

Athena Healthcare (Albert Road) Limited

Hesketh Park Lodge

Inspection report

61 Albert Road
Southport
Merseyside
PR9 9LN

Tel: 01704772222
Website: www.heskethparklodge.co.uk

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Hesketh Park Lodge is a purpose-built home offering care and support to older adults, including those living with dementia. Facilities include a cinema room and hair salon. The service can provide support for up to 79 people. At the time of our inspection there were 35 people living at the home.

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

People told us they enjoyed living at Hesketh Park Lodge and were happy with the care and support received.

People received their medicines as prescribed, but we have made a recommendation about the management of some types of medicines.

People lived in an environment that was safe and were protected from abuse and avoidable harm.

Risks to people were identified, mitigated and managed safely. The home was clean and well maintained, staff followed infection prevention and control best practices to help minimise the risks of COVID-19 and other infections.

Staff were recruited safely, and staffing levels were sufficient to support people's needs.

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.

Training records did not evidence that staff had received all mandatory training to help them perform their roles. Accurate records were not always kept to evidence people's care and support.

There was a lack of consistency in how the service was managed and led. The service had undergone changes in management since the last inspection. Although the current manager had only been in post a short time, they had already identified areas of improvement.

We received positive feedback about the new manager from people, their relatives and staff.

During and immediately after our inspection, both the manager and provider began to address our concerns demonstrating their responsiveness and genuine commitment to improving the standard of care delivered to people.

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

Rating at last inspection

The last rating for this service was good (report published 28 March 2019).

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.

The inspection was prompted in part due to concerns received about staffing and staff competence. As a result, we undertook a focused inspection to review the key questions of safe, effective, responsive and well-led.

We have found evidence that the provider needs to make improvements. Please see the effective, responsive and well-led key question sections of this full report.

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.

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

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to staffing and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement 

The service was not always effective.

Details are in our effective findings below.

Is the service responsive?

Requires Improvement 

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement 

The service was not always well-led.

Details are in our well-led findings below.

Hesketh Park Lodge

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

This inspection was carried out by one inspector.

Service and service type

Hesketh Park Lodge 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.

Hesketh Park Lodge 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 manager in post who was in the process of applying to the CQC to become registered.

Notice of inspection

This inspection was unannounced on the first day and announced on the second day.

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. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We undertook a visual inspection of the home and observed the delivery of care and support at various times throughout the day. We spoke with five people and one relative. We also spoke with six members of staff, including the registered manager, deputy manager, regional lead, concierge, a senior carer and a nurse.

We looked at records in relation to people who used the service including four care plans and systems for monitoring the quality of the service provided. We also looked at staff recruitment files and people's medication records.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at staff training and quality assurance records. We spoke with two members of care staff, including a unit leader. We also spoke with three relatives on the telephone to help us understand their experience of the care and support their loved one received.

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. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Medicines were managed safely. Staff were trained and competent to administer medicines. Although we were assured and people told us they received their medicines as prescribed, not everyone had a PRN protocol in place. PRN protocols provide guidance to staff on when to administer as and when required medicines, for example, painkillers.
- Where PRN protocols were in place, the information contained was not always person centred.

We recommend the provider updates people's PRN protocols to ensure information is relevant to the person and ensures they received their medicines as prescribed.

- Not all staff signed records to say they have given people topical medicines. These are medicines that are applied to the skin such as creams. The manager confirmed this was a recording issue, and staff would be reminded.
- Controlled drugs were managed and administered safely. Controlled drugs are drugs that are subject to extra safety measures and legal control as they can be harmful if not used properly.
- The service took an active role in medicines reviews and risk assessments. Where people wished to manage their own medicines, they were supported to do so safely, and in a way which respected their independence.

Staffing and recruitment

- Recruitment systems ensured staff were recruited to support people to stay safe. Staff files contained all required information.
- People did not always receive care from a member of permanent staff as agency staff were used. However, we are mindful of the national issue of staff challenges in the health and social care sector, and the service worked hard to secure the same agency staff to cover gaps in shifts wherever possible, to help ensure continuity of care.
- People told us that although staff were busy and worked hard, there were enough staff on duty to meet people's needs. One told us, "I only have to press my call bell and staff are there."

Systems and processes to safeguard people from the risk of abuse

- People were adequately protected from the risk of harm or abuse. Any incidents or concerns were appropriately reported and shared with relevant safeguarding authorities. Systems and processes enabled investigations to take place in the event of any safeguarding concerns.
- Staff were trained in how to recognise and report on safeguarding matters and knew what action to take

to keep people protected from harm. People told us they felt safe living at the service, one person told us, "I feel safer living here than I did at home."

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

- Staff were aware of the risks to people, such as from mobility and skin integrity needs and how to manage them. Risks were reviewed regularly to ensure the service had a current and accurate picture of safety.
- Fire safety checks and checks of the health and safety of the environment had been carried out. Each person had a personal emergency evacuation plan [PEEP]. This contained information for staff and emergency workers to help evacuate people appropriately in the event of an emergency.
- The service demonstrated learning from any incidents, accidents and other relevant events. Records were reviewed to monitor any safety related themes.

