

Park Lane Healthcare (Croston Park) Limited

Croston Park Nursing Home

Inspection report

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Croston
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06 July 2016

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Ratings

| | |
|---------------------------------|--------|
| Overall rating for this service | Good ● |
| Is the service safe? | Good ● |
| Is the service effective? | Good ● |
| Is the service caring? | Good ● |
| Is the service responsive? | Good ● |
| Is the service well-led? | Good ● |

Summary of findings

Overall summary

The inspection took place on 04 and 06 July 2016 and was unannounced. We last inspected the service in July 2013, when we found the provider was meeting the requirements of regulations we inspected against at that time.

Croston Park Nursing home is registered to provide 24 hour care and support for up to 44 people who have a range of residential and nursing needs. At the time of our inspection, there were 37 people living at the home. The home also cares for people who are living with dementia. The premises are located in a 17th century grade II listed building in its own grounds, in the village of Croston, Lancashire. Most rooms within the residential and nursing areas are ensuite and share ground floor lounges and a dining room. The smaller area on the top floor has a separate lounge where most of the people also eat.

The service had a long-standing registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were safe living at the home because they were supported by a sufficient number of staff who had the right skills and knowledge to meet their needs. Staff understood their responsibilities with regard to reporting suspected abuse, in order to safeguard people.

The service followed safe recruitment practices to ensure only suitable candidates were employed to work with people who lived at the home.

The service had ensured risks to individuals had been assessed and measures put in place to minimise such risks. A comprehensive plan was in place in case of emergencies which included detail about how each person should be supported in the event of an evacuation.

Staff received induction and on-going training to enable them to meet the needs of people they supported effectively. Staff were supported by way of regular supervision, appraisal and access to management.

Effective systems were in place to ensure people's medicines were managed safely. Only trained staff were allowed to administer medicines. We observed one member of staff did not follow published national guidelines when administering medicines. We have made a recommendation about this.

Where people did not have the capacity to understand or consent to a decision the provider had followed the requirements of the Mental Capacity Act (2005). The provider had identified some issues with regard to the completion of records for mental capacity assessments and was in the process of implementing new paperwork and procedures. Where people's liberty may be restricted to keep them safe, the provider had followed the requirements of the Deprivation of Liberty Safeguards (DoLS) to ensure the person's rights were

protected.

People were supported to eat and drink enough to maintain their health. People's dietary requirements were explored and the information was readily available to kitchen staff to ensure these were met.

People could access external healthcare services as they required and were supported to do so. People had access to a wide range of activities which were provided seven days a week.

Staff were kind and caring and treated people with respect. We witnessed many positive and caring interactions throughout or inspection. Staff knew people's likes and dislikes which helped them provide individualised care for people.

Plans of care were based around the individual preferences of people as well as their medical needs. People and their relatives were involved in reviews of care to ensure it was of a good standard and meeting the person's needs.

The provider had implemented effective systems to assess, monitor and improve the quality of care and support that was delivered to people. People, their relatives and staff were involved in developing the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Risks to individuals were assessed and managed appropriately in order to keep people safe. Risks relating to the premises and equipment were well managed.

People were protected against the risks of abuse because staff were trained to know what abuse is and what action they should take if they witnessed or suspected abuse.

The service deployed a sufficient number of staff at all times to ensure people's needs could be met safely. Staff were recruited following robust safe recruitment practices.

The provider had implemented safe systems with regard to medicines. However, we made a recommendation to the provider with regard to ensuring all staff follow national guidelines when administering medicines.

Is the service effective?

Good ●

The service was effective.

People were cared for by staff who had the right skills and knowledge to meet their needs.

Staff were supported through regular supervision and appraisal and felt supported by management.

People were supported to eat and drink enough to maintain their health.

People were supported to access external healthcare services when they needed them.

Is the service caring?

Good ●

The service was caring.

People were comfortable with staff and we witnessed kind and caring interactions during our inspection.

People received care and support from staff who knew their preferences, likes and dislikes.

People were treated with respect and their dignity was maintained by staff who were compassionate.

Is the service responsive?

Good ●

The service was responsive.

People were involved in planning and reviewing the care that was delivered to them. Plans of care were centred around the person and reflected their current needs and circumstances.

People were able to access a range of activities to meet their social needs and interests.

A complaints policy and procedure was in place. People's suggestions, concerns and complaints were listened to by staff and management.

