

HC-One No.1 Limited

Mersey Parks Care Home

Inspection report

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Date of inspection visit:
12 May 2022
13 May 2022
18 May 2022

Date of publication:
27 June 2022

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Mersey Parks Care Home is a residential care and nursing home providing personal and nursing care to 102 people aged 65 and over at the time of the inspection. The service can support up to 120 people. The care home is set across four separate single floor units and an office block. One unit provides nursing care, two units provide residential care for people living with dementia and the fourth unit provides residential care.

Each unit comprises of various communal areas, including living and dining areas, adapted bathrooms and single bedrooms with ensuite facilities.

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

We have made a recommendation with regards to the recording of medicines administration. People told us they felt safe and happy living at Mersey parks. One person said, "The staff make me feel safe." Staff were recruited safely. Incidents and accidents were appropriately recorded and analysed for patterns and trends. Risks to people's health and well-being were assessed and reviewed appropriately. Safety checks on the environment were in place and robust. Staff could clearly describe the course of action they would take if they felt someone was being harmed or abused. Our observations showed there were enough staff deployed to ensure people were kept safe, and call bells were answered in a timely manner.

We have made a recommendation with regards to the information in some people's care records. People were supported to eat a balanced diet. We did receive some mixed feedback regarding the food which we fed back to the registered manager. People were supported to have maximum choice and control over 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. Staff were appropriately trained and supervised to enable them to carry out their roles.

All people, without exception, knew who the registered manager was. Staff told us the registered manager had been a positive influence in the home. The registered manager welcomed feedback and was clearly proud of their achievements up to now at the home, however acknowledged there were still some areas they would like to improve further. All notifications had been sent to CQC, and the registered manager understood what was expected of them. Staff told us they enjoyed working at the home and the ethos was better and more relaxed. Staff felt they could approach the registered manager to help them develop further in their roles or if they had any concerns.

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 29 March 2021) and there were breaches of regulation. 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.

During this inspection we carried out a separate thematic probe, which asked questions of the provider, people and their relatives, about the quality of oral health care support and access to dentists, for people living in the care home. This was to follow up on the findings and recommendations from our national report on oral healthcare in care homes that was published in 2019 called 'Smiling Matters'. We will publish a follow up report to the 2019 'Smiling Matters' report, with up to date findings and recommendations about oral health, in due course.

Why we inspected

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 undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements and to check whether the Warning Notice we previously served in relation to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

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 requires improvement. This service has been rated requires improvement for the last four consecutive inspections under this provider. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Mersey Parks 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?

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 well-led?

The service was not always Well-Led.

Details are in our well-led findings below.

Requires Improvement ●

Mersey Parks 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 team consisted of three inspectors, a medicines inspector 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.

Service and service type

Mersey Parks 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. Mersey parks 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 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

This inspection was unannounced.

Inspection activity started on 12 May 2022 and ended on 18 May 2022. We visited the service on 12 May 2022.

What we did before inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed all the information we held about the service including statutory notifications the service has sent and feedback we had received. We contacted the local authority for additional information and feedback. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service about their experience of the care provided. We spoke to 12 relatives by telephone. We spoke with five members of staff including the chef and housekeeping staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, maintenance records and other information the service sent. We contacted more staff to obtain further feedback about their experience of working at Mersey Parks Care Home

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 requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection the provider had not always ensured the effective deployment of appropriate staffing levels to maintain people's safety, dignity and other fundamental care standards. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- There was enough staff on duty to be able to support people safely.
- There were enough staff deployed within each unit to be able to support people with their needs. Most people we spoke with said there were enough staff. One person said, "There always seems plenty of staff about." However, three relatives told us the home could do with more staff.
- Staff were safely recruited following a robust recruitment process, which included references and Disclose and Barring Service Checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

At our last inspection the provider had failed to have systems in place which were robust enough to demonstrate how safety of medicines was effectively managed. 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. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12, however, we have made a recommendation regarding the completeness of records in relation to medicines.

- Staff administering medicines had completed medicines training and competencies were checked by authorised staff.
- People received their medicines in a timely manner, however more detail was needed to instruct staff where to apply creams and to record patch applications.
- Records were not completed when a thickening agent had been added to a person's drink so there was a risk they might not be used safely. For one person we looked at who was non-verbal, more details were needed in their medicines care plans about how to manage and administer their pain relief.

We recommend the provider consider current guidance on reviewing records about creams, patches and

thickening agents and updates their practice accordingly.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure that systems were in place and robust enough to effectively manage and mitigate risk and ensure people received the safe care they needed. This was a further breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

- Risk assessment were clear, well written, and regularly reviewed to encompass people's changing needs.
- Staff told us they were given time to read people's care plans and get to know them. We spoke to staff about people's individual needs and staff were able to demonstrate a good knowledge of the people they supported.
- All routine checks on the safety and suitability of the premises had been carried out to ensure the home was safe for people to live in.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with and their relatives told us they felt safe living at Mersey Parks. One person described the home as "Great" and said they had seen a "positive change in their relative". Someone else told us, "Staff know my [Relative] very well, he cannot speak but the staff can anticipate his needs and always seems to know what he wants". Another person said "The staff know my [Relative] well and they are lovely with him, he knows some staff from living local to the home which is nice."
- Staff had all received up-to-date safeguarding training and told us what they would do if they felt someone was being harmed or abused. There was information and guidance regarding safeguarding displayed in the home.

