

Anchor Hanover Group

Hurst Park Court

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 well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Hurst Park Court provides accommodation and personal care over 2 floors for up to 41 people some; of whom live with dementia. At the time of our inspection 41 people were living at the service.

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

There was a lack of robust assessment, monitoring and management of aspects of people's care where there was a potential risk to their health, safety, and welfare. Risks such as falls and long-term health conditions were not routinely monitored to ensure timely intervention should the person's condition deteriorate and require further risk management to prevent deteriorating health.

Medicines were safely stored and administered by staff with the right skills and ability. However, records for the use of medicines prescribed to people when required known as PRN were not always maintained. This included guidance for staff on the safe use of PRN medicines with a record detailing the actual times and the reason the medicine was given.

Consent to care was not always obtained in line with the Mental Capacity Act (MCA). Consent was not always obtained in line with the MCA for restrictions placed on people. These included restrictions posed by the locking of bedroom doors after people had left their rooms and the provision of 1-1 care and support.

People's needs and choices were not always thoroughly assessed with the involvement of people and relevant others to ensure effective care planning for people. Some people's assessment documents were incomplete and lacked details about their needs and how they were to be met. In addition, some people's care plans lacked guidance for staff on the signs and symptoms which may indicate a decline in the person's health and wellbeing.

The provider had comprehensive systems and processes for reviewing, assessing, and monitoring the quality and safety of the service, however, they were not always used effectively. Audits and checks were not always completed at the required intervals, and they failed to identify and mitigate risk and bring about improvements to the service.

Records relating to people's care and the management of the service were not always maintained to ensure effective delivery of care. Some people's personal care records were left unattended in communal areas making them accessible to unauthorised others.

We have made a recommendation about the environment. The environment was spacious and bright, and fitted with adaptations to aid people's mobility, however, there was a lack of focal points to support meaningful stimulation for people living with dementia.

People told us they were happy living at Hurst Park Court, were treated well and felt safe. Family members

told us they were confident their relative was kept safe. Staff knew of their responsibilities for keeping people safe from abuse. They told us they would not hesitate to speak up if they had any concerns about people's safety.

Staff had access to a good supply of the right standard of personal protective equipment (PPE) and they used and disposed of it safely. People were monitored for signs of infection.

People received safe care and support from the right amount of suitably skilled and experienced staff who were safety recruited. Staff responded quickly to people's requests for care and support.

Staff were provided with the training and support for their role. All staff were inducted into their roles and provided with ongoing training for their role. Staff told us they felt well supported, they described the managers as very supportive and approachable.

People received the support they needed to access healthcare services and to eat and drink. People were offered a choice of food and drink which was prepared and served to meet their needs.

People and family members described the registered manager as 'Very approachable,' 'Very helpful' and 'Responsive.'

Rating at last inspection and update

The last rating for this service was good (published 30 July 2022).

Why we inspected

We received concerns in relation to people's safety and the leadership of the service. As a result, we undertook a focused inspection to review the key questions of safe, effective, and well-led only. 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 changed from good to requires improvement based on the findings of this inspection.

We have found evidence the provider needs to make improvements. Please see the safe, effective, 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.

The provider acted promptly during and following the inspection to mitigate risks to people.

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 read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hurst Park Court on our website at www.cqc.org.uk.

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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

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 first day of inspection was carried out by 2 inspectors and an expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The second day of inspection was carried out by 2 inspectors.

Service and service type

Hurst Park Court 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 a registered manager in post.

Notice of inspection

The first day of inspection was unannounced and the second day was announced.

What we did before the inspection

We reviewed all the information we held about the service. We also obtained information about the service from the local authority and local safeguarding teams. We used all of this information to plan our inspection.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. This information helps support our inspections.

During the inspection visit

We spoke with 6 people, 7 family members and a visitor about their experience of the care provided. We spoke with a visiting healthcare professional, the registered manager, deputy manager, 6 care staff, a housekeeper, maintenance person and the cook. We also spoke with a regional support manager, a district manager and a care quality advisor.

We reviewed a range of records. This included 10 people's care records and a selection of people's medication records. We looked at recruitment records for 2 staff members employed. A variety of other records relating to the management of the service, including audits and checks were reviewed.

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. At this inspection this key question has changed 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; Learning lessons when things go wrong

- Risks to people's health, safety and welfare was not always assessed, monitored, and managed.
- Risk assessments and care plans were not completed for aspects of some people's care where there was a known risk.
- Risks associated with aspects of people's care such as falls, and long-term physical and mental health conditions were not routinely monitored to ensure timely intervention should the person's condition deteriorate and required further risk management to prevent deteriorating health.
- The systems and processes used to analyse accidents and incidents did not always evidence lessons learnt.
- We found multiple examples where incidents which occurred at the service had not been recorded as part of the overall analysis. This led to opportunities being missed to identify action that could have been taken to learn lessons and prevent further occurrences.

The provider failed to assess, monitor, and mitigate the risks relating to the health safety and welfare of service users. This is breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Immediate action was taken to mitigate risks to people.

