

Mr & Mrs K Banks

Park Grove

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Park Grove is a residential care home providing personal and nursing care to up to 32 people older people in one adapted building. There was 16 people living in the service at the time of the inspection.

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

People told us they felt safe and systems were in place to support safeguarding investigations.

Environmental and individual risk assessments had been completed. The service was clean and tidy and systems had been developed to manage the COVID-19 pandemic. Medicines were being managed safely.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Meals were provided to people and their choices were considered. Professionals were involved in the care and support as required. The service was homely and people's bedrooms had been personalised with their own possessions.

People received good care, and people and relatives were positive about the care they received. People's choices were considered, and they were included in decisions about their care.

Care files had been developed and supported people with person centred care, people were able to access an activities programme. No complaints had been received however, guidance was available to support staff to deal with any concerns.

A range of audits and monitoring was taking place. Policies had been developed to support the operation and management of the service. Meetings were being held with the staff team and people who used the service. Questionnaires had been obtained from staff, professionals and people who used the service.

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

Rating at last inspection and update: The last rating for this service was requires improvement (Published 3 January 2020). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

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.

Follow up

We will continue to monitor information we receive about the service until we 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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Park Grove

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

Two inspectors and one medicines inspector undertook the inspection.

Service and service type

Park Grove 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.

There was no registered manager at the service at the time of the inspection. The previous manager who was applying to be registered manager had recently left. The provider told us they were in the process of recruiting a new manager who would be applying to the Care Quality Commission to be registered manager. This means that they and the provider would be 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.

What we did before the inspection

Prior to the inspection we looked at all of the information we held about the service. This included feedback and notifications which the provider is required to send to us by law. We also asked for feedback from

professionals about their experience of the service.

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 used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and undertook phone calls with permission to four relatives. We also spoke with one professional visiting the service on the day of the inspection and received feedback from another three professionals. We looked at a number of records, these included four staff files, two care files and records relating to the operation and management of the service. We reviewed five medicine administration records and looked at medicines related documentation. We also spoke with six staff, these included, care staff, housekeeping, the deputy manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

After the inspection

The service continued to provide evidence to support the inspection.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the provider had failed to ensure systems were either not in place or robust enough to demonstrate safety was effectively managed. At this inspection we noted improvements had been made and the provider was no longer in breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service had developed systems which ensured risks were assessed and managed safely. Environmental risk assessments had been completed to identify risk and how to manage these. Care records confirmed individual assessments for people's needs had been completed, this ensured these could be met by the service.
- Fire risk assessments, emergency checks, fire drills and personal emergency evacuation plans had been completed. This would ensure risks and emergency situations would be managed safely. We saw checks on emergency lighting had been done but not for two months. The provider confirmed they took immediate action had been taken to address this.
- Accidents and incident records had been completed. These included the details of the incident and the actions taken. Where one record we noted required a notification to be submitted to the Care Quality Commission the provider confirmed they would ensure this was done without delay, and going forward all relevant notification would be submitted in a timely manner. The provider confirmed how the service reviewed incidents and accidents and ensured lessons were learned going forward and shared with the staff team.

Using medicines safely

At our last inspection the provider had failed to ensure that systems were either in place or robust enough to demonstrate safe management of people's medicines. At this inspection we noted improvements had been made and the provider was no longer in breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People received their medicines as intended and were given time to take their medicines in a calm and person centred manner. Records were detailed and clearly explained people's needs and how medicines should be given.
- Medicines administration systems were robust, well organised and regularly reviewed. We randomly selected several medicines and checked their stock against the provider's documentation and found it to be correct

- Medicines were ordered, stored and disposed of safely in line with guidance. Staff did regular checks to ensure medicines were safe to use. The provider ensured that there were enough trained and competent staff to manage medicines properly.

Preventing and controlling infection

At the last inspection we made a recommendation in relation to preventing and controlling infection. During this inspection we noted improvements had been made.

- 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.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Staffing and recruitment

At the last inspection we made a recommendation in relation to staffing levels and the safe recruitment of staff. During this inspection we noted improvements had been made.

- Staff were recruited safely. Staffing numbers were sufficient.
- Recruitment records confirmed the relevant checks had been undertaken. Staff we spoke with confirmed this. This ensured only suitable staff were recruited to work.
- People and relatives told us they were happy with the staff. They said, "Staff are lovely we are able to come and go" and, "There are enough staff to help me when I ask." Staff told us, "The residents [people who used the service] are our family; we know them well and look after them." A professional said, "All the staff that I have encountered are positive and appear to genuinely care about the residents."

