

Alexandra Specialist Care Limited

Park View Care Home with Nursing

Inspection report

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Blackpool
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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

Park View Care Home with Nursing is a care home providing personal and nursing care to 33 people at the time of the inspection. The service can support up to 44 people with a variety of needs, including people living with dementia and people receiving care at the end of their lives.

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

People's medicines were not always managed safely, and some care records did not consistently contain accurate information. Audits and checks did not consistently drive improvement.

People told us they felt safe and they were supported by staff who helped them quickly if they needed this. Checks were completed to help ensure prospective staff were suitable to work with people who may be vulnerable. Risk assessments were carried out to help minimise the risk of avoidable harm and staff knew the help and support people needed.

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.

People were cared for in a safe, clean and homely environment by staff who were caring, competent and knowledgeable about people's needs. Staff told us training and supervision was arranged to ensure they had the skills to carry out their role.

Staff told us they felt supported by the registered manager and they were able to approach them if they needed support and guidance. People told us the registered manager was approachable and accessible.

People were consulted and asked their views on the service provided. People told us they were happy at the home and were confident any comments or complaints they made would be listened to.

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

Rating at last inspection The last rating for this service was good (published 17 December 2021).

At our last inspection we recommended the provider reviewed their medicines management processes and the use of their systems for learning from accidents and incidents. At this inspection we found further improvements were required in relation to the safe management of medicines.

Why we inspected

The inspection was prompted in part by notification of a specific incident. We will review this outside of the inspection process. The inspection was also prompted in part due to concerns received about recruitment,

medicines, and the safe management of risk. A decision was made for us to inspect and examine those risks. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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.

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 that the provider needs to make improvements. Please see the safe 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 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 well-led?

The service was not always well-led

Details are in our well-led findings below.

Requires Improvement ●

Park View Care Home with Nursing

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 a pharmacist inspector.

Park View Care Home with Nursing 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.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with six people who used the service and three people's relatives about their experience of the care provided. We spoke with ten members of staff including the registered manager, deputy manager, nurses and care workers. We carried out observations of how staff interacted with people and checked the premises to make sure they were clean and safe. We looked at seven people's care records and multiple medication records. We looked at policies and records relating to the management of the service. This included five recruitment records.



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 for this key question has remained 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.

Using medicines safely

At our last inspection we recommended the provider reviewed their medicines management processes. At this inspection we found that medicines were not always managed safely across the home. The provider must ensure that medicines policies and procedures are applied consistently to support the safe administration of medicines.

- Medicines were not always managed safely. This placed people at risk of avoidable harm. It was not always possible to tell if medicines, creams and nutritional supplements were given correctly. We saw examples where we could not account for medicines as the quantities remaining in stock did not match with the records.
- There were occasional 'gaps' in the record keeping where administration or the reason for non-administration was not recorded. Similarly, where 'one or two' was prescribed, the actual dose given was not consistently recorded. We saw one example where a different number of tablets was prescribed at different times of the day but, the correct dose was not always given
- Appropriate arrangements were in place for the covert (hidden) administration of medicines however one record had not been updated to reflect specific medical advice.
- Appropriate checks of people's medicines were made on admission to the home, although we saw one record where a medicine was missed.

The above evidence demonstrates a breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

We discussed our findings with the registered manager who took swift action to address our concerns and improve the safe management of medicines.

- People's individual choices and needs were considered when administering medicines. People who were both able and wished to self-administer medicines were supported to do so. Individual written guidance was mostly in place to support the safe administration of 'when required' medicines.
- Arrangements were in place to help ensure that special instructions such as, 'before food' were followed when administering medicines.
- Medicines were safely and securely stored but we raised a concern with controlled drugs storage, this was addressed during the inspection.

Assessing risk, safety monitoring and management

- Some care records were not consistently accurate. We reviewed seven people's care records and found errors in records relating to two people. We discussed this with the registered manager who reviewed the records to ensure they contained accurate and updated information.
- We noted an occurrence at the home had not been identified as a fall on the electronic care record system.

