

# Review of compliance

Mr Albert Marcel Zachariah Argyle Park Nursing Home	
<b>Region:</b>	North West
<b>Location address:</b>	9 Park Road Southport Merseyside PR9 9JB
<b>Type of service:</b>	Care home service with nursing
<b>Date of Publication:</b>	November 2011
<b>Overview of the service:</b>	Argyle Park is a purpose built nursing home, which is situated in a residential area of Southport. The home is close to the town centre with access to public transport. The bedrooms are situated over three floors and are accessible by a passenger lift. The bathrooms are well equipped to assist people who have limited mobility. The home is owned by Mr Albert Marcel Zachariah and is managed by Ms Paula Tilston.

# Summary of our findings for the essential standards of quality and safety

## Our current overall judgement

**Argyle Park Nursing Home was not meeting one or more essential standards. Improvements are needed.**

The summary below describes why we carried out this review, what we found and any action required.

### Why we carried out this review

We carried out this review to check whether Argyle Park Nursing Home had made improvements in relation to:

- Outcome 02 - Consent to care and treatment
- Outcome 07 - Safeguarding people who use services from abuse
- Outcome 08 - Cleanliness and infection control
- Outcome 10 - Safety and suitability of premises
- Outcome 14 - Supporting staff

### How we carried out this review

We reviewed all the information we hold about this provider and checked the provider's records.

### What people told us

At the time of this inspection we did not speak to people about the service. This review was conducted taking into the account the information provided by the manager and provider following the inspection in January 2011.

### What we found about the standards we reviewed and how well Argyle Park Nursing Home was meeting them

**Outcome 02: Before people are given any examination, care, treatment or support, they should be asked if they agree to it**

The home is compliant.  
People's mental capacity was being assessed to ensure decisions made are in their best interest in respect of care practices and procedures.

**Outcome 07: People should be protected from abuse and staff should respect their human rights**

The home is compliant.

Staff have received training in protecting people from abuse. This helps ensure that people are kept safe in the home.

**Outcome 08: People should be cared for in a clean environment and protected from the risk of infection**

The home is compliant.

Thorough infection control processes help ensure that people benefited from a clean and safe environment.

**Outcome 10: People should be cared for in safe and accessible surroundings that support their health and welfare**

The home is compliant.

People who live at the home were provided with safe, comfortable and well maintained accommodation.

**Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

The home is compliant.

People at Argyle Park were cared for by staff that are now appropriately trained.

**Other information**

In a previous review, we found that improvements were needed for the following essential standards:

- Outcome 09: People should be given the medicines they need when they need them, and in a safe way

Please see previous reports for more information about previous reviews.

**What we found  
for each essential standard of quality  
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

**Compliant** means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

## Outcome 02: Consent to care and treatment

### What the outcome says

This is what people who use services should expect.

People who use services:

- \* Where they are able, give valid consent to the examination, care, treatment and support they receive.
- \* Understand and know how to change any decisions about examination, care, treatment and support that has been previously agreed.
- \* Can be confident that their human rights are respected and taken into account.

### What we found

#### Our judgement

The provider is compliant with Outcome 02: Consent to care and treatment

#### Our findings

##### What people who use the service experienced and told us

We did not speak to people using the service at the time of this review.

##### Other evidence

We made improvement actions for this outcome following the last inspection in January 2011, so that the provider maintains compliance with the essential standard of quality and safety. This was in respect of recording information about a person's mental capacity when an assessment of a person's physical and social care needs is undertaken. Following our inspection, the provider sent us an action report, which told us the actions the home were taking to ensure ongoing compliance in this outcome. We were told that the nursing assessment now includes mental capacity. This helps to assess a person's capacity to make decisions regarding their care, treatment and support. Relatives and/or an advocate are now involved in helping to make this decision if a person is frail in health and unable to give consent to their care needs. This gives a good baseline for making decisions about care and how the home can act in the person's best interest in carrying out care practices and procedures.

##### Our judgement

The home is compliant.

People's mental capacity was being assessed to ensure decisions made are in their best interest in respect of care practices and procedures.

## Outcome 07: Safeguarding people who use services from abuse

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

### What we found

#### Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

#### Our findings

##### What people who use the service experienced and told us

We did not speak to people using the service at the time of this review.

##### Other evidence

We made improvement actions for this outcome following the last inspection in January 2011, so that the provider maintains compliance with the essential standard of quality and safety. We previously had concerns regarding staff knowledge of external agency involvement in reporting and investigating an alleged incident of abuse. Following our last inspection, the provider sent us an action report, which told us the actions the home were taking to ensure ongoing compliance in this outcome. The provider action report provided us with dates for the alerters' training in safeguarding adults and this included information in respect of how to refer an incident to an external agency for investigation, for example, social services. The training took place in March 2011 for all the staff. In May 2011 managers attended a safeguarding course for supervisors and managers, to help oversee the ongoing training for the staff in protecting vulnerable people. Prior to the completion of this report we saw evidence that the staff had also completed further safeguarding training. These measures ensure staff know what actions to take should they need to report an untoward incident.