Is the service well-led?

Good ●

The service was well-led.

Management were described as supportive and approachable by people we spoke with, relatives and staff.

A range of measures had been implemented to assess, monitor and improve the quality of the service delivered to people.

Feedback was sought in a variety of ways. People who used the service, relatives and staff were involved in improving the service.

Croston Park Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 04 & 06 July 2016 and was unannounced.

The inspection was carried out by two adult social care inspectors, including the lead inspector for the service.

Before the inspection, we reviewed all the information that was available to us. This included notifications from the provider about significant events, information we had received from members of the public and from other professionals, such as the local authority and clinical commissioning groups. The provider also submitted a Provider Information Return (PIR). A PIR is a document in which the provider can tell us what they think the service does well and how they plan to improve the service further.

During the inspection we spoke with four people who lived at the home, six of their relatives, seven staff and management, including the registered manager and deputy manager. We also looked at people's care records, four of which we looked at in detail. We carried out observations in each area of the home. We also looked at a range of records relating to staffing and the management of the service.

We asked for feedback from the local authority, clinical commissioning groups and visiting professionals. We spoke with visiting professionals during our inspection.

Is the service safe?

Our findings

We spoke with people who lived at the home and their relatives about whether they received safe care and treatment. We received consistently positive comments about the safety of Croston Park Nursing Home. Comments we received included; "Yes, I feel safe, it's secure"; And "I'm safe here. I wouldn't want to be anywhere else". Whilst relatives told us; "There are always enough staff and they keep [Relative] safe"; And "I know when I leave [Relative] is safe".

We looked at how the service protected people against bullying, discrimination, avoidable harm and abuse. People we spoke with and their relatives told us that they had never experienced anything that gave rise to concerns. They told us staff treated everyone well and made sure everyone at the home was safe. Staff we spoke with told us they treated everyone as individuals and had received training which helped them to understand their responsibilities with regard to promoting equality and respecting people's diversity. Staff had also received training which helped them to recognise what forms abuse may take and what action they should take if they witnessed or suspected abuse.

Training records we looked at confirmed what staff had told us. The provider had implemented an appropriate policy and procedure in relation to safeguarding people from abuse and avoidable harm. Staff were able to confidently describe what forms abuse may take and the action they would take in response. Contact details for the local authority safeguarding team and the CQC were available to staff. This showed the provider had taken steps to help ensure people were treated as individuals and were protected against the risks of abuse.

We looked at care records which showed risks to people had been assessed on an individual basis, before the person first moved into the home, and then regularly each month. Risk assessments included areas such as mobility, eating and drinking, skin integrity and medicines. Where risks to people had been identified, we saw staff had put in place measures to reduce or remove the risks.

Risks relating to the premises, grounds and general operation of the home had been assessed. Where risks had been identified, such as fire, flood and utility loss, measures had been put in place to reduce the risks to people who lived at the home. We saw the provider had implemented a comprehensive business continuity plan which provided staff with guidance on action they must take in the event of an emergency. The plan was under review at the time of our inspection, with a view to making improvements to emergency planning following a flood at the home in late 2015. Each person who lived at the home had a personal emergency evacuation plan in place. These helped to ensure people's needs could continue to be met safely in the event of an emergency evacuation.

Routine checks which helped to keep people safe were carried out. We were told by staff and records we looked at confirmed regular testing and checks were carried out in regards to the general environment, fire detection equipment, moving and handling equipment, emergency lighting and call bells, among others. This helped to ensure equipment and the premises were safe and would operate properly when they were required to.

We looked at how the provider ensured sufficient numbers of staff were deployed at all times. The home was divided into three areas to cater for people with differing needs. The registered manager explained they used a dependency assessment tool which helped them calculate how many staff they needed in each area of the home. We reviewed the results of the dependency assessments alongside staffing rotas. We saw the home was staffed above the required level by around one third consistently. People we spoke with, their relatives and staff all told us there were always enough staff on duty to meet people's needs safely.

We looked at how the provider recruited staff to make sure only suitable candidates, of good character, were employed to work at the home. The provider operated robust processes, in line with their recruitment policy. We saw checks had been undertaken to verify candidates' identification, skills and qualifications, performance in previous jobs and also with the Disclosure and Barring Service (DBS) - formerly the Criminal Records Bureau (CRB). These checks helped to make sure candidates were suitable to work with people who lived at the home. A record of checks, along with interview questions and application forms was kept on staff personnel files.

