

Lunan House Limited

Croxteth Park Care Home

Inspection report

Altcross Road
Mossway, Croxteth
Liverpool
Merseyside
L11 0BS

Tel: 01512866280
Website: www.fshc.co.uk






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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 25 and 26 October and was unannounced.

Croxteth Park Care Home is registered to provide accommodation for up to 42 people with personal care needs. Accommodation can be found across two separate units, each of which have separate adapted facilities. At the time of the inspection, 39 people were living at the home. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

A registered manager was in post. A registered manager is a person who has registered with CQC 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.

The previous comprehensive inspection took place in March 2016. The home was awarded an overall rating of 'Good'.

We then conducted a focused inspection in April 2017. We received information of concern from the Office of the Coroner relating to the management of falls and the assessment of people's capacity to consent to care. The focused inspection concentrated on three of the five key questions we inspect against; safe, effective and well-led domains. We found that the registered provider was complying with all Health and Social Care Act Regulations and the rating of 'Good' remained.

During this inspection, we identified breaches of regulation in relation to 'Safe Care and Treatment' and 'Good Governance'. We are taking a number of appropriate actions to protect people who are living at Croxteth Park Care Home.

We found that people were exposed to environmental risks and were not always receiving safe care and treatment. A cleaning cupboard which contained harmful chemicals was accessible to people who lived at the home, dangerous items such as a pair of scissors and a sling aid was found in communal areas, a hot water urn was accessible to people who had been assessed as lacking capacity and not all fire doors were effectively closing within their door frames.

We checked to see how the quality and safety of the care people received was regularly monitored and assessed. We found that systems and processes were in place; however, these were not always effective. We found that health and safety audits and checks were not always completed and the issues we identified during the inspection had not been identified.

We checked to see if the registered provider was complying with the principles of the Mental Capacity Act, 2005. Mental capacity assessments were routinely carried and the necessary deprivation of liberty safeguards (DoLS) were submitted to the local authority. However, we identified that capacity assessments

were not always decision specific and people's 'consent' paperwork was not always completed.

We have made a recommendation about the Mental Capacity Assessment processes and documentation.

Staff told us they were familiar with the needs of the people they supported, although records did not always contain sufficient information in relation to people's social histories, preferences, interests and wishes.

We have made a recommendation about obtaining information to help staff provide person-centred care.

People were encouraged to engage in a range of different activities. Activities co-ordinators were in post; activities were arranged around people's likes, interests and hobbies.

A complaints procedure was in place. People and relatives told us that they knew how to raise any concerns if they ever needed to. Complaints were responded to in accordance to organisational policy.

People's risk was safely managed. Risk assessments contained up to date and relevant information and staff told us they were informed of any changes in people's needs on a daily basis.

Medication processes were safely in place. Staff received medication administration training and there was an up to date medication administration policy in place.

Staff personnel files we checked had the appropriate recruitment checks in place. Personnel files, with one exception, contained application forms complete with employment and education history, appropriate references and the necessary 'Disclosure and Barring Service' (DBS) checks.

We found that there were sufficient numbers of staff on duty to meet people's needs in a timely way. The registered manager explained that there had been some problems with staffing levels prior to the inspection but staffing levels had improved.

Accidents and incidents were routinely recorded and analysed and trends were established in order to mitigate further risk.

People told us they felt safe living in Croxteth Park. Staff were knowledgeable around the area of safeguarding and whistleblowing. Staff knew how to report concerns and who to report their concerns to. Staff completed safeguarding training and there was an up to date safeguarding policy in place.

The home was clean, hygienic and odour-free. Infection control and health and safety measures were in place. Staff were familiar with health and safety policies and ensured that infection prevention measures were complied with.

Staff told us they felt supported by the management team and could seek support on a daily basis. Staff were supported with supervision, training and development opportunities.

People living at Croxteth Park were supported by external healthcare professionals. A holistic level of care and support was provided. Staff followed any guidance which needed to be followed and any guidance provided was incorporated within the care records.

People's nutrition and hydration support needs were safely managed. People were regularly assessed and

measures were in place to monitor and mitigate risk.

People were happy with the quality and standard of food provided. Seasonal menus were offered throughout the year and people had the opportunity to share their likes, dislikes and preferences.

