

Park Lane Healthcare (Croston Park) Limited

Croston Park Nursing Home

Inspection report

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Date of inspection visit:
12 May 2021
20 May 2021

Date of publication:
03 September 2021

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

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 51 people. This 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 included the dining room and several communal lounge areas and access to outside garden and grounds.

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

People were not always safe. We found multiple failings within medicines processes. Medicines were not always managed safely, and people did not always receive them as they should. This placed people at risk of harm. Recruitment practices in the home were not always robust. Checks of suitability for new staff being employed had not always been completed prior to their employment commencing. This meant staff were not always checked as being suitable before commencing work with vulnerable people.

We were not fully assured staff consistently used personal protective equipment (PPE) correctly. There were enough numbers of staff deployed on each shift to meet people's needs. Some risks in relation to fire safety within the premises had been identified by the local authority fire and rescue safety team. The provider had acted immediately to mitigate those risks.

Processes and systems to oversee, assess and monitor the safety and quality of service provided were not always effective in identifying risks associated with care and treatment. Information was not consistently recorded about people's care and treatment. This meant appropriate actions could not be taken to ensure the service consistently provided safe care and treatment.

Staff told us they had received induction training when they commenced employment and had training to update their skills and refresh their knowledge. People had been referred to the appropriate external professionals and agencies for advice, treatment and support. All the staff we spoke with told us they were very happy to work at Croston Park Nursing Home. One staff member told us, "I enjoy working here, my manager is always hands on and approachable." Another staff member said, "The manager always respects our views. I feel valued by the company."

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. People and their families had been involved, where relevant, in planning and reviewing the care and support provided.

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

Rating at last inspection

The last rating for this service was good (published 22 May 2019).

Why we inspected

The inspection was prompted in part due to concerns we received about safe care and treatment and in part by notifications of specific incidents. As a result, this inspection did not examine the circumstances of the incidents. The information CQC received about the incidents indicated concerns about unsafe medicines management, this inspection examined those risks.

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. We also looked at the key questions effective and well-led. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection. We reviewed the information we held about the service.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

The provider took action during and immediately after the inspection to mitigate any risks. This included completing detailed audits on people's weight loss and medicines management and drafting an action plan in response to the inspection findings.

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 discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to the management of medicines, recruitment of staff and the systems used to oversee the quality and safe running of the service at this inspection.

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

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan for 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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always 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 Care Act 2014.

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

The inspection was conducted by three inspectors, a medicines inspector and an Expert by Experience who made telephone calls to staff. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. A team inspector made telephone calls to people who used the service and to relatives.

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 on the first day and we announced the second visit.

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. 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 used all of this information to plan our inspection.

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 12 members of staff including the nominated individual/provider, registered manager, deputy manager, registered nurses, senior care workers and care workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records including eight people's care records and multiple medication records. We looked at six 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 nominated individual/provider to validate evidence found. We looked at training data and accessed the electronic care records. We raised safeguarding alerts for three people using the service and shared our concerns with the local authority quality team and local clinical commissioning group.

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 good. At this inspection this key question has now deteriorated to inadequate. This meant people were not safe and were at risk of avoidable harm.

Using medicines safely

- Although people told us they thought the service was safe, we found people were at risk as they did not always receive medicines as they should. We found gaps in administration records and some of the medicines we counted did not match the records. We could not be assured medicines had been administered as directed. In addition, we saw three examples where pain patch applications had not been applied within the specified timeframe. Following the inspection, the provider sought advice from the persons GP regarding the risk of harm from the late applications.
- Guidance was sought from healthcare professionals, but we found examples when this advice had not always been followed. Medicines continued to be administered after they had been advised to be stopped. On five occasions over a two-week period, one person had received thickened fluids when these had not been prescribed. This was however, was picked up and acted upon by the provider following the fifth incident.
- Guidance to help staff give medicines 'when required' sometimes lacked person-centred detail. Some guides were inaccurate, and some were missing. Staff did not always administer and record paracetamol properly or in line with the providers medicine policy.
- Staff did not always follow the homes medicines policy when managing homely remedies. Medicines were available that were not on the policy list. We found one medicine had been opened and had passed the use by date and records were not always made on the person medicines chart when a homely remedy was administered.
- Medicines were not always stored and managed safely. We found one fridge did not have a lock and medicated topical preparations were found in an unlocked bathroom. Fridge temperatures were not always recorded properly so we could not be sure the medicines were safe to use.
- We were not assured that all staff were competent to administer medicines or use equipment required to provide end of life care. Not all staff had not undertaken annual competency checks. Following the inspection visit, evidence was provided to demonstrate missing competency checks were complete. During the inspection visit, there was some confusion about the type of syringe driver at the home and the associated guidance for usage. Following the inspection visit, the provider sent us a copy of the syringe driver guide. In addition, the provider offered us reassurance that action would be taken, and staff training would be completed in regards to using the syringe driver, prior to it being used.
- Staff recorded when medicines incidents took place. However, we were not assured that action had been taken to prevent reoccurrence. Staff could not tell us of any learning following medicines errors occurring, and although some action was taken, we were not fully assured that risks were mitigated, and lessons learned. One error that had not been thoroughly investigated demonstrated staff had not followed controlled drug regulations.

Medicines were not managed properly and safely. This was a breach of Regulation 12 (safe care and treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- The recruitment process used was not always robust when checking if people were suitable to work with vulnerable people. Some people had commenced work without all the necessary checks in place.
- Four personnel records of staff members lacked checks of suitability required to safely recruit fit and proper people. This placed people at risk of being supported by staff who had not been deemed fit to work with vulnerable adults.

