

Park View Care Home (Liverpool) Limited

Park View Care Home

Inspection report

14 Ullet Road
Liverpool
Merseyside
L8 3SR

Tel: 01512945679
Website: www.kingsleyhealthcare.co.uk

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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 caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Park View is a care home providing nursing and personal care for up to 56 people, some of whom are living with dementia. There were 25 people living in the home at the time of the inspection.

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

Care records did not always reflect people's needs and choices. Staff did not have the information they needed about how to safely care for people because risks were not always assessed and identified.

Medicines were not always managed safely. There was no records or clear process for the administration of thickening agents.

There was a lack of understanding around the Mental Capacity Act 2005 and, it's application. The provider and registered manager lacked clear understanding about the circumstances of when a Deprivation of Liberty Safeguard (DoLS) application was needed for people.

Systems were not effective in assessing, monitoring and improving the quality and safety of the service. Quality assurance systems had not identified areas for improvement.

We have made a recommendation about delivering person centred care in line with standards, guidance and the law.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

People and relatives told us staff were kind and caring and they treated them with dignity and respect.

Both registered managers were receptive to our inspection findings, they told us they were keen to improve and share the actions that had taken or would take to address the issues found at this inspection.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

This service was registered with us on 25 August 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

We have found evidence that the provider needs to make improvements. Please see the Safe, Effective, Caring, Responsive and Well-led sections of this full report.

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

Enforcement and Recommendations

We have identified breaches in relation to safe care and treatment, medicine management, consent and good governance. We have also made a recommendation around delivering person centred care for the people living at the service.

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

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 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Park View Care Home

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.

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 and an Expert by Experience who carried out telephone interviews. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Park View 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.

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 two registered managers in post. One left their post shortly after the inspection.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We looked at the information we held about the service. This information included statutory notifications the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We used the 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 used all this information to plan our inspection.

During the inspection

We spoke with two people who used the service and eleven relatives about their experience of the care provided. We spoke with seven members of staff including both registered managers, care workers and catering staff.

We looked at a range of records. These included seven people's records related to their care and support and a variety of people's medicine administration records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 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

- Risks to people had not been sufficiently assessed or mitigated.
- There was an inconsistent approach to managing some of the risks to people's health, safety and wellbeing. Risk assessments were in place for all residents, however, were not effectively monitored or reviewed, and care plans did not always provide guidance for staff on how to maintain people's safety.
- There was a lack of information to guide staff on how to safely manage risks associated with aspects of people's care, including people's mobility and diet.
- Risk was not always effectively monitored. For instance, people's night checks were not recorded accurately on the systems as required and some people's repositioning charts did not reflect positional changes.

The provider had failed to appropriately assess, monitor and manage risks to people's health and safety. This was breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- Some aspects of people's medicines were not always managed safely.
- There was no clear system for using or recording prescribed thickening agents. Thickening agents are prescribed to people at risk of choking to help reduce this risk.
- Some people were prescribed medicines to be given 'as required' (PRN), however two people did not have accurate protocols to guide staff on the safe administration of their PRN medicine.
- There was lack of risk assessments or management plans for high risk medicine. One person had no care plan or risk assessment in place for the use of Warfarin.

The provider gave prompt attention to these concerns and we found no evidence that people had been harmed however, the provider failed to ensure the safe management of medicines. This placed people at risk of harm. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Topical medicines (medicines applied to the skin) were administered safely and as prescribed.
- Protocols and procedures were in place to ensure controlled drugs were managed safely.

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

- Safeguarding and whistleblowing procedures were in place and staff knew how to report their concerns and the importance of keeping people safe.
- Staff understood what to do if they had safeguarding concerns. This included how to 'whistle blow' to the provider and external bodies such as the CQC and local authority. Training compliance for safeguarding was 80%.
- Safeguarding incidents were appropriately reported to the local authority and CQC.
- There were systems in place for staff to report and record accidents and incidents.
- The manager investigated accidents and incidents and action was taken to reduce the risk of these reoccurring. Learning was shared with staff, to help them improve the quality and safety of the support provided.

Staffing and recruitment

- There were safe staffing and recruitment arrangements.
- Duty rotas listed the right number of suitably skilled and experienced staff to meet people's needs and keep them safe.
- Staff were recruited safely. The provider followed safe processes to make sure staff recruited were of good character and had the skills and knowledge to carry out their role safely.
- A Disclosure and Barring Service (DBS) check was completed for all staff prior to their appointment. 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

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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.

Visiting in care homes

- The provider's approach to visiting was in line with current government 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 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 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider was not always complying with the principles of the MCA. Peoples' assessments did not take account of individual and specific decisions. Where people had been assessed as lacking mental capacity, there was no evidence that decisions had been taken in accordance with the person's best interests, and that proper consultation with relevant others such as family members, had taken place.
- Whilst applications had been made, it was not clear there was a good working knowledge within the service management as to when a DoLS application should be made. For example, the registered manager told us that they applied for a DoLS for one person prior to the completion of a mental capacity assessment.

The provider failed to act in accordance with legislation regarding the Mental Capacity Act 2005. This was a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People's needs and choices were not always assessed.
- Care plans and risk assessments were generic and did not always reflect people's individual needs. They lacked information about people's needs and how they were to be met.
- We were not assured that people received the care and support they needed because records for monitoring their care were not always completed to reflect the care given.