We looked at how the service managed people's medicines, to make sure they received them when they needed them and in a safe manner. We observed two staff administering medicines to people and looked at records relating to medicines management. We spoke with people who lived at the home and staff about how medicines were managed. We found the provider operated safe systems with regard to ordering, receipt, storage, administration and disposal of medicines. People we spoke with told us they had never had cause for concerns regarding their medicines and they received them when they should. We saw two staff followed the home's policy and procedures relating to medicines. However, we witnessed another member of staff who did not follow best practice guidelines when administering medicines, which had potential to lead to errors in administration. They did not complete administration and recording for each person before moving on to the next. We raised this with the registered manager who assured us they would look into it following our inspection.

We recommend the provider reviews medicines management to ensure all staff work to national guidelines when administering medicines, such as national institute for clinical excellence (NICE) guidelines.

Is the service effective?

Our findings

People were supported by staff who had sufficient skills and knowledge to provide effective care and support for people who lived at the home. People we spoke with told us; "I've been here for years and I've seen it go from a good rest home to a very good nursing home"; "Staff know what they're doing, they're all very good"; And "The staff are great and the service is excellent". Relatives we spoke with were equally positive. Comments we received included; "The quality of staff is very good"; "The staff are well trained and always do shadowing to get to know people and their needs"; "The communication is good they keep me informed and always contact the GP if needed". One relative told us before their loved one moved into the home, they had been very poorly in hospital. They explained staff had provided a "fantastic" level of support and care which had helped their relative to "get back to normal".

Staff we spoke with told us, and training records confirmed, staff had undertaken a wide range of training to ensure they could meet people's needs effectively. The induction process helped to ensure new staff were familiar with the home and the needs of people who lived there. The induction provided staff with the skills they needed to provide effective care and support to people. This included mandatory training such as moving and handling, infection control, health and safety and safeguarding. One new member of staff told us; "The induction was really useful and helped me feel confident to do the job."

Staff we spoke with told us they felt supported. They confirmed they received regular one to one supervision and appraisals. This provided an opportunity for staff and management to discuss performance, training and any issues or concerns. Nursing staff were supported to undertake training to ensure they kept up to date with current best practice and the requirements of revalidation with the Nursing and Midwifery Council (NMC).

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. The application procedures for this in care homes are 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 were being met. The provider had made several applications under DoLS for people who had been assessed as lacking capacity to make the decision about where to receive care and treatment. The provider had not yet received confirmation about whether the applications were to be authorised. We saw the provider had taken steps in each case to ensure any restrictions placed upon people were as least restrictive as possible.

We saw records which showed the service carried out assessments of people's capacity to make decisions about their care. We found the recording of capacity assessments and best interests decision making was

not good in each case. The assessments and best interests decisions lacked detail around how they were carried out and arrived at, respectively. We discussed this with the registered manager and provider. They explained, and showed us audit records which confirmed they had identified this as an issue and were working to resolve it. New processes and paperwork for recording capacity assessments and best interests decisions were in the process of being implemented. We saw examples of these which showed the improvements that had been made in the standard of recording. This gave us assurances the provider was making improvements to bring the service fully in line with the MCA. Staff we spoke with had a good knowledge of the MCA and their responsibilities when providing care.

People were supported to eat and drink enough to keep them healthy. Following the home having been flooded in late 2015, the home took the decision to buy in pre-prepared meals from a reputable company. People could choose from a wide range of foods and drinks at each meal and any requests for food that was not on the menu were accommodated. Snacks and drinks were available throughout the day and we observed staff made sure there was always a plentiful supply. When we asked people about the food, comments we received included; "The food is lovely we get lots of choice and there's lots of it"; And "The food is very good, there's choice and always fresh fruit".

We observed the lunchtime service in each area of the home. We observed it to be a pleasant and positive experience for people who lived at the home. Tables were well laid out with cloths, napkins and cutlery. People could choose where they sat to eat in the communal areas or could choose to eat in their rooms if they preferred. We witnessed kind and friendly interactions between staff and people who lived at the home, whilst they offered choices to people about meals and drinks. We observed people who required support to eat and drink received it from staff in a dignified manner.