We found no evidence that people had been harmed. However, recruitment practices were not robust enough to show staff had been adequately checked before they commenced employment. This was a breach of regulation 19 (fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager and provider continually assessed staffing levels to ensure there were enough staff available to support people. We saw there were enough numbers of staff to ensure people received the necessary level of support in a timely manner. One person said, "The only criticism is the staff are worked off their feet." Another person told us, "They [staff] always come when I press the buzzer."

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

- The fire safety team from Lancashire Fire and Rescue Service visited the home on 7 May 2021 and found some risks and requested some immediate actions to be taken. The provider responded to the risks found and remedied the immediate risks. People's physical needs had changed which meant the fire evacuation systems that were in place prior to the fire service visiting needed to be improved.
- The registered manager reviewed all incidents to ensure appropriate actions were taken. Risks were reassessed in order to prevent reoccurrence and where lessons had been learned these were shared throughout the staff team. However, the process and systems used did not always recognise the risk we found with management of medications.

Systems and processes to safeguard people from the risk of abuse

- Staff understood their responsibilities around protecting people from abuse. We saw, where necessary, appropriate referrals had been made to the local safeguarding team.

Preventing and controlling infection

- We were not fully assured that the staff were consistently using PPE effectively and safely. The provider took immediate action and consulted with the staff about the correct use of PPE.
- 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 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

- The home was very clean and there was ongoing maintenance.

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 good. At this inspection this key question has now deteriorated 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

- The staff completed an assessment on admission to identify people's needs and developed a plan of care. Care records were kept, mainly, in an electronic and live time system.
- We saw evidence the registered manager was referencing current legislation, standards and best practice and sharing with the staff team. However, we were not fully assured this was consistently followed as guidance and standards in relation to the management of medicines were not always followed.
- Care plans were regularly reviewed and updated where required. Records we looked at confirmed this, however, for some records we accessed remotely the information did not always reflect people current needs. This meant we had to clarify a lot of information to ensure we had the right information. We have addressed this under well-led.

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

- Where weight loss had been identified the processes in place for recording were not always consistent and we found it difficult to ensure from records people had received the right care and treatment in a timely way.
- People were happy with the meals served. One person told us, "The food is good and varied." Another person told us when they still felt hungry the chef provided bigger portions.

Staff support: induction, training, skills and experience

- Staff confirmed they had received induction training and ongoing training that was relevant to their role.
- Staff told us they felt very supported by the management team and received regular supervision and appraisal of their work.

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

- Staff supported people in managing their health and wellbeing needs by making appropriate referrals to external services.
- Staff worked with healthcare professionals to ensure people's healthcare needs were met. The registered manager told us they worked closely with healthcare services including GPs, and district nurses. However, we were not fully assured guidance from healthcare professionals was consistently acted upon in a timely way.

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

- Accommodation was accessible, safe, homely and suitable for people's needs. People had personalised their rooms as they wished. The building had been suitably extended and adapted to provide the service.

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.

- Staff were knowledgeable about their responsibilities under the MCA and people's rights were protected. The registered manager had made DoLS applications when required and where relevant.
- People and their relatives had been involved, consulted with and had agreed with the level of care and treatment provided.

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 good. At this inspection this key question has now deteriorated to requires improvement. This meant there were shortfalls in service oversight and systems that did not assure the delivery of safe, high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people;

- The provider's systems and processes in place for the oversight, quality monitoring and safety of the service were not effective in detecting the concerns we found during the inspection in ensuring safe care and treatment. We highlighted concerns about the lack of oversight and effectiveness to the registered provider. They told us that operational oversight in the home had greatly reduced over the past 18 months. Following conclusion of the inspection, they provided us with reassurance that oversight within the home had increased.
- The oversight of the requirements in managing risks of fire had failed to identify concerns prior to the fire and rescue safety team visit in managing safe evacuation procedures.
- The quality monitoring systems were not effective in ensuring a robust recruitment process was in place. The checks of suitability to ensure staff were fit and proper to support the vulnerable people had not been sufficiently monitored.
- The systems and processes used to record people's care needs were not always effective in ensuring information available was accurate and current.

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; Continuous learning and improving care

- Where incidents of unsafe medicines management had been identified it was not always clear if or how risks had been mitigated as incidents and errors had been repeated.

We found no evidence that people had been harmed. However, the above findings demonstrate that the registered provider and 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 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Staff spoke very positively about working at Croston Park and the support provided by the management team. One staff member said, "It's brilliant teamwork, and a lovely atmosphere to work in." Another staff

member said, "The management team have supported me and health and welfare is paramount."

- Relatives were very happy with the service provided. One relative said, "Whenever there have been concerns the home action it and put it straight." Another relative told us, "The staff are very approachable" and "Staff seem to really care."

Working in partnership with others

- The nominated individual, registered manager and staff team had established good working relationships with a variety of professionals within the local community. Following and during the inspection, the nominated individual took immediate action to start addressing shortfalls we had identified.

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 19 HSCA RA Regulations 2014 Fit and proper persons employed There was a failure to implement robust recruitment practices to ensure staff had been adequately checked before they commenced employment.

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
Treatment of disease, disorder or injury	medicines were not managed properly or safely.

The enforcement action we took:

issued warning notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Systems and processes in place to ensure the safe running monitoring and assessing of the quality of the service provided were not safe or effective.

The enforcement action we took:

issued a warning notice