

DHCH14

Argyle Park Care

Inspection report

9 Park Road
Southport
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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

Argyle Park care home is a residential care home providing personal care to 15 people aged 65 and over at the time of the inspection. The service can support up to 31 people.

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

Although we were assured people were receiving appropriate care and support, records did not always reflect this. We have made a recommendation about the recording of care and support in people's care records.

Most people being supported by the service were living with dementia. The service had recently undergone some refurbishment so that people benefitted from an environment which was considerate to their specific needs.

The service had a warm and welcoming atmosphere and people were at ease in their surroundings. People told us they thought of Argyle Park as their own home. People and their relatives told us they were happy with the care and support being delivered and provided positive feedback about staff.

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.

Staff received training and support to enable them to effectively meet the needs of the people they supported. Staff treated people with patience and kindness.

The service had a registered manager in place who was supported by the provider. Both people and staff spoke positively about the management team.

Staff used PPE appropriately and followed infection control practices which helped protect people from the risk of transmitting COVID-19.

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 the service under the previous provider was Requires Improvement, published on 31 October 2019.

Why we inspected

This was a planned inspection based on the previous rating under the previous provider, and is the first inspection for this service under the new provider.

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?

Good 

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good 

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good 

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good 

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good 

The service was well-led.

Details are in our well-led findings below.

Argyle Park Care

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Argyle Park Care Home 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.

The service had a manager registered with the Care Quality Commission. 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.

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. We used the information the provider sent us in the 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 of this information to plan our inspection.

During the inspection

We spoke with four people about their experience of the care provided. We spoke with two members of care staff, the registered manager, assistant manager and compliance manager.

We reviewed a range of records. This included five people's care records and multiple medication records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We looked at four staff files in relation to recruitment and staff supervision. We spoke with four relatives who regularly visit the service and three members of staff.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

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

- People's care records identified risk to people and provided guidance for staff on how to manage and mitigate risks.
- Staff were aware of the risks to people and to how to care for them in a safe way.
- Appropriate checks to ensure the safety of the environment were carried out.
- People and their relatives told us they felt Argyle Park provided a safe service. One person told us, "I feel completely safe here." A relative added, "I have no worries about Mum's safety, my mind is completely at rest."
- A system was in place to ensure accidents and incidents were recorded. Information was reviewed by both the registered manager and provider. Information was shared with staff to help ensure risk to people was effectively managed and mitigated.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to safeguard people and to ensure that any incidents which exposed people to potential or actual harm were identified and reported appropriately to the relevant external agencies.
- Any safeguarding incidents were discussed and shared with staff to help learn from the incident and prevent the risk of recurrence.
- Staff had received training in safeguarding and told us they would not hesitate to raise anything of concern. One told us, "I would not hesitate to report anything I was concerned about, that's our job."

Using medicines safely

- Medicines were managed safely. People received their medicines as prescribed.
- Regular audits helped ensure medicines were administered correctly and any issues found were addressed. The service carried out daily stock balance checks which helped reduce the risk of medicine errors.

Staffing and recruitment

- Staff were recruited safely. Pre-employment checks were completed to help ensure staff members were safe to work with vulnerable people.
- Staff rotas showed there were sufficient numbers of suitably qualified and skilled staff deployed.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections,

meeting shielding and social distancing rules and admitting people safely to the service.

- We were assured that the provider was using PPE effectively and safely, was accessing testing for people using the service and staff and 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 and that the infection prevention and control policy was up to date.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- People's needs and choices were assessed to ensure their care, treatment and support was delivered in line with current legislation, standards and evidence-based practice to achieve effective outcomes.
- Staff were able to tell us about the needs of the people they supported. A relative confirmed this, "[Name] can have good and bad days as part of their condition but staff have got to know [Name] and know how to manage this. Staff are very in tune with [Name]."
- People's care records reflected their current care and support requirements. Any input which had been provided by external health care professionals, was recorded appropriately.

Staff support; induction, training, skills and experience

- Staff were provided with training to help equip them with the necessary skills and knowledge to perform their role.
- Staff told us they could also ask for additional training and this would be provided.

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.

- Consent to care and treatment was sought in line with legislation and guidance. We observed staff asking people for their consent before any intervention.
- Where people were unable to provide consent, appropriate applications for DoLS had been made in accordance with people's best interests.
- People's care records demonstrated that care and treatment had been provided with the consent of the relevant person. Although some people did tell us they would like to become more involved with their care and support plan.

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

- People were supported to eat and drink enough to maintain a balanced diet, in line with their needs, although staff had not always recorded when they had provided diet and fluids to people. We spoke with the registered manager about this.
- Information regarding people's nutrition and hydration needs, such as a fortified diet, was recorded in their care records.
- To further support people's dietary needs, people had independent access to snacks and juice dispensers.
- People provided positive feedback about the food. Comments included, "The food is lovely", "I always clear my plate here" and "There is plenty of food and we can ask for more."
- We observed lunch and saw that mealtimes were conducted with care and consideration and provided people with an opportunity to socialise. Tables were appropriately laid, and people were able to choose background music to dine to if they so wished.

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

- People were supported by staff to live healthier lives. Staff worked alongside external health care professionals (such as GPs and district nurses) where required to ensure people's needs were met in a timely way.
- People's care records reflected their current care and support requirements. Any input from external professionals was recorded, in order to provide staff with the necessary guidance.

