

# Lotus Care (Cressington Court) Limited

# Cressington Court Care

# 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?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Cressington Court Care Home is a residential care home providing personal care to 18 people, including people living with dementia and physical disabilities. The service can support up to 56 people. The service is a domestic style property and accommodation is over two floors. At the time of the inspection only one floor was in use.

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

There had been improvements in the home since the last inspection. Risks to people were assessed and appropriate plans were in place to keep people safe. Risk plans provided staff with more detailed guidance on how to support people safely. However, further improvements were needed to ensure all plans were person-centred and reflected individual needs.

Medicines management had improved since the last inspection, however there were still concerns with some aspects of safe administration of medicines. People did not always have their medicines administered safely in line with the prescriber's guidelines. Audits did not identify these concerns. The provider updated their audits during the inspection, and we were assured these would identify similar concerns in the future.

Governance processes had improved and there was better oversight from managers at the home. However, further improvements were needed to ensure records were completed accurately and updated in a timely manner.

Accidents and incidents were recorded, and appropriate actions were taken to ensure people were safe. We could see reviews of these incidents had been implemented since the last inspection. However, further improvement was needed to ensure patterns, trends and themes were identified and effectively used to improve the safety of the service.

Recruitment procedures had improved, and staff were recruited safely. There were enough staff to meet people's needs. Staff told us things had improved at the home. Staff were positive about the support they received from the managers, and from the provider. Staff told us they felt there was more responsive action taken by management when they raised concerns.

Infection control procedures were in place and followed by staff. Staff wore appropriate PPE and the home was clean throughout. Visiting was safe and followed current guidance.

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.

Care plans had been updated since the last inspection and showed a clear improvement in the planning of

person-centred care. There was more information to guide staff in supporting people safely and in line with their preferences. Staff knew people well and treated them with compassion and respect.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was inadequate (published 25th May 2022) and there were multiple breaches of regulation. 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 improvements had been made to some aspects of the service, however the provider still remained in breach of some regulations.

This service has been in Special Measures since 25th May 2022. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Due to concerns found at the last inspection the provider voluntarily applied to cancel the regulated activity for treatment of disease, disorder and injury and no longer admit people with nursing needs. The CQC placed a restriction on the provider's admissions after the last inspection which is still in place. This means the provider must seek the approval of the CQC before taking new admissions to ensure this is managed safely.

#### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

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

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.

#### 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 safe management of medicines and governance at this inspection.

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

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they continue to improve their rating to at least good. We will work with the 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Cressington Court Care 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 was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was carried out by one inspector and one medicines inspector.

#### Service and service type

Cressington Court is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Cressington Court is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was not a registered manager in post. However, the provider had recently recruited a home manager who was in post at the time of the inspection and in the process of registering

with the CQC.

#### Notice of inspection

This inspection was unannounced.

#### What we did before 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 all of this information to plan our inspection.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

#### During the inspection

We spoke with two people who used the service and three relatives about their experience of the care provided. We spoke with nine members of staff including the manager, director of quality, clinical lead, senior care workers and care workers.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included four people's care records, and seven people's medication records. We looked at staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.



# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has now changed to requires improvement. This meant some aspects of the service were not always safe. Whilst there had been significant improvements since the last inspection, some further improvements were needed.

### Using medicines safely

At our last inspection the provider had failed to ensure medicines were managed safely. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, although some improvement had been made, further improvements were needed and the provider was still in breach of regulation 12.

- Medicines were not always administered as prescribed. One person had been given doses of paracetamol too close together without leaving a four-hour gap on seven occasions. This placed the person at risk of an overdose of this medicine. Another person had been given the same medicine twice on two days as there was a duplicate medicine administration record (MAR) being used by staff.
- Medicines audits failed to pick up on the concerns identified.

Systems had not been fully established to ensure safe and effective administration of medicines. This placed people at risk of harm. This was a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded to these concerns immediately and implemented updated medicines audits to ensure concerns would be identified in the future.

- We found the provider had made some improvements with medicines management, for example the storage of medicines, record keeping and checks on medicines stock levels had improved.

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

At our last inspection the provider had failed to ensure risks relating to the health, safety and welfare of people were assessed, monitored and mitigated. This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, although improvements had been made, further improvements were needed, and the provider was still in breach of regulation 17.

- Risks to people were identified and plans were in place to minimise those risks. However, not all plans contained enough person-centred information to guide staff on how to support people with their needs. The provider was in the process of updating all care plans.
- Risk assessments were completed but they did not always reflect people's current risks accurately as they had been scored incorrectly.
- Analysis of incidents was not completed thoroughly. Although regular reviews of incidents had been put in place since the last inspection, these reviews did not fully identify patterns, trends or themes. Opportunities to improve the safety of the service were sometimes missed. The provider had created a new system to analyse incidents and this was due to be implemented shortly after the inspection.

