

Lunan House Limited

# Croxteth Park Care Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service effective?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Croxteth Park is a residential care home providing nursing and personal care to 39 people at the time of the inspection. The service is registered to support up to 42 people in one adapted building. The home is located over 1 level and there are 2 separate units.

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

There had been improvements in the home since the last inspection.

People were supported to have maximum choice and control over 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. Staff were appropriately trained and supervised to enable them to carry out their roles. People were supported to eat a balanced diet.

Care plans were person centred and reviewed regularly to ensure any changing needs were taken into account. There was a complaints policy in place, which was made available in different formats to support people's understanding. We reviewed some recent complaints and saw they had been responded to in line with policy and procedure.

All notifications had been sent to CQC, and the registered manager understood what was expected of them under duty of candour. Staff told us they enjoyed working at the home, and they felt they could approach the registered manager to help them develop further in their roles or if they had any concerns. There was a robust governance structure in place which highlighted shortfalls in care provision and took action to address them.

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 requires improvement- published 20 May 2021.

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

This report only covers our findings in relation to Effective, Responsive and Well-led.

The ratings from the previous comprehensive and focussed inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has improved to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for

Croxteth Park Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

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 effective?**

The service was effective.

Details are in our effective findings below.

**Good** ●

### **Is the service responsive?**

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led.

Details are in our well-led findings below.

**Good** ●

# Croxteth Park 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 Care Act 2014.

#### Inspection team

The inspection was carried out by 2 inspectors.

#### Service and service type

Croxteth Park Care 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 did not have a manager registered with the Care Quality Commission. A manager was in place at the home and had applied to become registered. This means that the provider is 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 inspection

We reviewed information we had received about the service since the last inspection and we sought feedback from the local authority. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with 3 relatives about their experience of the care provided. We asked for feedback from 7 members of staff including the manager, regional manager, senior care workers and care workers.

We reviewed a range of records. This included 2 people's care records, staff supervision records and 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 provider to validate evidence found.

# 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.

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

- People's needs, and choices were assessed, and they received care and support in line with standards, guidance and the law.
- Care records evidenced people were involved in the completion of their care plans.

Staff support: induction, training, skills and experience

- Staff were supervised, trained and inducted in accordance with the providers policies and procedure.
- Staff had undergone additional training and had access to qualifications in accordance with their roles.

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

- People were supported by staff to have sufficient food and fluid intake throughout the day and night.
- Where needed, people had guidance and support from outside organisations, such as Speech and Language Therapists (SALT) to ensure their diet was suitable for them. Staff followed this guidance safely, and it was available to be viewed in people's care plans.
- People choose their own menus, and there was always a healthy option available for people.

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

- The provider worked alongside other medical professionals to ensure people had access to services and were supported with their health and emotional needs.
- People received the care and support they needed and were referred to external healthcare professionals where appropriate and supported to attend external appointments where required.
- People were supported with their dental hygiene needs.

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

- The home was welcoming, appeared nicely decorated, and people were encouraged to personalise their own rooms.

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 appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- DoLS applications had been made appropriately. A system was in place to monitor authorisations and when they needed to be reapplied for.
- Where necessary, mental capacity assessments had been completed and the best interest decision making process was followed and documented.



# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care and support was completed in a highly personalised way and was tailored to meet people's needs, choices and promote independence and control.
- There was information in care plans which detailed what time people like to get up, how they wanted to be dressed, and what they enjoyed for meals and snacks.
- People who had specific needs such as dietary requirements, had separate care plans and risks assessments to ensure staff knew how to meet their needs and support them effectively.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Information was available in different formats to help support people's understanding.

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

- Relatives told us they were welcome into the home. People told us they had been supported to maintain contact with their families during COVID-19 using video calls.
- There was a full and varied programme of activities available for people to choose to partake in.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place at the home.
- Relatives we spoke with told us they would 'go to the manager' if they had any concerns.

End of life care and support

- People were supported to make decisions around their last days and how they wished to be supported.
- Where appropriate, funeral plans had been discussed with people.

# 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 changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Outcomes were well planned for people, and there was a strong emphasis on working collaboratively with others to ensure people got the best possible inclusive support.
- Staff commented on the culture of the home and stated it had gotten 'better and better.'

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

- Incidents were discussed with people and their relatives where appropriate. There continued to be a clear open and transparent culture at the home.
- There was a duty of candour policy and the registered manager and provider knew their responsibility regarding this.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The home was subject to in depth checks and evaluation using a robust quality assurance framework. Following quality assurance visits, comprehensive action plans were submitted, and actions were delegated for completion.
- The managers attended events and meetings to ensure they were up to date with any regulatory changes which could impact their service, such as COVID-19 best practice guidance.
- The registered manager had informed CQC of any notifiable events and understood their role with regards to this.

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

- Everyone knew who the registered manager was and understood the support structure within the home.
- Survey results from last year which were positive were shared with people in different formats and any opportunity for improvement was discussed.
- Staff stated they would feel comfortable raising any concerns with the registered manager without fear of reprisals.

Continuous learning and improving care; Working in partnership with others

- The managers had a positive attitude regarding feedback and improvement. They had clearly used

feedback and experiences from previous inspections to improve their own leadership and management and were open to continuous learning opportunities.

- Professionals were consulted with when needed, and the service had a link social worker who regularly attended the home.