People living at Croxteth Park told us staff were kind, caring and treated them with respect although we identified during our 'mealtime experience' observations that staff could engage and interact with people more frequently.

Confidential information was stored securely and protected in line with General Data Protection Regulation (GDPR). People's personal information was appropriately protected and sensitive information was not unnecessarily shared with others.

Systems were in place to gather feedback of the people living at Croxteth Park. People and relatives had the opportunity to share their thoughts and suggestions in relation to the quality and safety of care provided.

The registered provider had a range of policies and procedures in place. Policies were accessible to staff and staff demonstrated their understanding of a number of policies we discussed with them during the inspection.

The registered manager was aware of the regulatory responsibilities. They had notified CQC of events and incidents that occurred in the home which enabled us to monitor the provision of care people received.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

The environment was not always safely maintained and health and safety checks were not always completed.

Safe recruitment practices were in place and there were sufficient numbers of staff to provide the support needed.

Medicines were managed safely within the home and staff received the appropriate training.

People's level of risk was assessed from the outset; support measures were in place to monitor and mitigate risk.

Is the service effective?

Good 

The service was effective.

We recommend that the registered provider reviews their mental capacity assessment processes to ensure they are decision specific.

Consent was sought in line with the principles of the Mental Capacity Act.

Staff received an effective level of support and were provided with training and learning opportunities.

People were supported with their nutrition and hydration needs from the outset.

Is the service caring?

Good 

The service was caring.

People living at the home told us staff were kind and caring and treated them with respect.

People's dignity and privacy was respected by staff.

Confidential information was protected in line with General Data

Is the service responsive?

Good ●

The service was responsive.

We recommend that the newly devised 'Living My Choices' booklets are completed with each person who lives at Croxteth Park.

Staff received 'End of Life Care' training and understood the importance of supporting people with their end of life wishes.

A complaints procedure was in place. People and relatives were familiar with the complaints process in place.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Quality assurance systems were not effectively in place. Audits and checks did not always identify areas of improvement required.

There was a registered manager in post at the time of the inspection.

A variety of policies and procedures were in place. These were up to date and contained relevant information and guidance for staff to follow.

Croxteth Park Care 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 25 and 26 October 2018 and was unannounced.

The inspection team included an adult social care inspector and an '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.

Before the inspection we reviewed the information we held about the service. This included the statutory notifications sent to us by the registered provider about incidents and events that had occurred at the service. A statutory notification is information about important events which the service is required to send to us by law.

A Provider Information Return (PIR) was received prior to the inspection. This is the form that asks the registered provider to give some key information in relation to the service, what the service does well and what improvements need to be made. We also contacted commissioners and the local authority prior to the inspection. We used all of this information to formulate a 'planning tool', this helped us to identify key areas that we needed to focus on during the inspection.

During the inspection we spoke with the area manager, registered manager, a supporting registered manager, a senior carer, six members of staff, activities co-ordinator, kitchen chef, one external healthcare professional, seven people living at Croxteth Park and four visiting relatives.

We also spent time reviewing specific records and documents, including five care records of people who received support, five staff personnel files, staff training records, medication administration records and audits, complaints, accidents and incidents and other records relating to the management of the service.

In addition, a Short Observational Framework for Inspection (SOFI) tool was used. SOFI tool provides a framework to enhance observations during the inspection; it is a way of observing the care and support which is provided and helps to capture the experiences of people who live at the home who could not express their experiences for themselves.

Is the service safe?

Our findings

During this inspection we identified that the registered provider was in breach of regulation in relation to 'Safe Care and Treatment'. The environment was not safely maintained and people's safety was compromised.

During a tour of the home we saw unnecessary and avoidable risks that could have compromised the safety of people living at the home and others. A number of environmental concerns were identified which meant that people were not always safe. For instance, we found an unlocked cleaning cupboard which contained a number of harmful chemicals, as well as a pair of scissors and a sling aid which could have posed a ligature risk in one of the communal areas. Risks were immediately responded to and mitigated at the time of the inspection.

Not all fire doors were closing securely within their door frames. All bedroom doors within the home were regarded as 'fire doors' and needed to be routinely checked. Fire doors need to effectively close to help prevent fire spreading and to prevent/reduce the inhalation of smoke. This meant that people were not protected from harm in the event of a fire. The maintenance co-ordinator was responsive to our concerns and ensured the fire doors were effectively working.