Systems to assess, monitor and mitigate risks to the health, safety and welfare of people using the service were not always effective. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Risks within the environment were considered and assessed. Since the last inspection, the provider had made significant improvements to the safety of the building.
- Plans were in place to ensure people's needs would continue to be met in the event of an emergency.

### Preventing and controlling infection

At our last inspection the provider had failed to ensure safe infection control procedures were in place. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made and the provider was no longer in breach of this part of regulation 12.

- Measures to ensure the risks of the spread of infection were reduced had improved since the last inspection. The home was clean throughout and cleaning schedules had been updated to reflect current guidance.
- The infection prevention and control policy was up to date.
- Visits were taking place in line with national guidance. Appropriate measures were in place to prevent visitors from catching and spreading infections.

### Staffing and recruitment

At our last inspection the provider had failed to ensure suitable numbers of trained and experienced staff were deployed to support people who lived at the service. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made and the provider was no longer in breach of regulation 18.

- There were enough suitably qualified staff to support people. Since the last inspection the provider had reviewed people's support needs and staffing levels to ensure people's needs could be met safely.
- A dependency tool was in place and used to ensure people's needs could be met.

Systems and processes to safeguard people from the risk of abuse



At our last inspection the provider had failed to ensure people were effectively safeguarded from abuse. This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made and the provider was no longer in breach of regulation 13.

- The provider had reviewed safeguarding procedures and implemented improvements. There was clear guidance for staff on how to raise concerns, and action was taken when concerns were raised.
- Staff told us they completed training in safeguarding and knew what actions to take if they needed to.
- People and their relatives told us they were safe at the home. Comments included, "[Person] is safe. The improvement in [person] is unbelievable; [person] is happy and eating and drinking now", "[Person] is absolutely safe; staff support [person] with assessed needs. There's always someone popping in her room when we are there; they check on [person] all the time" and "[Person] has always been safe and well looked after".

# 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 the last inspection this key question was rated as inadequate. At this inspection this key question has now changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

At our last inspection the provider had failed to ensure people were effectively assessed, and support carried out in line with best practice standards. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made and the provider was no longer in breach of this part of the regulation.

- People's needs had been assessed since the last inspection. These assessments were used to ensure appropriate plans were in place to deliver effective care and support.
- Systems were now in place and working effectively to ensure concerns for people were escalated to appropriate healthcare professionals in a timely way.
- Oral health risk assessments were completed, but there were not always care plans in place to ensure people's oral health needs could be met. The provider was in the process of reviewing and updating all care plans and told us this would be included in the review.

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

At our last inspection the provider had failed to ensure people were effectively assessed and support carried out in line with best practice standards for nutrition and hydration. This was a breach of regulation 14 (of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made and the provider was no longer in breach of regulation 14.

- Since the last inspection the provider had implemented a system to monitor weight loss in people. This new system effectively identified people who had lost weight and ensured referrals were made to the dietician for additional support.
- People's nutritional needs were assessed and recorded in their care records. However, we saw recommendations made by a dietician to support a person with significant weight loss were not reflected in

the care plan. Staff knew the additional support that had been suggested and were providing care in line with the recommendations. The provider told us the care plan would be updated immediately.

- The completion of food and fluid charts had improved since the last inspection. However, they still did not always reflect people were being supported with their recommended diets. One person's food chart did not show they had been supported with a fortified diet. However, this person had put on weight and we were assured this was a recording error.

Staff support: induction, training, skills and experience

At our last inspection the provider failed to ensure suitable numbers of trained and experienced staff were deployed to support people who lived at the service. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made and the provider was no longer in breach of regulation 18.

- The provider had introduced a new induction process for agency staff to ensure they were appropriately inducted to the home and given enough information to support people safely.
- Staff had completed training relevant to their role. Staff were knowledgeable and competent in their roles.
- Staff told us training had improved since the last inspection. One staff member commented, "Initially I didn't feel well trained. Since the last inspection we've had more training and it's been drilled in to us".

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

- The provider had systems in place to assess, review and report on people's mental capacity and decision making abilities.
- DoLS processes were in place and ensured restrictions on people's liberty were lawful. However, some DoLS applications had seen a delay in being reviewed by the local authority. When people's needs had changed in this time the DoLS application and care plan had not always been updated. The provider reviewed this during the inspection and updated DoLS applications where appropriate.

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

- Whilst the provider had made some improvements to the environment since the last inspection, there was still a need for further improvement to better support people's orientation and stimulation.
- Some equipment was in use to support people to move around the home independently, for example zimmer frames.

# 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.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now changed to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

At our last inspection the provider failed to ensure people received person-centred care and treatment. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made and the provider was no longer in breach of regulation 9.