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. People and relatives told us they felt safe and raised no concerns living in the service. They said, "I am really happy and feel safe" and, "My [person] said to me the other day, 'you don't have to worry about me anymore I'm safe here' it made me cry, it's such a relief to know [person] is happy and being well cared for." A professional told us they had no safeguarding concerns.
- No safeguarding concerns have been raised in the service however systems were in place to deal with allegations of abuse. Guidance and information was available for staff to follow. Staff we spoke with understood the actions to take if abuse was suspected. Training records confirmed staff received relevant training to enable them to act on any concerns appropriately.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff were competent to support people in a safe and effective way. At this inspection we noted improvements had been made and the provider was no longer in breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People were supported by a skilled staff team. There was a core care team of experienced, dedicated staff who had been employed at the home for over 10 years. They all spoke of great teamwork. People were complementary about the knowledge and skills of the staff. Professionals told us, "The senior carers that assist the ward round, and the general care staff, are very knowledgeable when it comes to the resident's health and social care needs."
- Staff received relevant training to support them in their role. The training matrix had been completed and demonstrated the training undertaken. All staff had either completed their NVQ certificate or had been enrolled on the Care Certificate training. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. The NVQ is a work-based qualification that recognises the skills and knowledge a person needs to do a job.
- Supervision records confirmed staff were supported and monitored in their role.

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 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.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

At our last inspection the provider had failed to ensure people's mental capacity was assessed and recorded

before restrictive practice was implemented. The provider also did not have paperwork in place to document assessments of people's capacity. At this inspection we noted improvements had been made and the provider was no longer in breach of regulation 11 (Consent to care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People were protected from unlawful restrictions. People we spoke with told us staff asked them for consent before undertaking any care or activity. One said, "They ask for consent and they knock on my door before coming in." We observed staff knocking on people's door and asking permission before undertaking any activity.
- Care files contained information in relation to capacity assessments, and relevant DoLS applications had been completed. A range of information and guidance was available to support staff in completing capacity and DoLS assessments. This ensured people were not being deprived of their liberty unlawfully.

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

- People's needs had been assessed. Preadmission assessments had been completed prior to people moving into the service. Whilst these contained information about the needs of people they would have benefited from more details to support their transition. The provider confirmed going forward they would ensure a more detailed preadmission record is completed.

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

At our last inspection we recommended the provider sought nationally recognised guidance to ensure staff had the required knowledge and skills so that meals were provided safely. The provider had made improvements.

- People were supported to eat and drink. People told us they were happy with the meals provided and we observed their individual choices being offered to them. One person said, "The food is really nice too, I'm very fussy but they know exactly what I like, they make sure I don't get any onions, I hate them and the cook will always do me something different and that's always nice too." A relative told us, "[Person] loves the food, they've built [person] up as they had lost quite a lot of weight before coming here, [person] is thriving now."
- We observed a very positive lunchtime experience, meals looked appetising and tables were nicely set with cutlery, condiments and drinks. One person who had a birthday on the day of the inspection was provided with a cake to celebrate the occasion.
- Care plans contained information about people's likes, choices and specific needs. Weights were being monitored regularly by the service, a professional we spoke with confirmed this. A range of information and guidance was available to support where people required special diets. Staff had undertaken training in food hygiene to support people's meals and choice.

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

- People were provided with appropriate support with their individual health needs. People told us they had access to professionals to support their needs. Records we looked at confirmed this.
- The provider and deputy manager said that good working relationships had been established with professionals. Both professionals we spoke with confirmed this. Comments included, "We definitely have a good relationship, they will call if they have any concerns for help and advice" and, "They contact the GPs or myself in a timely manner if they have any concerns about any patient. Their documentation, to me, appears to be appropriate, and they can quickly find the information I need if I ask for it."

- A range of nationally recognised guidance was available to support people's individual needs. Staff training and care records confirmed these were being implemented. Care plans had been developed in line with national guidance for oral care.

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

- The service design and decoration supported people's individual needs. All areas were tidy and accessible to people and visitors. Upstairs areas were accessed via a stair lift. Communal areas were nicely decorated and homely. Bedrooms had been personalised with people's own possessions. A relative told us, "I would recommend Park Grove to anyone, I'm pleased we did our research, it paid off, it's like a five star hotel with the care to go with it."

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity;

- People received good care and their diverse needs were considered. Guidance and policies were available to support staff promoting equality and diversity.
- We received very positive feedback about the care people received and that it met their individual needs. Comments included, "I am really happy, the staff are lovely" and, "The staff have developed a lovely caring and genuinely affectionate relationship with [person]. The place is homely, happy and cheerful, there's real affection shown by the staff. They look after me too and are always considerate." One professional told us about the positive impact the service had had on the improvements for one person living there. They said, "It is down to their care and [professional] support." The staff demonstrated an extremely caring approach. They spoke of the hard times of the COVID-19 outbreak, but said the providers had been great at supporting and been very hands on when needed.
- People received good person centred care. Care files contained relevant information to support people's individual needs and choices. People and relatives told us care was provided in a timely manner. One said, "They always pop their head in and they come straight away if I use my buzzer." The feedback from one professional was that staff engaged with people well, were kind and call bells were answered in a prompt fashion.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected and they were supported to be independent. People told us they were treated with dignity and respect and their independence was supported. One said, "Able to do what I like. I am treated with dignity and respect." Relatives told us, "Staff are great, caring, kind, it's like an extension of family. They support [person] to lead her life like it's her own home" and, "They are thoughtful and considerate, like when I take [person] out they always make sure [person] is ready and always looks nicely presented, they wave [person] off at the door and are always really pleased and interested when we get back. It's the small things like this, they're genuinely interested. They're always checking if they can help in anyway."
- Policies and guidance was available in relation to General Data Protection Regulation (GDPR) to ensure personal information was stored safely. GDPR is a legal framework that sets requirements for the collection and processing of personal information of individuals. Records were held securely both in the staff and the manager's office.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in decisions about their care and the development of their care files. Records

included information about people's likes and choices.