We found a hot urn that was accessible to people in one of the dining rooms. The hot urn was accessible to people who had been assessed as lacking capacity and therefore may not have been able to determine the difference between hot and cold temperatures. This meant that people were exposed to scalding risks and were not always safely protected. Our concerns were raised during the inspection; we were advised that this area of risk would be reviewed and responded to.

Health and safety checks were in place to maintain the quality and safety of the environment. We noted that not all daily and weekly fire safety checks were completed. Weekly fire system checks were missing for the month of October and daily fire escape route checks were not always taking place. For instance, we noted that daily checks were missing from 18 August 2018 through to 28 August 2018 and 9 July 2018 through to 16 July 2018. We raised this with the registered manager at the time of the inspection, who agreed that this provision of care needed to be reviewed further.

This is a breach of Regulation 12 of the Health and Safety Act 2008 (Regulated Activities) Regulations 2014.

A fire risk assessment of the building was in place; people who were living at the home each had a personal emergency evacuation plan (PEEP) to ensure safe evacuation in the event of a fire. The PEEP provided staff with up to date and essential information in relation to the level of support that needed to be provided if an evacuation needed to take place.

Regular internal checks were completed. For instance, checks were completed in areas such as nurse call systems, window restrictors, hot surfaces, mattresses, water temperatures and electrical equipment. The registered provider also ensured that the relevant regulatory certificates for gas and electric compliance

were in place.

Other 'health and safety' procedures were reviewed. Staff were provided with personal protective equipment (PPE) and encouraged to comply with infection control procedures. It is essential that there are robust systems in place to ensure people are protected from avoidable and preventable infections and there are measures in place to ensure environments are safe and hygienic. Staff were observed wearing PPE and complying with hand washing procedures.

We looked at accident and incident reporting procedures and found that they were recorded and reported appropriately. The registered manager maintained a log of all accidents/incidents and trends were established to determine if further measures were needed to keep people safe.

Staff were familiar with safeguarding and whistleblowing procedures and explained to us how they would report any concerns and who they would report their concerns to. Staff received adult safeguarding training and the relevant safeguarding and whistleblowing policies were in place. The registered manager also made safeguarding referrals to the local authority and CQC accordingly.

People's level of risk was assessed from the outset. Records contained up to date, consistent and relevant information and staff told us that the level of information recorded was accurate. Risk assessments we reviewed included, falls, nutrition and hydration, skin integrity, mobility, continence, personal hygiene and behaviour. These assessments were regularly reviewed to ensure any change in people's needs was assessed and the appropriate support measures were implemented.

We checked the area of 'recruitment' during the inspection; with the exception of one personnel file, safe recruitment practices were in place. One application form did not contain an adequate amount of information in relation to the candidate's employment/education history or reference details. This was raised with the registered manager at the time of the inspection who confirmed this was an oversight but the relevant information had been requested and suitable references had been obtained.

Four personnel files we checked included application forms complete with employment and education history, suitable references, identification as well as the appropriate Disclosure and Barring Service (DBS) checks. DBS checks are carried out to ensure candidates are suitable to work with vulnerable people in health and social care settings. This enabled the registered manager to assess their suitability for working with people in an adult social care setting.

We checked staffing levels to ensure people received a safe level of care in a timely manner. Staffing levels were appropriately managed and people told us there was enough staff employed at the home. We were told that the home had experienced some recent difficulties in relation to staffing levels but this was safely and effectively managed by the management team. People received support from consistent and regular staff rather than agency staff being used.

People we spoke with told us they felt safe living in Croxteth Park. Comments we received included, "I feel safe, I don't know why, I just do", "The girls [staff] are nice and friendly, and the place is nice and clean", "I need a little bit of help and I'm happy with that", "Yes, they [staff] do look after me" and "I don't have to wait for anything". Comments received from relatives included, "We couldn't speak highly enough. If we ask for something it's attended to straight away. [Relative] couldn't be looked after any better, it's lovely" and "I've no concerns".

Medication management procedures were safely in place. People received support with their medications

by trained staff. There was an up to date medication administration policy in place; this contained information in relation to staff training, ordering and receipt of medication, storage, record keeping, disposal and administration, self-administration, and controlled drugs. Controlled drugs (CDs) are prescription medicines that have controls in place under the Misuse of Drugs legislation. Medication audits were routinely completed and medication administration procedures were continuously assessed.

