

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

## Merseyparks Nursing Home

99 Mill Street, Liverpool, L8 5XW

Date of Inspection: 03 January 2014

We inspected the following standards as part of a routine inspection. This is what we found:

<b>Consent to care and treatment</b>	✓	Met this standard
<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Management of medicines</b>	✓	Met this standard
<b>Staffing</b>	✓	Met this standard
<b>Complaints</b>	✓	Met this standard

## Details about this location

Registered Provider	Age Concern Liverpool & Sefton
Registered Manager	Mrs. Colette Marks
Overview of the service	<p>Merseycare Nursing Homes is dedicated to providing support and care to older people with a functional mental illness, for whom the challenges of daily living can be a struggle. Situated in Mill Street Liverpool, Merseyparks is designed to be a home from home, with care taken to ensure it offers a safe, restful and comfortable atmosphere. Private bedrooms are furnished and decorated according to the wishes of each individual resident, helping to ensure their continued sense of ownership and belonging.</p>
Type of service	Care home service with nursing
Regulated activities	<p>Accommodation for persons who require nursing or personal care</p> <p>Treatment of disease, disorder or injury</p>

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*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 3 January 2014, observed how people were being cared for and talked with people who use the service. We talked with staff and reviewed information given to us by the provider.

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### What people told us and what we found

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During our visit, we observed people using services giving consent before any care or treatment was provided by staff members. For example, people were asked if they were ready to have their lunch and given informed choices related to the food options available. All care plans were present at the time of our inspection and we observed all risk assessments, for example mobility and nutrition, were reviewed on a monthly basis. One person using services told us, "I like it here - the staff are lovely". People at Merseyparks Nursing Home were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

The nursing home was fully staffed at the time of our inspection and met the recommended staffing levels suggested by the local authority. We observed the staff rota which showed a senior staff nurse was always on duty during all shifts. There was an effective complaints system available at Merseyparks Nursing Home which meant any comments and complaints people made were responded to appropriately and within an acceptable time-frame.

You can see our judgements on the front page of this report.

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

### Consent to care and treatment

✓ Met this standard

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

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### Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

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### Reasons for our judgement

During our inspection at Merseyparks Nursing Home, we observed five care plans - only two had been signed by people using services but the provider informed us the home was in a `transitional` period following a recent move from another area of Liverpool. We were told that all people had been provided with a dedicated keyworker who had been instructed to obtain signatures for consent to treatment during the next care plan reviews. In all areas of the home, we saw caring and sensitive interaction between people using services and staff members, who, when required, offered help to people who they thought needed assistance, but not before gaining their consent. We observed staff knocking on doors before entering which showed respect for the person`s privacy and dignity. Several people were going out for the afternoon to see a pantomime and have a meal and we saw staff asking "would you like help to put your coat on now - the taxi is here".

The provider had undertaken mental capacity assessments for each person using services. These were reviewed on a monthly basis which ensured any changes in capacity were identified. Where the outcome of an assessment was inconclusive or where someone had been judged to lack capacity, we saw evidence of referrals made for a mental health assessment. This ensured that all people using services, where possible, were allowed to make decisions and give consent to any care or treatment and showed the provider had acted in accordance with people`s wishes. The provider informed us of a recent example when a person using services had `continually asked to go home`. A mental capacity assessment was arranged and conducted and we were informed that as a result of the assessment, a care package was being arranged which would allow the person to return home. The provider informed us that further training would be arranged for staff related to dementia awareness and mental capacity which would provide staff members with the skills to help identify when a person using services might be lacking capacity.

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan which was intended to ensure people's safety and welfare.

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**Reasons for our judgement**

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During our inspection, we examined five care plans which contained evidence of monthly risk assessments and individual life style choices which reflected a person-centred approach to care. However, one care plan had not been reviewed in line with company policy during the previous month which the provider said was `an oversight` and would be rectified immediately. We also saw daily report sheets which were filled in by staff members whenever care or treatment was provided to a person using services and all were up to date. All records of any professional involvement, for example visits to hospitals, dentists or GPs were recorded appropriately and indicated any treatment that had taken place. The provider reported good communication with outside agencies and professionals which reflected a multi-disciplinary approach to providing care. We also observed records of meetings that were held every three months for people using services. All comments were minuted and any actions that had been implemented to address any issues were also logged which ensured people`s views and wishes were being listened to.

We spoke to several people using services during our visit. One commented `the staff are marvellous and will do anything for you - they are very kind`. Another said, `the food is lovely, always well cooked` - `I would recommend here to anyone`. We also spoke to a professional visitor who said `I have been coming here for a while now and it is really excellent`. During our inspection, an activities co-ordinator and a hairdresser attended the nursing home and one person using services said `I always look forward to them coming - it makes my day`. On a continual basis, we observed staff members who took time, and were patient, when they responded to people`s different communication styles. Staff spoke respectfully to people at all times and interacted with them on a social basis. During our visit, we noted a calm and relaxed atmosphere which enabled people to express their needs which ensured they received appropriate care at the time they wanted it.

