

Lunan House Limited

Croxteth Park 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?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Croxteth Park Care Home is a residential care home providing personal care to 40 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 one level.

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

People's medicines were not always managed safely. One person had not always received their medicine as prescribed and there were some irregularities with the count of medicines available. Staff had not had their competency to administer medicines completed within the last 12 months, as recommended in best practice guidelines.

People's oral health needs had been assessed, however there were no plans in place detailing their support needs in relation to this. Staff told us they felt confident supporting people with oral health but had not received any training. We made a recommendation about this.

People's food and fluid intake had not been appropriately monitored when people were at risk of weight loss or malnutrition. We found food and fluid monitoring charts had not been completed appropriately, and in some cases weeks of recording was missing.

Care plans were not always completed to reflect the care being given to people. However, staff knew people well and people told us staff supported them in the way they preferred. Regular reviews took place, however they did not always reflect the changes in people's needs.

Risks to people were assessed and appropriate plans were in place to keep people safe. However, there were no systems in place to effectively analyse incidents to ensure learning could be implemented to prevent reoccurrence.

Audits and checks were completed by the registered manager; however, these were not always effective at identifying concerns. There was a lack of robust oversight with aspects of the service. The registered manager implemented some new checks before the end of the inspection to improve oversight of some areas.

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.

There were enough staff to meet people's needs. We saw people had good relationships with the staff that supported them. People were treated with dignity and respect. Staff supported people to be as independent as possible and express their views about the service and their care. Staff told us they felt there

were enough staff to support people safely, but they would like more time to spend with people.

People told us they felt safe living at Croxteth Park and liked living there. However, most people told us they felt activities could be improved to avoid boredom. We saw there were activities planned most days, but people felt there could be more on offer. A new activities coordinator had recently started in post and the registered manager was working with them to develop improvements in this area.

Staff understood their role and had confidence in the manager. Staff told us they worked well together as a team, and there was good morale amongst them.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 24 November 2018) 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 not enough improvement had been made and the provider was still in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to the management of medicines, nutritional monitoring and management, and the general management of the service at this inspection.

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

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

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 caring.

Details are in our caring findings below.

Good ●

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 ●

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 two inspectors and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Croxteth Park is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 announced for the second day.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service and seven relatives about their experience of the care

provided. We spoke with 10 members of staff including the registered manager, senior care workers, care workers, activities coordinator and the chef. We also spoke with one visiting healthcare professional. 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 five people's care records, and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 requires improvement. At this inspection this key question remains the same. This meant some aspects of the service were not always safe. There was an increased risk that people could be harmed.

Using medicines safely

- Staff had not had their competency to administer medicines assessed in the last 12 months. Best practice guidelines recommend competency is assessed at least annually.
- One person had not received two medicines daily as prescribed over a seven-day period. We checked care notes and found the GP had stopped some other medicines, but this was not clearly recorded in notes leading to some confusion for staff.
- There was a discrepancy with the count of one medicine. This was due to be administered daily, and the Medication Administration Record (MAR) reflected this had occurred. However, when we checked the count of medicine left in the box, there were an extra two tablets remaining. This meant there had been two occasions where the medicine had not been given but had been signed as administered.

We found no evidence that people had been harmed however, the provider had failed to ensure the safe administration of medicines. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Learning lessons when things go wrong

- There was no analysis of incidents completed which prevented effective learning being implemented to reduce the likelihood of incidents reoccurring to help protect people better. Although a system was in place to record and investigate any incidents or accidents, there was no effective analysis of patterns or trends.

The lack of learning when things went wrong demonstrates a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure the safe management of environmental risks. This was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement has been made at this inspection and the provider was no longer in breach of Regulation 12 with regard to this.

- People's care plans contained a wide range of risk assessments with appropriate information to support staff in safely supporting people.

- Risks within the environment were considered and assessed. Equipment was regularly checked to ensure it was safe to use. Plans ensured that people's needs would continue to be met in the event of an emergency.
- Regular health and safety checks were completed to ensure the premises were safe. However, on the day of the inspection we found four internal fire doors were not closing properly. These were fixed during the first day of the inspection. The registered manager told us more robust visual checks would be included in the daily checks to ensure issues with fire doors were identified in a more timely manner.