- Staff received training in topics of health and safety training including fire awareness, food safety and manual handling of loads.
- A personal emergency evacuation plan (PEEP) was available for each person. PEEPs were kept under review and updated to reflect any changes which impacted on people's ability to evacuate the building in the event of an emergency.

Using medicines safely

- Medicines were safely stored; however, records were not always maintained for some prescribed medicines.
- Some people were prescribed medication to be given when required known as PRN. There was no protocol in place to guide staff on the use of a PRN medicine prescribed for anxiety for one person and no administration record detailing the actual times and the reason it was given. PRN protocols for 2 other people did not provide guidance for staff on alternative interventions before administering PRN medicines prescribed to them for anxiety. Records were updated immediately after we raised this.

- Staff with responsibilities for managing medicines had completed the required training and competency assessments. Up to date policies and procedures and good practice guidance for the safe management of medicines were available to staff.
- Medicine storage areas were clean and secure and maintained at a safe temperature.

Preventing and controlling infection

- We were mostly assured that the provider was using PPE effectively and safely. Staff wore the correct PPE when required, however, it was not always stored correctly to ensure it was safe to use. Some items of unused PPE were stored in communal sideboards amongst items including used hairbrushes, combs and cloths increasing the risk of PPE becoming contaminated. This was addressed immediately.
- We were somewhat assured the provider was promoting safety through the layout and hygiene practices of the premises. We found the likelihood of the spread of infection could be further reduced through repairs or replacement of parts of the premises and equipment including satellite kitchens and carpets in communal areas.
- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.
- The NHS Infection Prevention Control Team carried out an audit at the service in May 2023. The service scored 94.89 % which represented a Silver Certificate for Excellence with infection prevention and control.

Visiting in care homes

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

Systems and processes to safeguard people from the risk of abuse

- There were effective systems and processes to safeguard people from the risk of abuse.
- Staff completed safeguarding training and they were confident about recognising and reporting abuse.
- Incidents of a safeguarding nature were reported in a timely way to the relevant agency including local authority safeguarding teams.
- Family members told us they felt their relative was kept safe and treated well. Their comments included, "Happy [relative] is here, [relative] is safe." "[Relative] is safe and happy" and "Staff can't do enough for [relative] and if [relative] was not happy with anything, they would speak to the manager or any of the staff."

Staffing and recruitment

- People received care and support from the right amount of suitably skilled and experience staff who were safely recruited.
- Family members told us they felt their relatives received the right care and support from a consistent group of staff. One family member told us, "There are enough staff, seem to see the same faces," They respond quickly to [relative] pressure mat." Another family member told us, "They come quickly to the call bell. [Relative] needs a hoist and one is always available. There are always 2 staff to help [relative]. I know the staff and see the same faces".
- Recruitment processes were safe. Applicants' fitness and suitability was assessed through a series of pre-employment checks before a job offer was made. A check with the Disclosure and Barring Service (DBS) was mandatory for all applicants. DBS checks provide information including details about convictions and

cautions held on the Police National computer. The information helps employers make safer employment decisions.

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.

At our last inspection we rated this key question good. At this inspection the rating for this key question has changed to 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.

- Decisions to deprive some people of their liberty were made without it being legally authorised under the MCA.
- Bedroom doors on the first floor were routinely locked during the day when people were not in their rooms restricting them access. The registered manager was unsure why this was happening and confirmed the appropriate processes were not followed in line with the MCA for the restrictions imposed on people.
- Another person recently received the provision of 1-1 care for 12 hours each day for a period of 2 months. During that time, they were under continuous observation by staff, however appropriate processes were not followed in line with the MCA for the restrictions imposed by the provision of 1-1 care and support.

The provider failed to ensure consent to care and treatment was obtained in line with the law and guidance. This is breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Immediate action was taken to ensure consent was lawfully obtained.

- DoLS authorisations were monitored and regularly reviewed to make sure they remained valid.

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

- People's needs and choices were not always thoroughly assessed to ensure effective care planning and

delivery.

- Managers completed an initial assessment of people's needs and choices prior to their admission to the service. However, we found multiple examples where assessment documents were incomplete and not signed and dated by the assessor.
- Some sections of assessment documents lacked details about the persons identified needs and the required intervention. For example, one person's assessment stated they had diabetes but did not specify which type or the impact this had on the persons health. The personal choices section regarding the management of lockable facility, keys to bedrooms, voting and personal mail for 4 people had not been completed.
- Some people's care plans lacked guidance for staff on the signs and symptoms which may indicate a decline in their health and wellbeing. For example, people with a diagnosis of a long term physical and/or mental health condition.

The provider failed to maintain accurate and complete records in respect of each service user to ensure effective delivery of care. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The service was adapted to meet people's mobility needs; however, some improvements were needed to enhance the design and decoration.
- Parts of the environment, fixtures and fittings had deteriorated due to wear and tear, including satellite kitchens, communal carpets, and general decoration throughout. On both days of inspection some work was in progress to improve the décor. Following the inspection, we were provided with details of the works confirmed to replace satellite kitchens, communal carpets, and decoration throughout.
- There was signage around the service to aid wayfinding and to promote people's independence. Hallways were long and spacious and used frequently by people who liked to keep busy around the environment. However, there were few focal points along hallways to support meaningful stimulation for people living with dementia.