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 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.
- The provider had safe systems in place to facilitate and support visiting at the home in line with the national guidance.

Learning lessons when things go wrong

- The provider had made improvements since our last inspection which evidenced a lessons learned approach. There were clear action plans and learning logs in place which were shared with staff at team meetings.

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 requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection the provider had failed to ensure staff provided people with individualised care. This was a breach of Regulation 9 of the Health and Social Care Act 2008 Regulated Activities (Regulations) 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9, however we have made a recommendation regarding some records.

- People's risk assessments and care records were in place, up to date and well assessed. There was some records which were not in place or had not been completed in full to evidence people had been supported correctly. For example, someone did not have a turn chart in place who had recently become immobile. Another person, who was a diet controlled diabetic, had daily notes which did not always explain what they had eaten so it would be difficult for staff to monitor what they had eaten. A part of someone else's care records did not acknowledge their change of use from a Zimmer Frame to a stand aid, which could have caused confusion for staff when supporting them.
- We fed this information back to the registered manager during inspection. We also spoke to the staff supporting these people and felt assured they were getting the correct care.

We recommend the provider seeks guidance from a reputable source and reviews these types of care records regularly to ensure best practice.

- The registered manager responded straight away to our feedback, and they sent us information after our inspection to show how they had addressed this and changed these records to ensure more consistency.
- We observed a good level of social interaction. Staff were able to spend some time sitting and chatting to people, and one family member told us "The staff are great, they have really given [relative] loads of their time."

Staff support: induction, training, skills and experience

At our last inspection, the provider had failed to ensure staff had received appropriate training to carry out their roles. This was a breach of Regulation 18 of the Health and Social Care Act 2008 Regulated Activities (Regulations) 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Since our last inspection, the new registered manager had identified gaps in training and had taken action to ensure staff were enrolled on courses relevant to their roles.
- New staff had been enrolled on an induction in line with the principles of The Care Certificate. 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. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff we spoke with told us they felt well trained and supported.

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

At our last inspection, the provider had failed to address issues and shortfalls within the environment. This was a breach of Regulation 15 of the Health and Social Care Act 2008 Regulated Activities (Regulations) 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 15.

- Communal areas of the home were clean and tidy and any repairs and routine maintenance had been completed.
- The bedrooms we viewed were furnished nicely, and directional signage was in place for people with dementia to help them orientate their way around the home.

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

- Care records contained information on how staff were to support people with any dietary needs.
- We received some mixed feedback regarding the food available at the home. Most people liked the food, however others did not. One person told us, "The food is not brilliant but, it is just ok." We shared this feedback with the registered manager who agreed to further consult with people around menus and food choices.

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

- The provider worked alongside other medical professionals to ensure people had access to services and were supported with their health and emotional needs.
- People received the care and support they needed and were referred to external healthcare professionals where appropriate and supported to attend external appointments where required.
- People were supported with their dental hygiene needs. Assessments were in place regarding people's oral health, and information around what support they required to manage this was clearly documented in care plans.

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 had referred people for DoLS assessments appropriately following a test on their capacity around certain decisions. Some of these were still awaiting an outcome, however there was a clear tracking system in place, so we could view the progress of applications.
- Best interest processes were in place for people for everyday choices and decisions where they were not able to make these independently.

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 Inadequate. At this inspection the rating 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. We could not improve the rating for Well Led from Inadequate to good because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

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

At our last inspection the provider had not always ensured governance and monitoring systems had been effectively operated to maintain people's safety and drive improvement and had not ensured that information about people's needs was consistent, accurate and up to date. This was a breach of Regulation 17 of the Health and Social Care Act 2008 Regulated Activities (Regulations) 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The registered manager had made positive progress since the last inspection and had addressed the breaches of regulation we found when we last inspected the home.
- Quality assurance systems were well organised, robust and had been completed in a timely way ensuing that the previous months action plan had either been completed or re- assessed and reassigned.
- Detailed analysis was now taking place to ensure patterns and trends were identified to prevent future re-occurrence.
- The registered manager informed us there were still some areas they wanted to improve, and they were working to ensure this was completed. They welcomed our feedback regarding the improvement of some individual records we found during this inspection, and acted on this feedback without delay.
- The provider had a range of policies and procedures in place to ensure staff knew what was expected of them in their roles.

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; Continuous learning and improving care;

- The registered manager was transparent in their role. This was evidenced in their ability to rigorously challenge themselves and be open to improvement and change.
- The registered manager attended events and meetings to ensure they were up to date with any regulatory changes which could impact their service, such as COVID-19 best practice guidance.
- The registered manager had informed CQC of any notifiable events and understood their role with regards to this.

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

characteristics ;Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people ; Working in partnership with others

- People who lived at Mersey Parks Care Home and their relatives had opportunities to comment on the way the service was run and the support they received. Satisfaction surveys had been completed with people who used the service, relatives and staff.
- People and relatives generally told us they felt able to raise concerns and make complaints. One relative told us they felt the home was "Moving in the right direction" however they still felt that some further improvement was needed to ensure communication was better.
- Nine of the 11 relatives we spoke with said they would recommend the home. One person said, "We would recommend this home as it was recommended to us in the first place. Both our parents are there, it is clean and tidy and the staff are excellent."
- Staff we spoke with were complimentary regarding the registered manager and they felt the overall atmosphere in the home was better.
- The service worked with other local services to meet people's needs, the local authority had and link social worker had input into the service and we observed people had visits from other community professionals.