Staffing and recruitment

- Safe recruitment processes were followed. However, we found one staff member had an inappropriate reference check. The registered manager addressed this during inspection.
- We found there were enough staff to support people safely.
- However, most staff told us they felt more staff were needed to support them to spend quality time with people. Staff told us they worked well together to allow as much time as possible to sit and talk with residents. All staff we spoke with felt they were able to support people safely.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe at the home. Comments from people and relatives included, "I feel safe, it feels like home," and "[Relative] is safe. Now I have peace of mind."
- Staff were clear on the potential signs of abuse and how to raise any concerns they might have.
- Records showed that any potential safeguarding allegations had been reported, recorded and investigated in a timely manner.

Preventing and controlling infection

- The home was clean throughout. One person said, "The place is spotless."
- We saw staff using appropriate Personal protective Equipment (PPE) to reduce the risk of the spread of infection.

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

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

- People's nutritional and hydration needs and how they were to be met were recorded in their care plans. However, this information was not always completed with sufficient detail, and did not always fully reflect the advice from the Speech and Language Therapist regarding a modified diet.
- One person who was on a modified diet due to risk of choking, had on one occasion been given inappropriate food. A visiting professional noticed this and raised a concern with staff and the food was removed before the person ate it. The care plan was reviewed after this incident, but the care plan contained contradictory information that could have caused confusion for staff.
- Charts were in place to monitor people's food and fluids when needed. However, there was no oversight of these charts, and we found records were no food or fluid had been recorded for days. Charts had also not been completed in line with the providers guidelines and policy.
- Where people had been recommended specific levels of fluid, we found these had not been monitored effectively. Some records showed people had drunk significantly less than their recommended fluid levels.

We found no evidence that people had been harmed however, the provider had failed to ensure people's nutrition and hydration needs were met. This was a breach of regulation 14 (Meeting nutritional and hydration needs) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People's needs were assessed before admission to the home to ensure they could be met.
- We received some feedback from healthcare professionals before the inspection. They told us staff did not always follow their advice and guidance. We found care plans were not always detailed with specific advice from professionals. Care plans were updated during the inspection visit.
- Oral health risk assessments were completed, but there were no care plans in place to ensure people's oral health needs could be met.
- Staff told us they had not received training regarding supporting people with oral healthcare. Although staff told us they were confident in supporting people with their oral health needs, they felt training would be useful.

We recommend the provider consider current guidance on oral healthcare and take action to update their practice.

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.

At our last inspection we recommended the provider review mental capacity assessments to ensure they were decision specific. The provider had made improvements.

- Consent to care and treatment was sought and recorded in line with the principles of the MCA 2005. When people were unable to provide consent, the best interest process was followed.
- DoLS were applied for appropriately to keep people safe from harm.

Staff support: induction, training, skills and experience

- Training was up to date for all staff. But some competency checks were in need of refreshing.
- Staff we spoke with told us they had received an appropriate induction and felt well supported by the manager.
- People and relatives told us they felt staff were well trained and able to meet their needs effectively.

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

- There was very little adaptation to the building to support people living with dementia. We found all bedrooms looked the same and could make it difficult for people to identify their room. The registered manager told us this would be considered with re-decoration works.
- Bathrooms were adapted to ensure they could be accessed by all people.
- Equipment was in use to support people to move around the home independently.

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 good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives told us they were well looked after. Comments included, "Staff are very kind. I'm well looked after," and "They're [staff] a lovely bunch of people. Smashing."
- Staff showed concern for people and were keen to ensure people's rights were upheld and that they were not discriminated against in any way. People's right to privacy and confidentiality was respected

Respecting and promoting people's privacy, dignity and independence

- People told us staff were respectful and protected their dignity and privacy. One person said, "Staff are respectful."
- People told us that staff encouraged them to be as independent as they could be, and records reflected this. One person said, "They always encourage me to be independent."
- People looked at ease and comfortable in the presence of staff. Conversations we heard between people and staff were characterised by respect and warmth.

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

- People and their relatives were involved in the planning of their care.
- Regular care reviews were held with people and where appropriate their relatives. This ensured people's views were regularly considered.
- People told us they were able to make day to day choices about their care.
- There were computer tablets available in the home for people and visitors to provide feedback. We saw examples of feedback being used to make changes to the service. A 'You Said, We Did' board was updated each time to inform people what action had been taken.

