

Park Lane Healthcare (Croston Park) Limited

Croston Park Nursing Home

Inspection report

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Croston
Leyland
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Ratings

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

Summary of findings

Overall summary

About the service: Croston Park Nursing Home is registered to provide 24-hour care and support for up to 56 people who have a range of residential and nursing needs. The home also carers for people who are living with dementia. At the time of inspection there were 47 people living in the home.

The premises are in a seventeenth century grade II listed building in its own grounds, in the village of Croston. Bedrooms are located over two floors with lift access to the first floor. Most of the bedrooms are ensuite. All but three bedrooms are of single occupancy. The ground floor included the dining room and several communal lounge areas, there is access to outside grounds.

People's experience of using this service

We received consistently positive feedback from people and visitors. They told us the home was warm and homely, people felt safe and the staff were excellent, kind and competent in their roles. Accidents and incidents were managed safely and risks had been considered. Medicines were managed safely. Relevant environmental checks were carried out and the service had relevant signage in place to support people who lived in the service.

Staff were recruited safely and duty rotas confirmed staffing was sufficient. Training records and staff we spoke with confirmed staff received training which supported them in their role. Relevant professional registration checks had been completed.

People were supported to have maximum choice and control of their lives and staff supported this in the least restrictive way possible, the policies and procedures were in the service supported this practice. Authorisations to restrict people's liberty had been sought where necessary. The meal time experience was overall positive. Choices were available and reflected people's individual dietary needs.

People and visitors were positive about the care they received and they were treated with dignity, respect and their privacy considered. There was evidence of working together with relevant professionals. Care planning was person-centred and reflected people's current and individual needs. End of life care plans had been completed. The service used technology in a number of ways to enhance the service. There was a complaints policy which was followed in practice.

The registered manager had established good governance systems and records confirmed senior oversight was in place. The provider engaged with residents and staff. The provider used satisfaction surveys to assess and monitor the service.

Rating at the last inspection: At the last inspection the service was rated good (published 6 October 2016).

Why we inspected: This was a scheduled inspection based on the previous rating.

Follow up: We will monitor as part of the inspection profile as a good service. We may inspect earlier if any concerning information is received.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remained good

Details are in our safe findings below.

Is the service effective?

Good ●

The service remained good

Details are in our effective findings below.

Is the service caring?

Good ●

The service remained good

Details are in our caring findings below.

Is the service responsive?

Good ●

The service remained good

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service remained good

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: This inspection was carried out by three adult social care inspectors, one Expert by Experience and a specialist advisor in dementia care. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. They had experience of caring for people living with dementia.

Service and service type: Croston Park Nursing Home is a care home. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission regulates both the premises and the care provided, 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: The inspection was unannounced.

What we did: We reviewed information we held about this service. This included notifications the provider is required to send us about events that happen within the service and information received from other agencies such as Healthwatch. Healthwatch are an independent national champion for people who use health and social care services. We used information the provider sent us in the provider information return. This is information providers are required to send us at least annually to give some key information about the service, what the service does well and improvements they intend to make.

During the inspection we spoke with six people who used the service, six visitors and two visiting professionals. We also spoke with 13 staff members. These included nurses, care staff, domestic staff, the deputy manager, a company director and the registered manager. We looked around the building in all the public areas of the home, communal bathrooms, toilets and a sample of people's bedrooms. We observed

how staff interacted with people who used the service as they performed their duties.

We reviewed a range of records. These included seven people's care notes, medicines records, three staff recruitment files, staffing rotas and dependency tool. We also reviewed records related to the management of the home, including audits and checks. We were given guidance around the new person-centred IT system.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People and relatives felt the service was safe. They said, "You're well looked after, there is plenty of attention" and "There's people here to help me and they do help me."
- The service had safeguarding and whistleblowing policies to help protect people from the risk of abuse. Staff had received safeguarding training and understood how to report concerns.
- The registered manager was aware of their responsibilities to report concerns to the relevant external agencies.

Assessing risk, safety monitoring and management

- Staff had completed and regularly reviewed risk assessments around people's individual needs. Where people were at risk of falls, staff had analysed the risks and made referrals to external professionals for support and guidance. Staff were aware of people's needs and plans to manage risk.
- People were protected from risks associated with the environment. Staff carried out appropriate fire safety checks and fire drills took place. Staff had completed personal emergency evacuation plans for each person, which guided staff on how to support them in the event of an emergency evacuation. The provider ensured the premises and equipment were checked and serviced regularly.

Staffing and recruitment

- Some people/relatives/staff told us staffing numbers needed to improve.
- We saw staff provided timely and appropriate care to people when they needed it. Duty rotas confirmed staffing numbers in place to deliver people's care.
- The provider followed safe recruitment practices to ensure only suitable staff were employed.

Using medicines safely

- Medicines were managed safely. Staff told us, and training records confirmed they received training around medicines and staff competences were checked. Staff completed medicines audits and checks regularly and maintained accurate medicines records.
- People were consistently happy with medicines management in the service, reporting that medicines were always given on time.

Preventing and controlling infection

- People were protected from the risk of infection. Staff managed risks of infection and were provided with personal protective equipment supported them in their role. The registered manager completed audits and took action to address any shortfalls.

Learning lessons when things go wrong

- The management team reviewed and investigated accidents and incidents. We saw they took action to reduce the risk of them happening again.

