

Park Lane Healthcare (Croston Park) Limited

Croston Park Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Croston Park Nursing Home is a nursing and residential care home providing personal and nursing care to 45 people at the time of our inspection. The service can support up to 56 people who have a range of residential and nursing needs.

The home is a seventeenth century grade II listed building in its own grounds which has been suitably adapted for its purpose. Bedrooms are located over three floors with lift access to the upper floors. Most of the bedrooms are ensuite. The ground floor includes the dining room and several communal lounge areas and access to the outside garden and grounds.

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

Medicines were not always managed safely. This placed some people at risk of harm. The provider's systems had not always been effective in identifying and addressing risks related to medicines management.

The provider had made improvements in relation to recruitment practices, which helped to ensure only suitable staff were employed to work at the home. Staff had received training to keep people safe and knew how to report concerns. The home was clean and hygienic. Staff made good use of PPE and followed guidance to manage the risks of COVID-19. The provider used accidents and incidents as a learning opportunity to improve the service.

People were involved in the care planning process which took account of their preferences as well as their needs. Staff were well supported and received training to enable them to meet people's needs effectively. People were complimentary about the food provision. Where people needed support with eating and drinking, this was provided.

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.

We found the culture was person-centred and caring. Staff were enthusiastic about their roles and spoke highly of the management team. The provider had made improvements to their quality assurance systems following our last inspection. The service worked with other agencies and engaged with people using the service, their relatives and staff.

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

Rating at last inspection and update

The last rating for this service was requires improvement (report published 3 September 2021). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At

this inspection, we found the provider had made some improvements, but was still in breach of regulations. The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

We carried out an unannounced inspection of this service on 12 May and 20 May 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, fit and proper persons employed and good governance.

We carried out this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions safe, effective and well-led which contain those requirements.

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 remained requires improvement. This is based on the findings at this inspection.

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. This included checking the provider was meeting COVID-19 vaccination requirements.

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

You can see what action we have asked the provider to take at the end of this full report.

Enforcement

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 medicines management and the effective operation of the provider's quality management systems at this inspection.

You can see what action we have taken at the end of this full 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?

Requires Improvement ●

The service was not always 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 well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Croston Park Nursing Home

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 included checking the provider was meeting COVID-19 vaccination requirements. 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

Two inspectors and a member of the medicines team carried out this inspection.

Service and service type

Croston Park Nursing 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 (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 spoke with two people who used the service and four peoples' relatives about their experience of the care provided to their loved ones. We carried out observations of interactions between people who lived at the home and staff. We spoke with 11 members of staff including the registered manager, deputy manager, care workers and domestic staff.

We reviewed a range of records. This included five people's care records and 14 people's medication records. We looked at four staff files in relation to recruitment and staff supervision. 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 registered manager to validate evidence found. We looked at staff training data and reviewed information related to people's care, including medicines management.



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 inadequate. At this inspection the rating has changed to requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

At the last inspection we found medicines were not managed safely and properly. This was breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Safe care and treatment).

Following the last inspection, we served a warning notice which told the provider they had to make improvements. During this inspection we checked whether improvements had been made and found the provider was still in breach of regulation 12.

- Medicines were not always given safely. One person had their insulin administered unsafely because good practice guidance had not been followed. Another person was given a medicine for a month even though the doctor had told the home to stop giving it. One person was given four doses of a strong painkiller which was out of date. Another was given the wrong dose of their antibiotic for seven days.
- Records about medicines were not always up to date or accurate. Medicines could not all be accounted for because accurate records about how much medicine was in the home for some people were not made.
- Four people's records about allergies to medicines had not been completed which meant they were at risk of being given medicines they may be allergic to.
- One person's records about their prescribed feed had been written incorrectly which meant they were at risk of having too little food. The records examined showed that over a period of six days nurses only recorded they made checks on three days to confirm the feeding tube was properly in the stomach.
- Written guidance was in place when people were prescribed medicines to be given "when required". However, the guidance was not always sufficiently detailed to ensure they were given safely and consistently.
- When medicines were prescribed with a choice of dose there was no information about which dose to choose. Records were not always made about why these medicines were given or if they were effective.

This demonstrates a breach of regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Safe care and treatment).

Assessing risk, safety monitoring and management

- Risks to people's health and safety were assessed and managed. Staff carried out a thorough initial

assessment with people, to ensure their needs and preferences could be met safely. Staff followed risk assessments and received training which helped to manage risks and keep people safe. However, risks related to medicines were not always managed safely.

- The provider managed risks related to the premises and environment to keep people safe. Routine inspection and servicing were carried out as required.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff were trained to identify and report abuse. They told us they would report any concerns to a member of the management team and were confident action would be taken to protect people. Staff knew how to report concerns to external agencies if necessary.

Staffing and recruitment

At the last inspection, we found recruitment practices were not robust enough to show the provider had carried out sufficient checks to ensure staff were suitable to work at the home. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Fit and proper persons employed).

At this inspection, we found the provider had made improvements and was no longer in breach of regulation 19.