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 good. At this inspection this key question has deteriorated 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

At our last inspection we recommended the provider complete 'Living my Choices' document with people to improve the consistency of recorded personal information. Although we could see the document had been introduced to people, there was not enough improvement with the level of personal information recorded and the consistency with which this was completed.

- Our conversations with staff evidenced they knew people very well and understood their preferences. However, people's care plans did not consistently reflect the personalised care being given.
- People and their relatives were encouraged to complete a 'Living my Choices' document. This was to record people's likes, dislikes, preferences and social history. We found these were inconsistently completed. There were no regular checks to ensure people were filling these in, and the documents were left in people's rooms. The registered manager told us they would use the document in people's care plan reviews to ensure a more consistent approach to the completion of them.
- Some care plans lacked person specific information. One person's care plan stated they could become distressed and staff were to reassure the person in these instances. There was no mention of how to reassure this person.
- Information regarding people's care needs had not always been updated. Although we saw evidence of regular care plan reviews, these did not always identify changes to people's support needs.

The provider failed to ensure records relating to people's care and treatment were updated or completed fully or accurately. This is a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People told us there were limited activities available in the home. Comments from people included "We need more activities," and "I'm lonely sometimes. I have my toys, but there's a new activities co-ordinator, I'm hoping she takes me out."
- Staff told us they felt there were enough staff to meet people's needs safely, but they did not always have time to sit and interact with people. During our observations, we could see staff doing their best to spend time with people, but during busy periods there was limited interaction with people.
- We saw people had developed friendships with others living at the service. People told us family and friends could visit anytime they wanted. This supported people to maintain relationships.

- A relative told us people were encouraged to complete tasks in the home. One person thought they worked at the home, so staff got them a uniform and encouraged them to help with cleaning and offering people cups of tea. This had a positive effect on this person's wellbeing.

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, recorded and highlighted in support plans. Staff were aware of these and supported people in these ways.

Improving care quality in response to complaints or concerns

- A complaints system was in place and displayed in the service. We saw complaints had been responded to appropriately.
- People living in the home and their relatives told us they would feel comfortable raising a concern. People told us the registered manager was very responsive when concerns were raised.

End of life care and support

- The service was not supporting anyone on end of life care at the time of the inspection.
- Care files we looked at showed discussions had been attempted with people regarding advanced care planning. These plans were reviewed and discussed with relatives when appropriate.

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 requires improvement. At this inspection this key question remains the same. This meant the service management and leadership was inconsistent.

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

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

Not enough improvement had been made at this inspection and the provider was still in breach of Regulation 17.

- There were checks and audits in place. These had not been effective in identifying the shortfalls found at this inspection.
- When guidance had been sought from other healthcare professionals, advice received was not always fully reflected in people's care files. This meant staff did not always have the appropriate information to support people.
- Systems were not robust enough to ensure learning from incidents was implemented to further reduce risk to people.
- Care documents were not always completed in line with the providers own guidance. The registered manager told us there was no oversight of these documents, but this would be implemented immediately.

The provider had failed to effectively assess, monitor and improve the quality of the service provided. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager was aware of their regulatory responsibilities. They had submitted notifications in line with legal requirements and displayed the rating of the last inspection.

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

- There was an open and transparent culture within the service. People and their relatives told us the registered manager and staff were open and honest with them.
- The registered manager had discussed concerns raised with people and their relatives.

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

- Resident and relatives' meetings had taken place. It was clear people's feedback was taken on board.
- There were regular staff meetings and staff told us they felt supported in their roles, and management listened to their ideas.

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

- Staff told us how they promoted a person-centred approach to people's care and support. They discussed with people how they wanted to be supported and involved them in developing their care. Although this was not always recorded appropriately, during our observations we saw staff supporting people in line with their choices.
- Staff and people told us that they felt the service revolved around people and their needs. People told us they thought the management team were approachable.

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 The provider failed to ensure the safe management and administration of medicines.
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs The provider failed to ensure effective processes were in place to ensure people's nutritional and hydration needs were effectively recorded and monitored.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to ensure effective quality assurance processes were in place to identify concerns, and ensure learning from incidents was effectively used to further reduce risks to people. Records relating to people's care and treatment were not updated or completed fully or accurately.