##### Our judgement

The home is compliant.

Staff have received training in protecting people from abuse. This helps ensure that people are kept safe in the home.

## Outcome 08: Cleanliness and infection control

### What the outcome says

Providers of services comply with the requirements of regulation 12, with regard to the Code of Practice for health and adult social care on the prevention and control of infections and related guidance.

### What we found

#### Our judgement

The provider is compliant with Outcome 08: Cleanliness and infection control

#### Our findings

##### What people who use the service experienced and told us

We did not speak to people using the service at the time of this review.

##### Other evidence

We made a compliance action following the last inspection in January 2011, as the provider was not compliant with this outcome. We were concerned as hazardous substances, for example, cleaning products, were not stored safely in the home. The staff were also unsure of the Code of Practice for Infection Control. This is a Department of Health document, which provides guidance on good practice for infection control in social and health care settings. Following our last inspection, the provider sent us an action report, which told us the actions the home were taking to ensure they were compliant in this outcome. The information we received told us that hazardous substances were now stored safely in locked cupboards and domestic staff had their own locked cupboard for cleaning materials. We contacted the manager prior to the completion of this report and she confirmed that these measures were adhered to by all the staff.

We were advised that the staff were now receiving support from the local infection team regarding good hygiene procedures in the home. This support has enabled the staff to work in accordance with Code of Practice for Infection Control. These measures help to ensure good, safe standards of infection control for the ongoing protection of people use the service.

##### Our judgement

The home is compliant.

Thorough infection control processes help ensure that people benefited from a clean

and safe environment.

## Outcome 10: Safety and suitability of premises

### What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

\* Are in safe, accessible surroundings that promote their wellbeing.

### What we found

#### Our judgement

The provider is compliant with Outcome 10: Safety and suitability of premises

#### Our findings

##### What people who use the service experienced and told us

We did not speak to people using the service at the time of this review.

##### Other evidence

We made improvement actions for this outcome following the last inspection in January 2011, so that the provider maintains compliance with the essential standard of quality and safety. This was in respect of undertaking some decoration, as certain areas appeared 'shabby' and in need of painting. Following our last inspection, the provider sent us an action report, which told us the actions the home were taking to ensure the home is kept in good decorative order. We saw evidence of an environmental audit of all the rooms and this showed the work that needed doing. This included whether new furniture or curtains were needed. A number of bedrooms and other areas have now been painted and this work will continue till the end of the year. Prior to completion of this report we were provided with further evidence of work completed in the home. This helps to ensure the accommodation is maintained to a good standard for people to live in safely and in comfort.

##### Our judgement

The home is compliant.

People who live at the home were provided with safe, comfortable and well maintained accommodation.

## Outcome 14: Supporting staff

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are safe and their health and welfare needs are met by competent staff.

### What we found

#### Our judgement

The provider is compliant with Outcome 14: Supporting staff

#### Our findings

##### What people who use the service experienced and told us

We did not speak to people using the service at the time of this review.

##### Other evidence

We made improvement actions for this outcome following the last inspection in January 2011, so that the provider maintains compliance with the essential standard of quality and safety. This was in respect of ensuring all staff had received training in courses, such as, moving and handling and food hygiene to help them to carry out their job role. There was also no evidence of future training dates. Following our last inspection, the provider sent us an action report, which gave us dates of training up to May 2011. This includes courses such as, moving and handling, infection control, food hygiene, safeguarding adults and equality and diversity. The training programme now in place has helped to ensure the staff have the skills and knowledge to care for people at the home, according to their individual need. We received further evidence following completion of this report that staff had attended training in other areas, for example, wound care and formal qualifications in care and customer service. We were told that fire training for the staff is being arranged for October 2011, the last training was completed in May 2011.

##### Our judgement

The home is compliant.

People at Argyle Park were cared for by staff that are now appropriately trained.

# What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

**Improvement actions:** These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

**Compliance actions:** These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

**Enforcement action:** These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

## Information for the reader

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## Care Quality Commission

<b>Website</b>	<a href="http://www.cqc.org.uk">www.cqc.org.uk</a>
<b>Telephone</b>	03000 616161
<b>Email address</b>	<a href="mailto:enquiries@cqc.org.uk">enquiries@cqc.org.uk</a>
<b>Postal address</b>	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA