

Parkhaven Trust

James Page

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

James Page is a residential care home providing personal and nursing care. James Page can care for up to 36 people, across 4 wings within a single storey adapted building. Support is provided to older people. At the time of our inspection there were 28 people using the service, some of whom were living with dementia.

Peoples experience of using this service and what we found

James Page was well led. The registered manager and the staff team demonstrated a commitment to delivering a high-quality standard of care. Any minor shortfalls reflected through our inspection were immediately addressed. Some systems to oversee the quality of the service were improved to support continuous improvement within the service.

Staff told us they enjoyed working at the service and staff morale was good. Staff were recruited safely and there were suitable staffing levels to meet people's needs.

People told us they were happy living at James Page. Several relatives also shared positive feedback about the care people received.

People received safe care and had formed positive and meaningful relationships with the staff team. People had detailed care plans and risk assessments in place which provided staff with the information required to manage the associated risks. Regular reviews were carried out to ensure changes were made as people's needs changed.

People were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported support this practice.

Rating at last inspection

The last rating for this service was good (published 13 December 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service. We undertook a focused inspection to review the key questions of safe and well-led.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for James Page on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

James Page

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 Health and Social Care Act 2008.

Inspection team

This inspection was carried out by 2 inspectors.

Service and service type

James Page is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. James Page is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Prior to the inspection we reviewed information we had received about the service in the last year. We reviewed information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and

improvements they plan to make. We sought feedback from the local safeguarding team and the local commissioners. We used all this information to plan our inspection.

During the inspection

We spoke to 6 people who used the service and 2 people's relatives about their experience of care provided to their loved ones. We spoke with 4 staff members including the registered manager, the clinical lead, administrative staff, care staff. We spoke with a healthcare professional over the telephone during the inspection.

We assessed a range of records including 5 people's care records, 5 people's medication administration records, 4 staff files, agency staff files and a variety of records relating to the management and governance 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.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- People received their medicines as prescribed, however, nurses did not always record the exact application site of transdermal patches.
- Appropriate guidance had not been developed for 1 newly admitted person who had medicines prescribed on an 'as required basis'. Another person did have guidance in place to direct staff when to offer 'as required' medicines during periods of distress, however, further detail was needed to demonstrate other steps which should be taken before offering medicines. For example, whether to first offer the person pain relief.
- We raised these issues with the management team. Immediate action was taken by them to update any records. Improvements were made to the admissions process to ensure all records relating to medicines were developed within an appropriate timescale.
- Medicines were securely stored and only administered by suitably trained staff.
- The healthcare professional we spoke with told us they had no concerns about the safe management of medicines within the service.

Assessing risk, safety monitoring and management

- Several people required air flow mattresses to reduce the risk of pressure damage to their skin. Staff checked daily to ensure these were working. However, not all were accurately calibrated to the individual's weight. Any shortfalls were immediately addressed; a full review of the current monitoring system was undertaken by staff to address this. We reviewed people's care plans who were at risk of pressure damage and found people were receiving safe care.
- People had detailed, personalised risk assessments which were regularly reviewed and gave staff enough detail to manage risk associated with people's care.
- Routine checks on the environment and equipment were up to date and certificates were in place to demonstrate this.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were protected from the risk of abuse. People living in the home told us they felt safe.
- Staff were up to date with training. Staff understood what to do if an incident occurred, and who to report it to.
- There was a system in place to record and monitor accidents and incidents. We identified some recording inconsistencies which meant some records lacked clarity. We raised this with the registered manager who took action to address this.
- Accidents and incidents were reviewed on a regular basis by the registered manager. This enabled them to

analyse trends and identify any lessons learnt.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the provider was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

- Recruitment processes were safe. All pre-employment checks were carried out, including disclosure and barring (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staffing levels were safe. Agency staff were sometimes used, however regular individuals were employed from the agency to ensure consistency.
- People and their relatives spoke positively about staff and the care they provided, with one relative saying, "They are very kind and caring, they look after each patient very well."

Preventing and controlling infection

- People were protected from the risk of infection. The home was clean with no malodours.
- People told us they thought the home was "immaculate" and the staff were always "washing, polishing and scrubbing."
- There was enough personal protective equipment (PPE) throughout the home for staff to use when appropriate.

Visiting in care homes

- People were able to receive visitors without restrictions in line with best practice guidance.

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 our last inspection we rated this key question good. The rating for this key question has remained 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; 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

- There was a positive culture throughout the service. Staff knew people well and we observed staff engaged effectively with people. People were offered choice and spoken to in a caring and respectful manner. They appeared content throughout our visit.
- People received person-centred care. We were told, "Staff are lovely" and "[Staff are] very kind and caring." A relative told us the managers were, "Very approachable and very accommodating with visiting times." Another relative commented, "If staff do not know something then they will find out."
- Responsibilities under duty of candour were understood by the registered manager. For example, following accidents and incidents the next of kin was always informed.

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

- The registered manager was on hand throughout the inspection and was responsive to issues we raised.
- Regular audits and checks were in place to monitor the quality of the service. These were adapted and further developed during the inspection in response to our findings.
- The registered manager understood their responsibilities and regulatory requirements, demonstrated by notifying the CQC of incidents that occurred within the home.
- The most recent CQC rating was displayed in the entrance to the building and on the provider's website.

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

- Regular meetings were conducted with staff, people who used the service and relatives. This enabled people to share their views on the care they received.
- One relative told us they knew how to raise the concerns and were confident something would get done if concerns were raised.

Working in partnership with others

- A visiting healthcare professional told us the registered manager was very open and honest. They told us the care was good and people always appeared clean and well kempt.
- Staff were happy in their role, spoke highly about working in the service and described staff morale as 'amazing'.