Medication was appropriately stored in locked trolleys within locked clinic rooms. The temperature of the fridge and clinic room were monitored and recorded daily. If medicines are not stored at the correct temperature, they may not work effectively. We viewed a sample of Medication Administration Records (MARs) and found that they were correctly completed and in line with the medication administration policy.

Is the service effective?

Our findings

We received positive feedback about the effective level of care people received. Comments included, "They [staff] do look after me", "They'll do anything to help", "They help me. They'll do anything for you", "The girls [staff] are like family" and "They look after my [relative]. At least I can go home knowing [relatives] alright".

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). Records showed that the relevant Deprivation of Liberty Safeguard (DoLS) applications had been submitted to the local authority. Information regarding DoLS were also clearly recorded and staff were knowledgeable around this area of care and support.

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.

We found that people's capacity was appropriately assessed; where appropriate, people had signed to indicate their consent and in other cases 'best interest' decisions were recorded. However, we identified that capacity assessments were not always decision specific and some of the 'consent' paperwork had not been thoroughly completed.

We recommend that the registered provider reviews the mental capacity assessment processes.

Staff told us that they felt supported by the management team and were encouraged to develop their skills and competencies. Staff were supported with supervision, learning and training opportunities. Supervision enables management to monitor staff performance and address any performance related issues. It also enables staff to discuss any development needs or raise any issues they may have.

Staff were effectively inducted into their job role and completed an induction in line with the requirements of The Care Certificate. The Care certificate was introduced by the Government in 2015. This is a set of standards that social care and health workers comply with in their daily working life. The Care Certificate is a set of minimum standards that should be covered as part of induction training of new care workers. This meant that staff were expected to develop their skills, levels and competencies in relation to the quality and safety of care people should receive.

Staff told us they were provided with a variety of different training courses and encouraged to develop the

knowledge and awareness in relation to the different areas of care. Training that staff completed included, safeguarding, fire safety, equality and diversity, infection control, moving and handling, pressure ulcer care, dementia care and health and safety.

People had access to support from external health professionals such as GP's, district nurses and nutrition and dietetics teams. This meant that people were supported with their overall health and well-being; any guidance provided was also incorporated in people's care records. For instance, one person was assessed as being high risk of choking. Advice was sought from the speech and language therapist (SALT), guidance was incorporated in the person's risk assessment and staff followed guidance provided in relation to the type of food the person could eat. This meant that people received an effective level of care in relation to a variety of different support needs.

A visiting healthcare professionals we spoke with during the inspection told us that people were well cared for, staff followed the guidance provided and effective support was delivered in relation to people's care needs.

During the inspection we observed the quality and standard of food people received. There was a four-week rolling menu in place; the menu was seasonal and offered a variety of different meal options throughout the year. We received positive feedback about the quality of food. Feedback included, "The food's nice", "It's great, it's quite good", "I'm not a marvellous eater, I'm only a picker, but I enjoy it" and "The food's good, I enjoy it and I get a choice". One relative said, "[Relative] eats like a horse, just had porridge and then cheese on toast. Nothing's a problem" and "[Relative] enjoys the food."

Specialist diets such as soft diets and diet controlled diets were effectively supported. We also saw a 'likes/dislikes' folder in the kitchen; this contained meal preferences of people who lived at Croxteth Park.

We observed meal-time experience on both units during the inspection. Tables were well presented, people had access to napkins, cutlery, condiments and there was age-specific music playing in the background. We discussed with the registered manager that the white board which should've contained the daily food options were blank and there was no available menu for people to consult on one of the units.

The home offered assisted technology and equipment for people who needed extra support with different areas of care. Assisted technology and equipment helped people to remain independent but kept people safe. For example, each bedroom had a call bell system in place, people had sensor/falls mats in place to mitigate risk and different walking aids were available to help people with their mobility and independence.

We observed the environment of the home and saw that the units had been adapted for people living with dementia. We saw signage on doors and bedrooms throughout the home, walls and handrails were painted in contrasting colours, carpets were appropriately designed and lighting throughout the home was effective. The different adaptations that had been made helped to support people to independently navigate themselves around the home in a safe and effective manner.

Is the service caring?