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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- The service carried out pre-admission assessments which were used to form a plan of care. Staff reviewed, and updated care plans regularly.
- We noted people's assessments were person-centred and confirmed people who used the service, or their nominated person had been involved in their development.

Staff support: induction, training, skills and experience

- People and visitors told us, staff were skilled and competent. Records confirmed, and staff told us they had received training relevant to their roles. The service monitored staff training to ensure it was up to date and effective. Staff told us and records confirmed they received regular clinical supervision and annual appraisals.
- Staff told us and records confirmed there was an induction programme for new starters which prepared them for their roles.

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

- People were supported with healthy eating and staff monitored people's diet. Where required, specialised meals and equipment were provided to support people to eat and drink safely.
- Overall people told us they liked the food and that choices were available. One person commented, "It's alright, there is enough. You get a choice and they'll always find you something." One of the visitors said, "It's too good, they [person who used the service] have put weight on."
- We observed a meal time where people appeared to enjoy their meal, they had choices and the atmosphere was good. We did note improvements could be made around staff and people's interaction at meal times and this feedback was given to the management team.

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

- We spoke with two health professionals on the day who both gave positive feedback about the service and said the service made timely referrals.
- We observed a variety of relevant health professionals and specialist teams were involved in assessment, delivery and review of people's individual care needs. Staff reported strong links had been made with different health professionals who were available to ensure people's health needs were met.

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

- People's rooms had been personalised with their own keepsakes, all but three of the bedrooms were of single occupancy and some of the bedrooms had ensuite wet-room facilities. The service had dementia

friendly signage that would support people living with dementia to find their way around.

- Corridors were wide and accessible and lift access was in place that supported people with limited mobility to access all areas of 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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People were supported by staff who knew the principles of the MCA. They knew what they needed to do to ensure decisions were made in people's best interests. The registered manager had submitted DoLS applications to the supervisory body. These were being followed up regularly.
- Written consent was noted in care plans that confirmed discussions had taken place with people. We saw staff seeking consent from people before undertaking care or activity.

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

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 visitors gave positive feedback around the caring approach of staff and the care and support provided to people. "They [the staff] are very good, very nice, kind and helpful." We witnessed many positive interactions between staff and the people they supported. People told us they were treated equally and there was no favouritism. People were supported to maintain what was important to them.
- The provider had policies and procedures supporting equality and diversity, staff had training in this area.

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

- People told us that they could follow their own routines, likes, dislikes and needs and staff understood people's needs and how to support them effectively.
- The service supported people's individual communication and their differing needs with the use of aids. These were recorded in people's care records.
- The registered manager was aware of advocacy services and information on advocacy was seen in the communal setting in the service. Advocacy seeks to ensure that people are able to have their voice heard on issues that are important to them.

Respecting and promoting people's privacy, dignity and independence

- People told us people's privacy and dignity were always maintained. We observed staff knocked before entering bedrooms and the doors were closed during personal care. The service promoted people's independence. One person said, "I'm very independent but I've no doubt they would help me if I needed it."
- People's confidentiality was respected, and people's care records kept securely in line with the requirements of the General Data Protection Regulation (GDPR). GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's individual needs were reflected in their care plans, risk assessments were person-centred and staff knew the information contained in them.
- A variety of activities were offered to people every day and we observed activities taking place during the inspection. Overall, people we spoke with were happy with the activities on offer. The service had Wi-Fi access and we saw people using their own electronic devices.

Improving care quality in response to complaints or concerns

- Most people knew how to complain. A visitor said they would ask for the complaints procedure. People told us any complaints or concerns were acted upon to their satisfaction.
- The service had a complaints book and a 'niggles' book which indicated what the issue was and actions as to how it had been resolved.

End of life care and support

- We saw care plans related to end of life care. These were person-centred and included who people would like to be with them if they became unwell and where they would like to die. Do not attempt cardio pulmonary resuscitation forms were completed.
- The service told us they had good links to specialist nurse to support in caring for people at the end of their life. One of the nurses was a champion in end of life care. We saw evidence the service used national guidance in end of life care.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- There were effective governance systems at the service. Senior staff carried out a range of audits which included their findings to ensure these were followed and acted upon.
- The provider had policies and procedures that supported staff in the delivery of care and the management team in the operation and oversight of the service.

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

- We received positive feedback from staff about the registered manager and the support they provided. The service was well organised and there was a clear staffing structure. Staff were allocated areas of responsibility and were accountable in different areas of care provision, champions had been appointed for various aspects of care.
- The registered manager understood her role and responsibilities in relation to the operation and management of the service.

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

- Some people and visitors we spoke with confirmed the registered manager was always visible in the service, all but one person told us the registered manager was approachable. There was evidence of resident and staff engagement and surveys had been completed.
- People were involved in decisions. For example, following feedback about the menu and food, the food company carried out a tasting session for people which resulted in the updating of the menu choices.

Continuous learning and improving care

- Staff told us the registered manager had an open-door policy and felt able to raise any concerns they had. A variety of information was available to update staff on changes or best practice guidance. Information was shared within the staff team to ensure learning was maintained.
- The registered manager had been supported to establish good governance systems and they had been provided with oversight from the senior team.

Working in partnership with others

- Records noted involvement of services such as GPs, district nurses and occupational therapists and demonstrated the service consistently worked in partnership with the wider professional team.