Preventing and controlling infection

- The service managed the control and prevention of infection well. Staff followed policies and procedures on infection control which met current and relevant national guidance. This included managing risks of COVID-19 by the use of effective infection prevention techniques and the use of appropriate PPE.
- 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.

Visiting in care homes

We were assured people's friends and family were able to visit people when they wanted. We observed people enjoying visits during our inspection and the positive impact this had on people. The service had a designated dining room and bistro specifically for visitors to enjoy meals and afternoon tea with their loved one.

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. The rating for this key question has changed to requires improvement. This meant the effectiveness of people's care, treatment and support was inconsistent.

Staff support: induction, training, skills and experience

- We could not be assured staff had the right skills to carry out their roles. We checked staff training records and found gaps. For example, training records indicated that not all staff had received mandatory training, such as fire safety and first aid. One member of staff told us, "Yes, we have fallen behind with training, but it's been so busy, but we will get on top of it." After the inspection, the provider gave written assurances that training for staff had been booked in the near future.
- We also found not all staff had received supervisions and appraisals. These are important as they enable staff to maintain their skills and to discuss any concerns or questions they have. However, the provider had identified this and were taking steps to address the shortfalls in staff supervision.

We found no evidence that people had been harmed, however we could not be assured that the provider had a systematic approach to help determine the level of training staff required. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- After the inspection the manager provided assurances that staff were knowledgeable and experienced and were in the process of working their way through the care certificate and that a more robust system would be initiated to ensure staff received more regular supervision and appraisal. (The Care Certificate is a set of 15 minimum standards that define the knowledge, skills and behaviours expected of employees in the health and social care sector.)

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 service ensured that people were involved in decisions about their care and support wherever possible, and in a way which upheld their human rights. Although people's records didn't always record each specific decision, we were assured this was a recording issue, and people were assessed to check they had capacity to make decisions and that relevant others were involved when required, such as health professionals and relatives. The service updated people's capacity records at the time of our inspection.
- Where people were deemed not to have capacity to make decisions, the service worked with relatives, those who held power of attorney and other advocates to ensure decisions were made in the person's best interests and supported them in the least restrictive way possible.
- People confirmed that staff asked for their consent prior to giving care and support, one person told us, "Yes, staff always ask and explain what it is they are doing."

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

- The service was well adapted and designed to people's needs. The service was purpose built, communal areas were spacious and well-lit, and all bedrooms had an ensuite facility. People told us they enjoyed living in their surroundings, comments included "It's one of the reasons I chose this home, it caters for my mobility needs and means I can get around freely," "The home is beautiful, always clean and I love having access to the garden" and "I love the fact we have our own cinema and beauty salon."
- The service consisted of four floors, only the ground floor and first floor were occupied at the time of our inspection. We observed that people on the first floor were living with dementia and more mobile than people living on the ground floor. We queried whether it would be more beneficial for the floors to swap around so that people who were more mobile had access to a safe, enclosed outside space. The provider told us this was something they were considering.

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

- Staff and kitchen staff had knowledge of people's dietary requirements, for example a diabetic diet and catered for this. However, people's intake was not always recorded.
- People exercised genuine choice and had access to sufficient nutritional food and drink throughout the day. In addition to the main dining area, which was clean and pleasant, people had access to smaller satellite kitchens where beverages and snacks could be prepared.
- People enjoyed home cooked food prepared on the premises. Feedback about the choice and quality of food was consistently good. However, one person did comment they would like to see more of their favourite food. We fed this back to the manager who confirmed this would be arranged.

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

- Care and support was delivered in line with evidence-based guidance and relevant legislation, which was monitored to ensure consistency of good practice. The service completed an initial assessment of people's needs before they were admitted, to ensure their needs could be met.
- People and their relatives were involved in setting out expected outcomes and goals for care wherever possible and were positive about the care received. One person told us, "I am looked after well, I felt at home the minute I walked through the door, I couldn't ask for more." A relative confirmed this by saying, "Yes, I am reassured that [Name] is very well cared for, staff are wonderful and constantly talking to people. I have no concerns when I'm driving away."
- The service made appropriate referrals to external services to help ensure good outcomes for people and promote a good quality of life.

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

- The service helped ensure people experienced positive outcomes regarding their care and support. People and their relatives were provided with options and information about their likely outcomes so that people made choices which were appropriate for their care and support requirements and in line with their preferences.
- A 'resident of the day' process was in place, where every day, a person's records was evaluated by staff to ensure all care and support requirements were reflective of their current needs.
- Staff worked in collaboration with external health care services to meet people's needs in a timely way.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant people's needs were not always recorded as being met.

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

- At the last inspection we found records which documented people's care, such as food and fluid intake which were not always completed, and that information which had been recorded, was kept in different places. The provider gave assurances that training would be arranged for staff on how to record care and support on the electronic system.
- At this inspection, we checked whether improvements had been made and found they had not. Although people and their relatives told us staff supported them with their nutrition and hydration needs, the recording of this information was not consistent and recorded in different places making it difficult or impossible to track a person's intake.
- We also found that staff were not consistently recording the use of thickener when providing drinks (this is a prescribed product which is added to fluids to help minimise the risk of choking).