Our findings

People living at Croxteth Park told us staff were kind and caring and treated them with respect. Comments we received included, "I think they're [staff] kind", "They're very good, kind, they'll do anything to help", "They help me. They'll do anything for you", and "The care is excellent, I don't see them as carers but as friends". Comments we received from relatives included, "They [staff] seem caring towards [relative], they accommodate [person]", "They are nice, they have smiles on their faces. They were helpful when we discussed medicines".

A SOFI tool was completed on one of the units to observe interactions between staff and people who were living at the home. Even though we observed kind, caring and sincere interactions throughout the course of the inspection, we identified that greater engagement and interactions between staff and people would improve the meal-time experience of the people living at the home.

People and relatives told us that staff provided dignified and respectful care. Staff explained how they provided dignified and respectful care in a way that promoted independence and encouraged choice. Staff were familiar with people's likes, wishes and preferences and ensured that they involved the person in the care being provided as much as possible. One staff member said, "I'll always knock on their [persons] door, draw the curtains and make sure that no one disturbs us when personal care is being provided.

There were dedicated dignity champions at the home. Dignity champions helped to promote the importance of providing dignified care in a way that was person-centred and tailored around the needs of the person. Principles of providing dignified care were visible at the home and people told us that the 'dignity principles' were followed. One person said, "Oh we are definitely treated with dignity and respect, we're treated so well."

Care plans we checked promoted people's independence. One person's mobility care plan clearly explained how staff needed to support the person to maintain as much independence as possible. For instance, the care plan stated, 'Staff to encourage [person] to maintain a level of independence and to ensure [person] uses zimmer frame'. One person also told us, "I'm pretty independent, I can come and go as I please and the staff support that." This meant that people received care and support that helped promote independence but in a safe and appropriate way.

For people who did not have any friends or family to represent them, details of local advocacy services were made available. Advocates represent people when specific choices and decisions need to be made in relation to their health and support needs. The registered manager told us they would support people to access these services should it be required.

All confidential and sensitive information was securely stored and protected in line with General Data Protection Regulation (GDPR). Records were secured in locked offices and confidential information was not unnecessarily shared with others.

People and relatives were given a 'service user guide' from the outset. The guide contained important information about the quality and safety of care people could expect to receive. The guide provided information about the organisations vision and values, 'promises' and improving quality of life. This meant that people could familiarise themselves with the different provisions available to them at the home.

Is the service responsive?

Our findings

We received positive feedback about the responsive level of care people received. Feedback included, "I like living here, I see this place as my home. The staff are the best thing", "It's like I've known them [staff] all for years" and "They [staff] try to know what I like and don't like it."

We checked people's pre-admission assessment and saw that people's medical history, support needs and risks were identified however, social information and preferences were not always recorded. This level of detail would have enabled staff to provide specific care based on people's life histories, experiences and backgrounds.

We discussed our findings with the registered manager who explained that a new 'Living My Choices' booklets had been designed and was currently being rolled out. We checked the booklets during the inspection; this explored people's wants and wishes, likes and dislikes, food and drink choices, previous employment, education, relationships, interest and hobbies, emotions and special memories.

We recommend that the registered provider ensures that the 'Living My Choices' booklet is completed with people from the outset; this will ensure that a responsive level of care is consistently provided.

We saw care plans in areas such as consent and capacity, mobility, nutrition, personal hygiene, skin vulnerability, medication and moving and handling. Care plans were specific to the person and provided staff with sufficient information in relation to the support required and management of risk. For instance, one person's mobility care plan reflected that the person was high risk of falls. The care plan stated '[Person] likes to wear a full boot slipper; staff to ensure that these are well fitted and offer maximum support.'

Care plans reflected people's preferences in relation to the care they required. For instance, one person's care plan highlighted that they preferred their own company and liked to have two pillows whilst another person's plan advised staff that they liked to sit in the dining room or bedroom to take their medication and preferred to take their medication with a glass of water.

People were treated fairly; any protected characteristics (such as age, gender, religion and disabilities) were established from the outset and the relevant support measures were put in place. For example, people who were assessed as having a disability were provided with adequate support aids but still encouraged to remain as independent as possible.

There were two dedicated activities co-ordinators at Croxteth Park and people were encouraged to participate in them as much as possible. An activities board was visible in the home and we saw people engaged in a variety of different activities during the inspection. Activities included bingo, colouring, crafts, jigsaws and reminiscence therapy. People's birthdays were always celebrated; people received a birthday cake and a small celebration took place.