We recommend that the provider review care plans and risk assessments, so they reflect up to date needs of people.

Staff support: induction, training, skills and experience

- Staff completed mandatory training, such as safeguarding, and nutrition and hydration as required. New staff completed an induction programme to ensure they had enough knowledge and skills before providing people with support.
- Staff told us they felt supported in their roles and received regular supervision.
- Staff told us they had access to training and received regular supervisions. One staff member said, "Done online and face to face training and recently did medicine management. The training has been good, and it has helped me."

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

- People were supported to maintain a balanced diet.
- Catering staff knew about people's special dietary requirements, for example, people who required low sugar foods and people who required their food to be modified.
- People were offered a good choice of food and drink. A relative told us, "The food is really good."
- People were supported to access health care services such as doctors and district nurses.

Staff working with other agencies to provide consistent, effective, timely care

- People's health conditions were managed appropriately, and staff engaged with external healthcare professionals for example GP's and speech and language therapists.
- Whilst on inspection we observed staff collaborate with health professionals and staff were proactive in making timely referrals to health professionals when they had concerns around people's health and well-being.

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

- The home was adapted and designed to meet people's needs.
- People had access to aids and adaptations to help with their mobility and independence. This included handrails, ramps and adapted bathrooms.
- The provider had invested in the property and had redecorated the home to a high standard.
- People had a choice of communal areas where they could spend their time including a safe and accessible outdoor space.

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 for this newly registered service. This key question has been rated requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Supporting people to express their views and be involved in making decisions about their care; Ensuring people are well treated and supported; respecting equality and diversity;

- People were involved in their general day to day care, however their care and support needs were not always planned around their individual needs and choice.
- There was a generic approach to planning people's care and care reviews did not evidence people's involvement and agreement to their plan of care.
- People were treated with respect, compassion and kindness. One relative told us, "The staff are polite, and we are really happy with the care. Staff are engaged and we're confident she's being well looked after."
- We observed heartfelt and caring interactions between people living in the home and the care staff.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was promoted.
- People were comfortable asking staff for support and would ask staff directly or use their call bell. We observed staff supporting people who were unable to verbally communicate their needs.
- Staff respected people's privacy. They knocked on people's bedroom doors before entering and introduced themselves on entering.
- People's personal information was stored securely. Records were locked away in offices to ensure people's privacy was maintained.
- Staff had access to policies and procedures about caring for people in a dignified way. This helped to ensure staff understood how they should respect people's privacy and dignity in a care setting.

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 for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- Care was not always planned in a personalised way.
- Care plans did not always accurately reflect people's needs and choices and how they were to be met.
- People's end of life wishes, were not always clear, or person centred within their care plans.
- Where people had 'Do not resuscitate' plans in place, information about these was not person specific and some wishes were not complete. This was highlighted with the registered manager and they immediately took action to complete and update appropriate records.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's care records included some details of their communication needs. People had been supported in a variety of ways with information that suited their communication. For example, a communication board in place for one person with a hearing difficulty.

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 encouraged to get involved in a variety of activities to meet their needs.
- Relatives appreciated the effort staff made to keep people active. Their comments included, "There's lots of activities, residents like music best. They regularly get people in to entertain and they even have dogs and other animals in. They take photos and videos to send to the families" and "[name] really enjoys the activities especially singing and pets."
- People were supported and encouraged to arrange meals with relatives and friends in a private dining room.

Improving care quality in response to complaints or concerns

- Complaints were acknowledged and responded to and used to improve people's experiences.
- The provider had a complaints policy which they shared with people and relevant others
- Where complaints had been raised, they had been responded to efficiently.
- People and their relatives told us they would raise concerns if needed. Relatives told us they were

confident speaking about any concerns they had with the registered manager or the nurse in charge.

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 for this newly registered service. This key question has been rated 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; Continuous learning and improving care

- The provider's quality assurance systems were not always effective in identifying and bringing about improvements to the service.
- Where provider audits had highlighted areas for improvement no further action was taken to plan how and when they would be made and who was responsible for the action.
- The provider did not ensure the maintenance of accurate and up to date records. Records lacked information about people's needs and how to keep them safe from the risk of harm.
- The registered managers lacked understanding of their responsibilities to ensure decisions were made in the best interest of people.
- There was a lack of provider oversight of the service to ensure effective use of their systems and processes to check on the quality and safety of the service people received.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The culture of the service did not always promote person-centred care with good outcomes for people.
- Improvements to the service were not always made to ensure good outcomes for people. The generic approach to planning people's care was not person-centred.
- There was a system in place to engage and involve people, relatives or staff in the running of the service to obtain their views and opinions about service delivery.
- Relatives told us they had not been asked for feedback about the service. Relatives told us that this was not an area or concern as they could speak to one of the registered managers.

The provider failed to ensure effective governance of the service was a breach of Regulation 17 (Good governance) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

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; Working in partnership with others

- The registered manager understood their responsibility to be open in the event of anything going wrong. Allegations of abuse were raised in a timely way with the relevant local authority and CQC. Events and incidents which occurred at the home were appropriately reported and managed.
- There was good partnership working with other health and social care professionals who were involved in

people's care.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider failed to act in accordance with legislation regarding the Mental Capacity Act 2005.
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to assess and mitigate the risks to the health and safety of people. The provider failed to ensure the safe management of medicines.
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to operate effective systems to ensure the quality and safety of the service.