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

- The service had recently undergone refurbishment and improvement works. The registered manager had used best practice guidance to better adapt the service to meet the needs of people living with dementia and other cognitive impairments. For example, a dementia friendly garden had been installed with protective flooring, so people were able to access outside space in a safe way.
- Plans were in place for further refurbishment, such as the installation of signage to further assist people living with dementia with navigating their way around the home.
- The service had invested in a large technology pad. People were able to use this to play music and games such as bingo and chess. The pad was touch screen operated meaning it was easier for people to use.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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; Respecting and promoting people's privacy, dignity and independence

- People were treated in a person-centred way which respected their dignity and independence. We received positive feedback from people and their relatives about the care and support they received, one person told us, "This place is excellent, it gives me a high degree of personal freedom, I am encouraged to be independent and able to be my own person."
- We observed positive interactions between people and staff throughout the day. People were at ease with one another and staff and appeared calm and relaxed in their environment. It was clear that staff knew the needs of the people they were supporting well. People told us, "Staff are very kind and caring, very patient" and "Staff are good, they listen to me."
- People's care records contained information about their background and preferences with input from their relatives. This information helped staff get to know people more and deliver person centred care.

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

- People's views and wishes were acted on. We saw people being asked what music they would like to listen to and what games they wanted to play. The manager told us that people had used Alexa to help them find out facts, songs and jokes, they told us, "It also helps with diversion techniques when residents become distressed."
- The registered manager operated an open-door policy and encouraged people and their relatives to provide their feedback and raise issues or concerns at any time. One person told us, "I feel able to raise my concerns and staff are interested in what I have to say."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

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 care records showed assessment of their communication needs had been undertaken. The service was familiar with the standard about how to make information more accessible for people and had consulted best practice guidance to aid them with this.
- For people who were not always able to communicate verbally, other methods of communication were in place such as picture cards and pictorial communication boards.

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

- We received positive feedback from people's relatives in relation to the way staff supported and cared for people and maintained relationships, one told us, "The care is so person centred, [Name] sometimes gets up in the night but staff sit and have a cup of tea with [Name]. Staff are always so happy and it makes for a warm and happy environment."
- We saw staff actively engage with people at every opportunity, for example, one member of staff asked a person to assist them with laying the tables ready for lunch, it was clear the person enjoyed performing this task.
- People received personalised care that was responsive to their needs. Care records demonstrated that care and support was tailored as far as possible, to people's preferences.
- Although the service was in the process of recruiting a new activities co-ordinator, staff involved people with activities in both group format and on a one to one basis. One person told us, "There is plenty going on, a wonderful interactive table. I have played dominoes on this."

Improving care quality in response to complaints or concerns

- The service had a complaints policy in place. Although the service had not received any complaints, the manager told us that any complaints would be listened to and acted on. Relatives told us they would not hesitate to raise any concerns and had faith that issues would be dealt with.

End of life care and support

- People's end of life wishes, and needs were considered. Advanced care planning was in place for people. A relative whose family member was receiving end of life care told us, "Staff care for [Name] so well, [Name]

honestly couldn't be in a better place."

- Staff had received specific training on how to deliver individualised and dignified end of life care. Staff worked in conjunction with other health care professionals to ensure people's end of life needs were met.

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.

This is the first inspection for this newly registered service. This key question has been rated 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; Continuous learning and improving care

- Although we saw staff care and support people in line with their requirements and needs, care and support was not always recorded accurately. We spoke to the registered manager about this who had already identified our concerns and planned further meetings with staff to ensure care records were kept up to date.

We recommend the provider takes appropriate action to ensure staff maintain accurate and contemporaneous records regarding people's care and support.

- The registered manager demonstrated an understanding of their roles and responsibilities and sent us statutory notifications to inform CQC of any significant events that placed people at risk, meaning that CQC were alerted to the current level of risk at the service.
- Although a registered manager was in place, a new manager had been recruited who was in the process of becoming registered with CQC. The manager demonstrated a commitment to high quality and person-centred care and talked about the improvement plans they had for the service, to further improve people's experience of care and support. They told us, "I am proud of our home and although our residents are new to living here, we have created a happy home where people feel safe and included."
- Audits and governance processes were in place to ensure that the safety and quality of care was monitored and analysed.
- Systems for supporting staff including inductions, supervision and appraisals were implemented to help support the delivery of safe and high-quality care.

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

- The registered manager worked hard to instil an ethos of individualised and person centred care, one staff member summed it up as follows, "We promote the idea that it is a home from home, that's all we want for our residents. All staff have the utmost respect for the residents and any decisions they make. It's a close knit family like atmosphere here."
- Staff told us there was an open and inclusive culture within the service and spoke positively about the manager, comments included, "[Manager] is there, very helpful and supportive," and "It's an open door policy and I can approach the manager at any time." People and relatives shared these views, one person told us, "It is a happy place here. It is a well-run establishment." A relative commented, "[Manager] is so

helpful, approachable and always takes the time to talk things through, just wonderful."

- The registered manager worked effectively with external agencies, such as district nurses, to help achieve positive outcomes for people.

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

- The service actively engaged people to ensure they had a say in the running of the home. Feedback from people, staff and relatives was welcomed by the provider. Feedback was used to help make further improvements.
- Staff told us communication by the management team was good and that their views were listened to, one told us, "Managers give me all the support I need, I can say what I feel. Even at night, help or advice is only a phone call away."
- Regular staff meetings were held which not only helped support staff but enabled the registered manager and provider to continuously monitor and improve people's experiences of the care and support provided.
- The service worked effectively with others such as commissioners, safeguarding teams and health and social care professionals.