We discussed this with the registered manager who undertook an investigation and reviewed records to ensure information was correctly recorded.

- The provider had processes to follow to ensure the risk of avoidable harm was minimised. Risk assessments of nutrition, skin health and behaviours that may challenge were carried out. Staff could explain the help people needed to support their safety.
- People were supported to manage individual risk. A person told us how they were able to decide the help and support they needed to minimise risk. They shared staff had asked them their views and they received support which helped them maintain their safety.
- Equipment was serviced and checked to help ensure it remained safe for use.

Systems and processes to safeguard people from the risk of abuse

- Staff were trained in safeguarding and their knowledge was refreshed annually. Staff told us they would report any concerns of abuse to the registered manager, provider or external agencies to help ensure concerns were addressed.
- The provider had reporting systems in place to share concerns with external agencies if this was required.
- A relative described the home as, "secure and safe" and a person who lived at the home commented, "I feel safe here, that's what counts."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

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

Staffing and recruitment

- The provider deployed sufficient staff to enable people's needs to be met promptly. People told us they received help when they needed it and staff raised no concerns with the staffing arrangements. During the inspection, call bells were answered quickly, and staff were patient with people. One person said they didn't have to wait long for help. A further person said, "There's always staff around if I need help."
- The provider followed procedures to help ensure prospective employees were suitable to work with people who may be vulnerable. References and criminal record checks were carried out prior to prospective employees starting to work at the home and interview records and risk assessments were completed to help

assess prospective employees' suitability to work at the service.

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 accessing testing for people using the service and staff.
- 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 that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were not always assured that the provider was using PPE effectively and safely. We noted a member of staff lowered their mask when speaking with other staff and there were times when staff wore masks below their noses. We discussed this with the registered manager who took action to remedy this.
- People were supported to maintain contact with others. Visits to the home were enabled and followed best practice guidance.

Learning lessons when things go wrong

At our last inspection we recommended the provider reviewed the use of their systems for learning from accidents and incidents.

- Reviews of incidents and accidents took place and action was taken to minimise the risk of reoccurrence. For example, extra security was introduced after an incident where it was identified this would prevent reoccurrence.
- Staff referred people to health professionals if analysis of risk indicated specialist advice was required.

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 promoted an open, fair culture.

At our last inspection we rated this key question good. 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.

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

- The registered manager and management team carried out audits and checks at the service. These did not always drive improvement. For example, medicine counts and the medicines remaining did not always match. This had been identified both by the home and through repeated external audit. An action plan was in place to try and support improvements however, staff did not alert managers where they identified differences between medicine counts and amounts of medicine remaining.

This was a breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager responded quickly to our feedback and additional audits were introduced to help identify shortfalls and drive improvement.

- A deputy manager had been employed to support the registered manager. They worked closely together to make changes when this was required. For example, the deputy manager had started to hold daily meetings with staff to identify if support was needed or if there were any risks that needed addressing.
- The provider was recruiting a clinical lead to support the clinical oversight of the service.

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

- The registered manager engaged with staff. Meetings were held and surveys were provided to staff to gain feedback.
- Records showed meetings were held where people could discuss their views and give feedback. Action was taken to make changes when this was possible.
- People and relatives told us the registered manager was approachable and communication was good.
- The manager worked closely with other agencies and health professionals to help ensure people achieved good outcomes.
- The registered manager spoke openly about the improvements made and the plans to continue with further improvements.

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 registered manager completed investigations and shared the findings of these with other relevant agencies. The registered manager told us they also offered an apology if things could have been done differently. A relative told us they had confidence in the registered manager and the service provided. They said, "If I had any concerns, I would have raised them with the care home."

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 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not always managed safely. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014 12 (1) (2) (g).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Audits and checks did not consistently drive improvement. Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (1) (2) (a) (b) (f).