- Staff were recruited safely. The provider carried out checks to ensure staff were of good character before they were employed. This included checks on criminal records and references from previous employers. Staff had to complete a probationary period at the start of their employment to show they were able to carry out their role satisfactorily.
- There were enough staff to support people safely. The registered manager used a recognised tool to calculate staffing levels based upon the dependency levels of people who lived at the service. We saw staffing levels reflected this. One person told us, "When I press the buzzer, they always come."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was 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.

- The provider was facilitating visits for people living in the home in accordance with the current guidance.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement. We found the service had effective measures in place to make sure this requirement was being met.

- Managers asked for evidence of vaccination before workers entered the building.

Learning lessons when things go wrong

- The provider had systems to identify and learn from any incidents. Staff recorded any accidents and incidents, which the registered manager and director from the provider company analysed for any learning. Any learning from untoward incidents was shared with the staff team, to help improve the safety of the service.

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 requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Staff worked with other agencies, such as GPs and community nurses to ensure people's needs were met. External health professionals provided guidance to support people with ongoing health conditions.
- However, we were not assured directions and guidance in relation to the safe management of medicines were always followed. See the safe section of this report.

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

- People's needs and preferences were thoroughly assessed before the service agreed to provide care. This helped to ensure the service was suitable to meet people's needs. People, or those acting on their behalf, were involved in the assessment process so that their preferences and wishes were taken into account in care planning.

Staff support: induction, training, skills and experience

- Staff had skills and knowledge to carry out their roles effectively. Staff told us and training records confirmed they completed a range of training to give them the skills and knowledge to provide people's care effectively. A staff member told us, "My confidence has grown with [registered manager] letting me do NVQs. She has really supported me to go for a senior role."
- Staff were well supervised and supported. Staff had regular meetings where they could discuss their roles and training needs. Staff said they felt well supported by the registered manager and deputy manager. A staff member told us, "Any problems, [registered manager] and [deputy manager] are always there to speak to. They are really good like that."

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

- Staff supported people to ensure they received a balanced diet and sufficient fluids to maintain their health. They assessed people's nutritional needs and sought professional guidance where people were at risk, for example of malnutrition or difficulties with swallowing. We saw professional guidance was used in care planning to help ensure people's nutritional needs were met effectively. A relative told us, "The food is good. [Family member] eats all her meals."

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

- The service was adapted to be safe, accessible, comfortable and homely. Communal areas provided space for people to relax and were homely in character. The provider ensured the premises were

maintained. We saw people had been supported to personalise their bedrooms.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service gained people's consent to the care and support they received. We observed staff gained people's consent before any care or support was delivered.
- Staff assessed people's capacity to consent to and make decisions about their care. Where people lacked capacity to consent, staff followed processes to ensure decisions were made in their best interests.

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 requires improvement. At this inspection the rating has remained requires improvement..

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

When we last inspected the service, we found provider and registered manager had failed to arrange robust oversight of the service in order to assess, monitor and improve the quality, safety and welfare of service users, who were put at risk of harm. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Good governance).

Following the last inspection, we served a warning notice which told the provider they had to make improvements. During this inspection we found some improvements had been made, however, the provider was still in breach of regulation 17.

- The provider's systems to ensure the safe management of medicines had not been operated effectively and had not identified and addressed the shortfalls we found during this inspection. This placed people at risk of harm. See the safe section of this report for further details.

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

- Since our last inspection, the provider had increased their oversight of how the service operated. They used a range of methods to assess, monitor and improve the quality of the service. These included daily, weekly and monthly checks, audits and satisfaction surveys. The provider had also commissioned an external company to audit various aspects of the service, to provide an independent perspective on the quality of the service people received.

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

- The culture appeared caring and person-centred. Staff were respectful in their approach and were enthusiastic about providing a good level of care to people who used the service. A staff member told us, "I do like caring for people...I like being in a team and working together."
- People we spoke with and people's relatives were complimentary about the staff and management team.

A relative commented, "The staff are very kind and helpful, they are really good." Another told us, "I am pleased with the staff. They are cheerful, warm and compassionate."

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

- The provider engaged and worked in partnership with people who used the service, those close to them and staff through satisfaction surveys, meetings and day to day contact. The provider sought their views and experiences and gave them opportunity to make suggestions about improvements. This included any changes they would like to see, for example, in relation to activities, the menu and the premises.
- The provider worked in partnership with external agencies. This included one of the directors participating in a county-wide initiative to improve end of life care planning and the registered manager working at a vaccination clinic in their free time.

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 provider had a policy and procedure which provided guidance around the duty of candour responsibility if something was to go wrong. The registered manager knew how to share information with relevant parties, when necessary.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not ensured the safe and proper management of medicines. 12(1)

The enforcement action we took:

Imposed condition on the provider's registration.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Audits and systems used for quality monitoring had failed to identify risks associated with the safe and proper management of medicines. Risk of harm from the management of medicines was not appropriately identified, managed or mitigated. 17(1)

The enforcement action we took:

Imposed a condition on the provider's registration.