- People's needs had been re-assessed since the last inspection and care plans better reflected their individual preferences and support needed. However, there was still some improvement needed to these plans.
- Records of care delivered were still inconsistently completed and did not always show people had been supported with their preferences. However, staff had a good understanding of people's needs and were supporting them with compassionate, person-centred care.
- People's independence was respected and promoted.
- Staff were kind in their response to people and their approach was observed to be patient.
- Care plans were in place for people who expressed distressed behaviours. Guidance for staff was clear and more detailed than at the last inspection.

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

- Relatives told us communication had improved since the last inspection. Relatives were pleased with the information they received from the home. One relative commented, "Communication has been good recently with the managers. We know what's going on in the home".
- Care records showed how people and relatives had been involved in the care planning process.
- Staff encouraged people to express day to day wishes, such as which food they wanted to eat.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has now changed to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

At our last inspection the provider failed to ensure people received person-centred care and treatment. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made and the provider was no longer in breach of regulation 9.

- People were supported with person-centred care. People's needs had been reassessed since the last inspection and care plans had been re-written with more person-centred information. There was further improvement needed to ensure all plans contained enough information about people's preferences. The provider was in the process of improving care records.
- People were now supported with continuity of care. Agency use had reduced, and a more consistent staff team was in place to support people. When agency staff were used, an improved induction process had been implemented to ensure they understood people's needs and preferences for support.
- Some care files contained information regarding advanced care planning. These plans were reviewed and discussed with relatives when appropriate. Improvements to advanced care planning were included in the provider's plans.
- Staff had now completed or were soon due to complete end of life training.

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 communication needs were identified in their care plans. People had been reviewed by external health care professionals and prescribed visual and auditory aids when needed.
- Information could be made available to people in an accessible format; however, this was not always made clear to people.

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

- Since the last inspection the provider had made changes to the activities program. During the inspection

we saw people engaged in meaningful activities that they were observed to enjoy.

- People living with dementia were supported in a meaningful way. Staff showed a good understanding of individual support needs in relation to activities.
- People and their relatives told us they were supported to maintain relationships. Visits took place in line with COVID-19 care home guidance.

Improving care quality in response to complaints or concerns

- A complaints system was in place and displayed in the service. The provider had introduced new methods to support people to raise any concerns or feedback about the service, which were clearly displayed around the home.
- Relatives told us they would feel comfortable raising a concern.

# 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 the last inspection this key question was rated as inadequate. At this inspection this key question has changed to requires improvement. This meant the service management and leadership was inconsistent. Significant improvements had been made since the last inspection, but further improvements were needed to ensure a consistent level of safe, high quality care.

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

At our last inspection the provider had failed to ensure systems and processes were in place to monitor and improve the quality and safety of the service. This was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection not enough improvement had been made and the provider was still in breach of this part of the regulation.

- Concerns with medicines found at this inspection had not been identified by the providers audits. These concerns were raised at the last inspection.
- Opportunities to drive continuous improvement in the safety of the service were sometimes missed. This was discussed with the provider during the inspection and they agreed to address this immediately.
- Records relating to care and treatment had improved. However, further improvements were needed to ensure they were always accurate and complete. We found a couple of examples where records did not reflect people's current needs as they had not been updated in a timely way.

The provider failed to ensure governance procedures were always effective to monitor and improve the quality and safety of the service. This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during the inspection to address the concerns identified.

- The manager was aware of what events they needed to notify CQC about. They had submitted notifications in line with legal requirements and displayed the rating of the last inspection.

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

At our last inspection the provider had failed to ensure good governance of the service. This was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations



2014.

At this inspection enough improvement had been made and the provider was no longer in breach of this part of the regulation.

- The culture in the home was caring and staff focused on providing care which met people's needs. It was clear that staff knew people well and had developed kind and caring relationships with them.
- The provider had re-established relationships with external professionals and referrals were now made appropriately to ensure people received support when they needed it.

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

At our last inspection the provider had failed to ensure good governance of the service. This was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made and the provider was no longer in breach of this part of the regulation.

- Staff told us the culture at the home had improved since the last inspection. Staff felt more supported in their roles and felt management listened to their feedback.
- People and relatives told us the managers, and staff in general, were approachable and communicated well. Comments included, "I know how to raise concerns. I'd speak to staff themselves or to the manager if needed. I have on occasion raised an issue and it's always been dealt with", and "Staff are always friendly and helpful. It's never a bother to ask them something."
- Managers and staff understood their legal responsibility to be open and honest with people.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Medicines were not always managed safely.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Governance processes did not always identify concerns with the service. Records were not always well maintained as they were not always completed accurately or updated in a timely manner.  Opportunities to drive continuous improvement in the service were sometimes missed.