, the provider failed to ensure the fire door leading from the staff area had a self-closing mechanism attached. These issues put people at risk of harm in the event of a fire.
- The provider failed to ensure all substances hazardous to health were stored correctly. We saw people had open access to industrial cleaning products which were not stored safely. Additionally, we saw unknown substances had been decantated into spray bottles without any labels indicating what the substance was or what action to take in an emergency. We saw one storeroom which contained hazardous chemicals, was unlocked and accessible to people. This put people at risk of injury as a result of contact, inhalation or ingestion of these substances.
- The provider failed to ensure areas of the home, which could potentially cause people injury, were secured. For example, we found a plant room was unlocked. This contained machinery and a large piece of metal leaning against a wall. This presented a risk of trapping or crushing should someone enter this room.
- The provider failed to store medicines safely. We found a medicines storage room was unlocked allowing people open access to prescribed medicines. In other communal areas of the home we saw fluid thickener was left in communal cupboards. This presented a risk of harm to people should this be ingested.

Preventing and controlling infection

- The provider failed to follow safe procedures for preventing the spread of infectious and communicable illnesses. For example, pull cords in communal bathrooms and toilets were dirty, the door surround on the first-floor medicines room was bare wood and door handles were extensively tarnished. Additionally, we found pealed paint and rust on a hoist, broken countertop in the medicines room exposing the wood underneath, broken wooden surrounds on the toilets and broken and missing tiles in the communal bathrooms. These issues hampered effective infection prevention and control practices and put people at risk of communicable illnesses.
- We were not assured the provider was promoting safety through the layout and hygiene practices of the premises.

● We were not assured the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were not assured the provider's infection prevention and control policy was up to date.

We found no evidence that people had been harmed however, systems were not robust enough to demonstrate safety was effective. This placed people at risk of harm. These issues constitute a breach of Regulation 12: Safe Care and Treatment, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately after the inspection. They confirmed all immediate risks identified at this inspection had been completed including the removal of any fire door wedges and the removal of any unknown potentially hazardous substances.

● 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.

Staffing and recruitment
● People and staff members told us they felt there were not always enough staff to safely support them. However, we saw people were promptly supported when they requested assistance. Additionally, we saw staff members chatting and interacting with people in a relaxed and unhurried manner. We saw the provider used a dependency tool to assess the amount of staff needed to support people which reflected the staff on duty. We also viewed a printout of call bell times and the result was people were supported promptly.
● The provider followed safe recruitment checks. This included checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and prevent unsuitable staff from working with people.

Using medicines safely
● Despite the unsafe storage of medicines people received their medicines as prescribed.
● Some people took medicines only when they needed them, such as pain relief. There was appropriate information available to staff on the administration of this medicine including the time between doses and the maximum to be taken in a 24-hour period.

Systems and processes to safeguard people from the risk of abuse
● People were protected from the risk of abuse and ill treatment as staff members had received training on how to recognise and respond to concerns.
● We saw information was available to people, staff and visitors on how to report any concerns.
● The provider had made appropriate referrals to the local authority in order to keep people safe.

Learning lessons when things go wrong
● The registered manager looked at incidents which affected the safety of people. They looked for any deterioration in a person's health. This helped to identify if anything else could be done differently to minimise potential future risk of harm to people.

Requires Improvement

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 now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider had ineffective systems to monitor the quality of the service they provided. For example, their weekly environmental cleanliness checklist failed to identify any issues. It failed to recognise dirty pull cords, exposed wood on door surrounds or the compromised work surface in the medicines room. The registered manager, and provider, failed to recognise the issues with infection prevention and control and had failed to take remedial action. This put people at the risk of harm from contracting communicable illnesses.
- The provider failed to identify potential breaches with fire regulations or the unsafe use and storage of hazardous substances. This put people at the risk of injury. They failed to ensure medicines were appropriately stored or risk assessments were completed in areas of the home where people could be put at risk from falling or crushing.

Continuous learning and improving care

- The provider failed to evidence they had kept themselves up to date with requirements in health and safety, infection prevention and control, fire safety or to implement best practice in these areas. The registered manager was, however, knowledgeable about other changes in health and social care and received updates from professional organisations including the CQC.
- Staff told us they felt communication from the management team could be improved. They said when issues were raised with the management team, they would seldom receive feedback or acknowledgement.
- Staff told us they recognised the pressures the management team had been under over the last twelve months, but they believed the managers could be more visible within the home. They felt this would give them greater insight into the roles and demands of the staff and issues within Park Farm Lodge.

We found no evidence that people had been harmed however, provider and managerial oversight regarding environmental assessments was ineffective. These issues constitute a breach of Regulation 17: Good governance, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider did have other checks in place such as care and support plan checks which were effective.
- The location had a registered manager in place and, along with the provider, had appropriately submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale.

● We saw the last rated inspection was displayed in accordance with the law at Park Farm Lodge and on their website.

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

● People felt the management team was approachable although they told us their first point of contact would always be directly to the care staff.

● People told us they received care which was based on their preferences. The care and support plans we looked at reflected people's needs and wishes.

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 was aware of their responsibilities under the duty of candour. The Duty of Candour is a regulation which all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines' providers must follow if things go wrong with care and treatment.

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

● People told us they felt involved in decisions about where they lived including what to do and what to eat.

● We saw people making decisions about what they wanted to do and where within the building they wanted to spend time or what activities they wanted to take part in.

Working in partnership with others

● The management team had established and maintained good links with the local communities within which people lived. For example, GP practices and district nurses and social work teams.

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 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to mitigate risks to people.

The enforcement action we took:

We have issued a warning notice in this instance.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have effective quality monitoring systems in place.

The enforcement action we took:

We have issued a warning notice in this instance.