We found no evidence that people had been harmed, however, systems were either not in place or robust enough to ensure accurate and complete records were kept in respect of the care and treatment provided to people. This posed a risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider and manager responded to our concerns proactively and arranged training for staff on how to record information about people's care and treatment using the electronic system. The provider demonstrated evidence of this after the inspection.
- At the last inspection, we found insufficient consideration had been given to the recording of person-centred information such as people's preferences, likes and dislikes and interests in their care plans. This meant people were at risk of not receiving support in line with their wishes. At this inspection we checked whether improvements had been made and found that they had. People's care records contained some personal information about their background and preferences.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us that the service usually supported them to follow their interests and encouraged them to take part in social activities relevant to their interests.
- At the time of our inspection, the service did not have an activity co-ordinator in place. People and their relatives told us they missed the activities. One person told us, "More activities would be a helpful, that's my only criticism." We discussed this with the manager who confirmed that a new activity co-ordinator was in the process of being recruited that week.

Improving care quality in response to complaints or concerns

- There was an accessible complaints management process in place. Both people and their relatives told us they knew how to raise a complaint and felt confident any concerns would be acted upon.
- Complaints were managed consistently with complaints and responses being recorded. This meant there was evidence of investigation and learning applied to practice within the service.

Meeting people's communication needs

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

- The service was aware of the Accessible Information Standard to meet and record the communication needs of a person with a disability or sensory loss. Information was presented to people in a way they could understand.

End of life care and support

- People's end of life care needs and decisions around their end of life care were catered for. Staff worked alongside external health professionals to ensure people had a comfortable and dignified death.

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

- There was a lack of consistency in how the service was managed and led. This meant there were missed opportunities to identify improvements that needed to be made. Due to the shortfalls we found in the recording of the care and treatment provided to people at the last inspection and our findings that this had not improved at this inspection, we were not assured the provider had adequately addressed our previous concerns.
- After the inspection, we were provided with the provider's action plan, which demonstrated that concerns had been identified shortly prior to the inspection, and were in the process of being acted on.
- The service did not have a consistent approach to support staff to maintain their skills and knowledge. The provider understood that staff required training and development, but training records were not up to date. Staff supervision and support was not consistent, and we could not be assured it met their needs.
- However, we were reassured by the new manager who despite having been in post a short time at the time of our inspection, had already undertaken audits and monitoring processes and highlighted these issues as areas for improvement.
- Since our last inspection in 2019, although there had been changes in the manager, the service had the support of a higher management and quality team. The new manager shared with us they were committed to the service and demonstrated positive ideas about their plans to further develop a culture dedicated to person centred care, so that people using the service received a service that was wholly inclusive. The manager was well thought of by staff, one commented, "[Manager] is very good and has already made positive changes."
- We received positive feedback from people and their relatives about the new manager. People told us the manager had a visible presence and made an effort to check on their welfare each day. One person commented, "I can talk to staff or the manager about anything, [Manager] has gone out of their way to be seen and walk around the home, they seem to be in touch with things."
- The manager had notified us of any significant events at the service so that we were able to monitor the level of risk at the service. The rating from the last inspection was also displayed and stated on the provider's website.
- We observed positive and warm interactions between staff and the people they supported. It was clear staff knew the needs of people well and were keen to deliver the best possible care and support. People were keen to tell us how well they thought of staff, comments included, "Staff are truly wonderful," and "Staff know me well, staff are brilliant."

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

- The service encouraged people and their relatives to provide feedback on their experiences. People and their relatives told us the manager was accessible and they could speak with the staff or the manager at any time. One person told us, "The manager has an open door." Comments from relatives included, "I am kept up to date with any changes to [Name]" and, "I can approach the manager at anytime if I need to ask anything."
- Staff told us communication in the home was good. There were daily handover meetings for staff when shifts changed. Staff attended handovers, meaning staff were updated on relevant information relating to any changes to people's care and support needs. This also helped to promote an open culture, tailored to meeting people's needs.

Continuous learning and improving care

- The service had quality assurance processes in place to collate the views and experience of people using the service to help understand quality issues and challenges.
- The service demonstrated a commitment to sustained and improved care at all levels, and responded in a proactive and timely manner to the findings of our inspection, demonstrating their commitment to develop a best practice learning culture which helped drive up the quality of the service.

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 service was open to feedback and adopted a transparent approach when things went wrong. Any concerns were investigated in a sensitive and confidential way and shared with the relevant authorities.

Working in partnership with others

- The service worked in partnership with external organisations to help ensure people received a seamless experience based on best practice

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems were either not in place or robust enough to ensure accurate and complete records were kept in respect of the care and treatment provided to people.</p> <p>Regulation 17 (2) (c) (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>We could not be assured that the provider had a systematic approach to help determine the range of skills, support and training needs of staff.</p> <p>Regulation 18 (1) (2) (a) (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>