**People should be given the medicines they need when they need them, and in a safe way**

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## **Our judgement**

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The provider was meeting this standard.

Appropriate arrangements were in place in relation to obtaining and recording of medication which ensured the safety of all people using services at Merseyparks Nursing Home.

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## **Reasons for our judgement**

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During our inspection, we looked at the procedures in place for managing medication at the nursing home. We were shown the medical room and found all medication was kept in a locked cabinet within the room which ensured the safety of all people. Only senior trained staff nurses were allowed to hold keys which provided access to the medical room. We also observed medication administration records (MARs) and use-by dates on various medications and overall, we found that appropriate procedures were in place for the ordering, recording, administration and safe handling of all medication. Arrangements were in place for the disposal of medication no longer needed and were stored safely within the medical room until such time as they were collected. On the day of our inspection, a doctor attended the home to see one of the people using services and prescribed antibiotics and we observed the provider contacting the pharmacy immediately to arrange delivery of the required prescription which showed they were acting in the person`s best interests.

We were told that there were no people using services who could self-administer their own medication. We accompanied a senior staff nurse during the lunch time medication round. While medication was administered to different people, the medication cabinet was kept locked at all times. People were told they were due for their medication, and were offered a drink to help them take it. People were also asked if they needed any pain relief. As each person received their medication we observed the MARs were filled in immediately and appropriately. Although the provider had only been at this location for several months we were told `we get well supported by our local pharmacist - we have an audit coming up shortly`. Having an effective audit system helped to identify any concerns and, where necessary, allowed action to be taken to further improve the way medications are managed at the nursing home.

**There should be enough members of staff to keep people safe and meet their health and welfare needs**

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## **Our judgement**

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The provider was meeting this standard.

There were enough qualified, skilled and experienced staff employed at Merseyparks Nursing Home which ensured people's needs were met in an efficient and appropriate manner.

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## **Reasons for our judgement**

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We asked the provider for the staff rotas and noted that, at the time of our inspection, the nursing home was fully staffed. However, we also noted that the registered manager did not hold a full time position but `split` working hours between management and nursing, that is, 14 hours management and 24 hours nursing per week. Merseyparks Nursing Home is registered to provide care and nursing for up to 30 people, but at the time of our visit, 18 people were using services. It was further explained to us that several pre-admission assessments had been conducted recently and, as a result, it was widely anticipated that further admissions would be taking place at the nursing home over the coming months. Consequently, as the number of people using services increases, so will the demands of the registered manager who explained to us `I find it a struggle at the moment to get the balance right between management and nursing`. This may become a concern, and as such, the provider may like to re-consider the important role of the registered manager if the nursing home is to continue meeting CQC requirements related to locations being `responsive to people`s needs` and `well-led`.

Staff records showed that all appropriate security checks had been made before any staff were allowed to commence work at the nursing home which helped to ensure the safety of all people using services. Training records indicated that all staff underwent a thorough induction and training programme which meant they had the skills and knowledge to meet the needs of people using services. The provider informed us that there had been a `minimum turnover of staff` and some staff had worked for the provider `for many years`. Any staff absences, for example through sickness, were `easily covered by bank staff`. During our inspection we were informed two people were going out for the day and `two staff would support them`. We observed two other staff members were asked to come into the home to `fill in` which ensured the needs of all people were still being met. One the day of our visit, interviews took place for `two new staff` and we were told a new full-time worker had already been employed for the night rota. We spoke to several staff members and one commented "we have a great bunch of staff here - we all get on so well".

**People should have their complaints listened to and acted on properly**

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**Our judgement**

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The provider was meeting this standard.

People were made aware of the complaints system which was provided in a format that met their needs. Consequently, people's complaints were fully investigated and resolved, where possible, to their satisfaction.

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**Reasons for our judgement**

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Merseyparks Nursing Home had a complaints system which aimed to handle all comments and suggestions within an acceptable and appropriate time-scale. When people using services underwent their admission assessment they were provided with a copy of the complaints process. The provider informed us that any comments or complaints were usually 'sorted out quickly and in-house' but if necessary they would be escalated to the strategic manager at head office who 'logged all the details on the company database'. The complaints procedure was also observed within the company policies and procedures handbook. We were shown a newly provided and dedicated 'family room' which was used when visitors attended the nursing home and were told a comments and suggestion box would be put in this room which provided people with the opportunity to raise any concerns they had and anonymously if they wished.

In addition to the comments and suggestion box the provider had other arrangements in place which allowed people and their families to raise any concerns. Every three months, meetings were held for people using services and we were informed that family members and advocates were invited to attend although their attendance 'was not a regular occurrence'. The provider told us of a complaint that was logged in June 2013 by a visiting social worker who complained about the 'attitude of a member of staff'. The provider told us that they viewed the complaint as a 'possible safeguarding issue' and so immediately escalated it to head office, the local authority and also the Care Quality Commission. We were shown a complete audit trail from start to finish which included a named contact at the CQC. The observed outcome was the social worker withdrew the complaint, but throughout the process, there was evidence which showed the provider acted in accordance with company procedures and guidelines.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social 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 essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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