People were protected against the risks of poor nutrition and hydration. Staff continually monitored how much people ate and drank. This helped staff to assess whether people were eating and drinking enough to stay healthy. Where concerns were identified, increased monitoring was put in place including people being weighed more frequently. We saw the service made timely referrals to the dietician and speech and language therapists, where appropriate. This helped to ensure staff had access to specialist professional advice and guidance about people's nutrition.

We spoke with the person who was responsible for preparing food during our inspection. They had a good knowledge of people's needs and preferences. They showed us a range of information that they were passed from the care staff. This included a monthly analysis of people's weights, any special dietary requirements people had, along with their food likes and dislikes. Feedback had been sought from everyone who lived at the home following the changes to the way the home prepared meals. People we spoke with confirmed they had been consulted and were happy with the standard of food provided. Menus were discussed at resident and relatives meetings. Where people had specific dietary needs, such as a fortified diet or food which needed to be a specific texture, this was prepared accordingly.

People told us, and care records confirmed, people had access to a range of external healthcare professionals including, GPs, district nurses, opticians and chiropodists. We spoke with two visiting professionals. Comments we received from them included; "Care and communication are very good. I would and have recommended the home to people who need residential care"; And "They're really on the ball. They liaise with district nurses where there are any concerns. The carers are very good".

Is the service caring?

Our findings

We received positive feedback from everyone we spoke with about how caring the service was and about the approach of staff. When we asked people whether they thought the service was caring, they commented; "It's very nice here, it's great and couldn't be nicer"; "The staff are lovely and the service is excellent"; And "It's homely here, I was able to bring my own TV and chair". Relatives we spoke with were also complimentary about how caring the home was. Comments we received included; "We're really happy with everything. The girls [Staff] have a great attitude and make sure [Relative] is very well cared for"; And "If it hadn't been for here, [Relative] wouldn't be with us today. Staff go above and beyond to make sure she's comfortable and looked after".

Staff we spoke with had a good level of knowledge about people and their life histories. This included people's past employment, where they had lived, hobbies and interests, and people who were important to them. We saw this type of information had been gathered in people's care plans when they first moved into the home. The information helped staff to get to know the person and to build relationships with them.

We observed kind and caring interactions throughout the inspection. People were comfortable and relaxed with staff and the atmosphere in the home was pleasant and cheerful. People told us staff took time to sit and chat with them. We witnessed this during the inspection. Staff told us they got to spend time with people to get to know them well. This helped staff foster positive and caring relationships with people they cared for. Staff knew people's likes, dislikes and preferences. This helped to ensure people received care and support in the way they wanted it to be delivered.

We looked at how the service ensured people were treated with dignity and respect during their stay at the home. People we spoke with told us staff were always respectful and caring towards them. They gave us examples, such as, staff knocking on bedroom doors before they entered and ensuring doors and curtains were shut before personal care was delivered. We saw staff were caring and attentive to people during our inspection. Staff approached people and asked for their permission before they delivered any care or support, for example, when assisting people to move between rooms.

People we spoke with, and their relatives, confirmed there were no restrictions on visiting times. Relatives told us they were encouraged to visit as often as they could and were always made very welcome.

Is the service responsive?

Our findings

We looked at how the service provided personalised care that was responsive to people's needs. Before people moved into the home, a comprehensive assessment of their care needs was undertaken. The areas covered by assessments included, people's mobility, communication, eating and drinking, as well as any health care needs. This helped to ensure people's needs could be met before they moved in to the home.

People and their relatives told us they had been involved in the initial assessments and care planning process. This helped to ensure people's needs were accurately assessed and their preferences explored, in order to provide personalised care to them. People's likes and dislikes were documented in well organised care files. This helped to give staff easy access to important information about how people wanted their care to be delivered. We witnessed staff anticipated people's needs well and responded promptly to any requests for assistance.

The service sought guidance and advice from external professionals and followed up any referrals in a timely manner. Guidance and advice from professionals was used to inform care planning with the aim of providing the best possible outcome for people. People's assessments and care plans were reviewed on a monthly basis, or more often, in line with changes in people's needs. This helped to ensure they reflected the person's current circumstances.

Staff at the home provided people with a range of activities to help stimulate people and to help prevent social isolation. The home had good links with the local community. Comments we received about activities included; "There are lots of activities they have choirs in and they also do exercises"; "There's lots going on. We have singers that come in, we have parties and we can go out into the village and to church". Staff spent time finding out what was important to people in terms of meaningful activities. They then used this information to try and provide such activities for people, so they could maintain their interests.