The registered provider had an up to date complaints policy in place. The complaints procedure was

displayed throughout the home and people and relatives were familiar with the complaints procedure. At the time of the inspection, there were no complaints being responded to. Complaints which had previously been submitted were responded to in line with the complaints policy and actions were taken accordingly.

We asked the registered manager if 'End of life' care was provided to people who had been assessed as being at the end stages of their life. End of life care was provided in a dignified and sensitive manner. Records contained advanced care plans and the persons decisions, wishes and choices were documented and supported by staff. Staff were supported with end of life training and expressed their understanding of supporting people's end of life wishes.

Is the service well-led?

Our findings

During the inspection we identified that the registered provider was in breach of regulation in relation to 'Good Governance'. Quality assurance measures were not effectively in place and the quality and safety of care people received was not effectively assessed and monitored.

We checked to see if people received safe, effective, compassionate and high-quality care. Audits and checks included, care plans and risk assessments, fire safety awareness, maintenance management, accident and incidents, medication and health and safety. Although, we identified areas of 'good' care it was identified that improvements were required.

Compliance audits and checks were completed in a variety of different areas but they were not always effectively assessing the provision of care being provided. For instance, health and safety audits and checks did not identify the areas of risk people were exposed to throughout the home, incomplete fire safety checks were not identified and a variety of records did not contain adequate information. This meant that systems in place to monitor the quality and safety of the service were not always effective.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the time of the inspection there was a registered manager in post. They had been registered with CQC since June 2011. The registered manager was aware of their regulatory responsibilities. They had notified CQC of all events and incidents that occurred in the home in accordance with our statutory requirements. This meant that CQC could accurately monitor information and risks relating the home and people who were living there.

We received positive comments about the leadership and management of the service. These included, "The managers door is always open, I'm always supported", "We all work together as a team, the level of communication is really good", "I'm definitely supported, it's a great home", "[Manager] is approachable, goes around regularly asking people how they are" and "The staff seem really dedicated."

We looked to see how the registered provider maintained oversight of the provision of care people received. A number of quality assurance measures helped to maintain the quality and safety of care people received. We were informed that area managers had oversight of different quality assurance processes as a measure of monitoring, assessing and identifying areas of strength and improvement required. For example, questionnaires that were routinely completed by people who lived at Croxteth Park, were reviewed by areas manager and measures were put in place to respond to areas of development.

People and relatives had the opportunity to express their thoughts, views and opinions of the care they received. Surveys were available and accessible to people and relatives at the home and questionnaires were circulated to people in relation to the provision of care being delivered. Questionnaires focused on areas such as, home environment, cleanliness and hygiene, approach of staff, activities, quality of food and

dignity and respect. The feedback was largely positive and indicated that people were happy with the quality and safety of care they received.

Staff and senior manager meetings were routinely taking place at Croxteth Park. Meeting discussions concentrated on a number of different areas of care. For example, discussions were held around, housekeeping, domestic and laundry matters, catering, care plans and risk, maintenance management, staffing levels and audits. The registered manager also explained that different measures were in place to ensure effective communication was maintained amongst the staff team. For instance, group supervision was held with staff when a significant incident occurred, 'policy of month' was introduced and workshops were held to support staff awareness and understanding around specific policies and regulations.

The registered provider had a range of different policies and procedures in place. Policies included, information governance, records management, complaints, concerns and compliments, equality, diversity and human rights, infection prevention control and medication administration. Policies contained up to date and relevant information and guidance for staff to follow.

The registered provider had a up to date Business Continuity Plan (BCP) in place. This BCP helped to 'Minimise the impact of a significant adverse events'. The plan contained essential information in relation to reporting procedures, key actions, fire safety measures, lines of communications and key contacts. This meant that people would be safe and protected if an emergency situation occurred.

Ratings from the last inspection were displayed in the foyer of the home. From April 2015 registered providers were legally required to display their CQC rating. The ratings are designed to improve transparency by providing people who use services, and the public, with a clear statement about the quality and safety of care provided. The ratings tell the public whether a service is outstanding, good, requires improvement or inadequate.

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 People were exposed to environmental risks and safe care and treatment was not always provided.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Quality assurance measures were not effectively in place to assess or monitor the provision of care people received.