We recommend the provider finds out more about the environment, based on current best practice, in relation to the needs of people living with dementia.

Staff support: induction, training, skills, and experience

- Staff were provided with the training and support they needed to carry out their role effectively.
- New staff completed a period of induction when they commenced employment at the service and their progress and performance was monitored throughout their induction.
- There had recently been a shortfall in the completion of training for staff, however at the time of the inspection training statistics showed more than 92 % of staff had completed the required training. Training updates were booked for the remainder of staff to be completed by the end of September 2023.
- Staff told us they felt well supported in their roles. There was evidence of information sharing through daily handovers and regular staff meetings. One to one supervisions for staff were not a frequent occurrence although this had improved.

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

- People were supported to access healthcare services.
- A record was maintained for each person detailing healthcare appointments attended and outcomes.
- Staff worked with other agencies to make sure people received effective and timely care. Referrals for

people were made promptly to the appropriate services.

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

- People received the support they needed to eat and drink and maintain a balanced diet.
- Care plans detailed people's nutrition and hydration needs and any assistance they needed with eating and drinking. Kitchen staff were knowledgeable about people's food preferences and any special dietary requirements and were updated with any changes.
- Referrals were made to healthcare professionals where people showed signs of a poor dietary intake and staff followed their guidance including the monitoring of people's weight and food and fluid intake. However, food and fluid intake for people with long term conditions such as diabetes was not routinely monitored, therefore there was no way of ensuring those people were maintaining a healthy diet to avoid complications.
- People told us they enjoyed a choice of food and drink. Their comments included, "It's all very nice and I get more than enough" and "I never feel hungry, there's plenty of nice food." Family members comments included, "The food is fantastic" and "Staff asked [relative] what their favourite foods were and got the kitchen to prepare them."

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. At this inspection this key question has changed 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; Continuous learning and improving care

- Managers at all levels acknowledged their responsibilities for the decline in the quality and safety of the service and gave assurances the required improvements found during this inspection would be made and sustained.
- The provider's systems and processes for assessing, monitoring, and improving the quality and safety of the service were not always used effectively. This led to a decline in the quality and safety of the service since the last inspection.
- Audits and checks were not consistently completed, therefore opportunities to identify and mitigate risk and bring about improvements to the service were missed.
- People's care records and records relating to the management of the service were not always maintained to ensure effective delivery of care. This included assessments, care plans, daily handover notes and governance records. Some people's personal care records were left unsupervised in communal areas making them accessible to others. When we raised this the records were made secure.
- Senior managers who represented the provider, maintained oversight of the service, and had identified areas for improvement prior to our inspection. A service improvement plan was developed outlining their findings and the actions needed to ensure the improvements were made. Some progress had been made, however at the time of our inspection outstanding actions remained.
- The registered manager accepted responsibility for their failings, took immediate action to make the required improvements and learn lessons.
- An action plan based on our feedback during both days of inspection was developed and shared with us. The action plan highlighted improvements which were completed during and immediately following our inspection and of ongoing improvements.

The provider failed to operate effective systems to ensure the safety and quality of the service. This placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Immediate action was taken during and after the inspection to mitigate risk.

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

- A positive culture was encouraged at the service, however a lack of robust oversight led to people not

always receiving the best possible outcomes.

- Staff knew people well and were respectful and responsive to their needs. People and family members told us, "All the staff are lovely", "Can't praise them enough" and "Always seem very caring."
- Family members knew who the manager was and felt at ease speaking with him. One family member told us they would speak to the manager if they were unhappy, and he always deals with any queries. Other comments about the manager included, "Very approachable," "Very helpful," "Very easy to talk to" and "He's lovely, do anything for you."

Working in partnership with others; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Overall, there was good partnership working with others, however there were missed opportunities to engage and involve family members.
- Family members told us they were kept up to date about any changes or significant events involving their relative. However, they told us they did not know about or had seen their relatives' care plan or been invited to attend any 'relatives' meetings. One family member told us they had completed a couple of questionnaires but received no feedback them.
- Assessment, care planning and review records were not signed to show the involvement and agreement of people and/or their family members.
- Referrals were made promptly to other health and social care professionals when required for people.
- A visiting healthcare professional shared positive feedback about the service. They told us staff communicated well with them about people's needs and always followed their guidance in between visits.

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 and managers understood and acted on the duty of candour.
- The Care Quality Commission (CQC) were notified without delay about incidents and events that occurred at the service. The rating from the last inspection was displayed in the reception area and on the providers website in line with regulatory requirements.
- Family members were invited to attend a meeting following our inspection feedback to inform them about our findings and how the provider intended to address the areas for improvement.

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	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider failed to ensure consent to care and treatment was obtained in line with the law and guidance.
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to assess, monitor, and mitigate the risks relating to the health safety and welfare of service users.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to operate effective systems to ensure the safety and quality of the service and maintain accurate and complete records in respect of each service user and the running of the service.