- The service provided good examples of the involvement of advocates for people to support them with their decisions. Advocacy seeks to ensure people are able to have their voice heard on issues that are important to them.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection the provider had failed to always ensure people's care plans were updated in line with their needs or always effectively communicate information about people's needs and preferences received on admission. At this inspection we noted improvements had been made and the provider was no longer in breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Assessments of people's current needs had been completed. Care records contained relevant information about how to support people's needs in a person centred way. People and relatives told us they had been involved in the development of their care plans. Care plans contained information in relation to guidance from professionals and how to meet their needs.
- People and relatives told us, and we observed person centred care being provided to people. One said, "Staff are very caring. They go the extra mile and bend over backwards, it's like [person] is in a five star hotel."

End of life care and support

- Systems were in place to support people's end of life care needs. The relative of one person who was supported with their end of life needs were very complementary about the support they received. They told us, "The end of life care was really really good, they made [person] comfortable and also took care of the family. [The provider] came to the funeral along with staff. It was very comforting knowing she was looked after by people who really cared for [person]." A professional told us, "The staff support families of those whose relatives are approaching end of life with compassion and often work late or overtime to ensure that these people and families are well cared for and supported."
- The service had developed a file which contained information and guidance to support people with their end of life needs. This included information on care planning, philosophy for care and nationally recognised guidance.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were supported. Care files contained information about how to support people's individual needs. We saw people making use of their aids to support them with communication such as glasses and hearing aids. Information was available to guide staff in supporting effective communication with people.
- Visitors were encouraged to visit the service safely. People were seen visiting on the day of the inspection. One relative told us, "The place is homely, happy and cheerful, there's real affection shown by the staff. They look after me too and are always considerate."

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

- The service supported people to maintain relationships and take part in activities. People, relatives and professionals all told us activities were taking place in the service. They told us, "There are plenty of afternoon activities and people encourage [person] to join in." A professional told us, "The residents are regularly taking part in activities such as crafting. Music and television programmes within the main lounge are suited to the ages of the residents living there." People were observed taking part in activities, making use of the communal areas.
- Visits were taking place in line with national COVID-19 guidance.
- Wi-Fi was available for people to access in the service.

Improving care quality in response to complaints or concerns

- Concerns or complaints were being managed. No complaints had been received by the service however systems were in place and, a policy and guidance had been developed to support the management of any complaints or concerns.
- No one we spoke with raised any concerns. One relative said, "I'm very confident that the owners would deal with any complaints, we've never had any, but I've every faith in them." A range of positive feedback was seen. Examples included, "Thank you for the care and devotion you gave [person] with love" and, "[Person] has regarded it as home. That is due to all of the staff who have looked after [person] with respect, kindness and care."

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 requires improvement. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider had failed to ensure systems were robust enough to demonstrate effective management and oversight at the service. At this inspection we noted improvements had been made, and the provider was no longer in breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People, relatives and professionals were complementary about all of the staff team and the management. They told us, "What I like about the home is that it is the owner managers who run the business, they have their fingers on the pulse, (they are) easy to get on with and [provider] always has time for you, and will call back if she's not in or busy", "I would recommend Park Grove to anyone, I'm pleased we did our research." Staff told us, "[The providers] are both very supportive of staff. They are very approachable and caring."
- All of the staff team understood their roles and responsibilities. We observed staff undertaking their duties on the day of the inspection and we noted staff had a good insight into the operation and management of the service.
- The service understood their duty of candour responsibilities. Records confirmed the actions taken where things went wrong.
- A range of audits were being undertaken by the management team. Areas covered included, infection control, medication, health and safety, housekeeping, care plans, pressure areas and incident reviews. Records included the findings from the audits, analysis of any themes or trends where required and, any actions required as a result of the findings.

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

- A person centred, and open culture which supported good outcomes for people had been developed.
- All of the staff members and the management team were very supportive of the inspection, and information required was provided promptly both on the day and following the site visit.
- Certificates of registration and the ratings from the last inspection were on display as well as their employers liability insurance certificate.

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

characteristics

- People and staff were engaged and involved. Questionnaires had been completed and the findings reviewed from people, professionals and staff.
- We saw records of team meetings being undertaken. These had been done recently and included day and night staff meetings. Records included the notes from the meetings, topics covered and attendees listed.

Continuous learning and improving care

- Continuous learning and improving care was considered.
- The service ensured improvements in care and learning was promoted. There was a wide range of information and guidance on display in the service, and policies and procedures were up to date and available to the staff team to support the delivery of care to people.

Working in partnership with others

- The service worked in partnership with others. Good working relationships had been developed with professionals. We received positive feedback from professionals. The service had the support of an advanced practitioner linked to the local GP to undertake assessments and reviews of peoples health needs.
- A range of records confirmed professionals were involved in the care of people.