Staff listened to and responded to people's complaints and comments. People told us they could approach any member of staff or management with any concerns or 'niggles' and they were confident any issues would be resolved. People told us staff often asked them whether everything was ok. Relatives confirmed staff and management made a point of asking whether there was anything they could improve. Relatives told us there was always a member of staff or management available for them to speak with.

The provider had implemented a complaints policy and procedure. This was made available to everyone who lived at the home and their relatives. The policy provided a framework for how management should deal with any complaints. This included contact details of other organisations which people could escalate their complaint to, if they did not receive a satisfactory resolution. The service had not received any complaints in the 12 months prior to our inspection. Before our inspection, we received positive feedback from members of the public about how well the service had treated their loved ones and how the flooding at the home in late 2015 had been well managed.

Is the service well-led?

Our findings

We asked people and their relatives whether they thought the home was well-led. Comments we received about the management of the home included; "The management team and senior nurses are all very approachable"; "[Registered manager] is very good, she makes sure everything is right"; And "There's always someone in the office to speak to. They're very approachable and nice". Relatives we spoke with also gave us positive feedback about the management of the home; "I think the management are brilliant and everything always seems very well organised"; And "There's always someone around if I need to speak with someone".

Staff we spoke with told us they received a good level of support from management and their colleagues. Staff felt they worked well as a team and were well organised. They told us management were approachable, supportive and receptive to any ideas and suggestions. Comments we received from staff included; "[Registered manager] is great, really supportive. I can go to her with anything. She encourages us all to raise concerns and make suggestions about how we might be able to make things better"; "They [management] are absolutely wonderful. I can't praise them enough"; And "Management are good. We get whatever we need. I'd describe them as firm, but fair. [Registered manager] is a good boss".

The home was managed by a long-standing registered manager and deputy, with support from senior staff who had also worked at the home for a considerable time. We found this provided a good level of stability for people who used the service and for staff. The management team were consistently spoken highly of by people who lived at the home, relatives, staff and visiting professionals.

We found the atmosphere at the home was open and pleasant. There appeared to be a positive, caring culture between people who lived at the home, their relatives and staff. Staff we spoke with told us they enjoyed their job and tried to help people make their stay at the home as good an experience as they could. Throughout our inspection, we saw many positive interactions between staff and people they cared for. We observed staff were well organised, with clear lines of accountability and responsibility at each level.

The provider had implemented wide ranging checks on the quality of the service that was provided. The results of checks were used to identify areas for improvement in service provision and ultimately the standard of care people experienced. Checks were completed daily, weekly and monthly on different aspects of the service. These included areas such as cleanliness and infection control, medicines, health and safety, care planning and accidents and incidents. The results of audits and checks were used to create action plans to improve the service. The provider had tailored their audits so they were in line with the CQC key lines of enquiry which are used to assess services during inspections.

We saw minutes of meetings attended by residents and relatives, which took place every few months. The registered manager explained the meetings were not usually very well attended and they were looking into other methods of obtaining people's feedback. However, they also explained that because they spent a good proportion of their time speaking with people and relatives that people did not wait for a meeting to speak with her. The meeting minutes we saw showed people were encouraged to discuss and make

suggestions about how the home was run and how the service was delivered to them. For example, following the changes to food provision, we saw this was discussed with people at the next meeting. Everyone we spoke with also confirmed they had been approached for their views about the food and various other topics during their stay at the home. This showed the provider involved people in decision making about how the service was delivered.

We saw records which confirmed other meetings took place on a regular basis. These included management meetings, nurses meetings, health and safety meetings and senior staff meetings. The minutes of meetings we saw confirmed a range of topics were discussed. These included individual people's needs, premises and equipment, food provision and various others. This showed the provider involved staff at all levels of the organisation in decision making about how the home was run day to day and how the service was delivered to people.

The management were aware of their responsibilities with regard to submitting notifications about significant events that happened at the home. We had received notifications as appropriate. The management also knew when they had to report events to other agencies, such as the local authority and did so accordingly.

The home experienced a flood in December 2015, due to severe weather conditions. This resulted in significant disruption to the service with the ground floor of the home becoming unsuitable for use. The management worked well with the emergency services and commissioners to ensure people were kept safe and care could continue to be delivered to meet people's needs. We received positive feedback from people, their relatives and staff about how well this incident and the following period were managed.