Lunan House Limited

Croxteth Park Care Home

Inspection report

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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

This unannounced inspection was conducted on 14 March 2016.

Situated in North Liverpool and located close to public transport links, leisure and shopping facilities, Croxteth Park Care Home is registered to provide accommodation for up to 42 people with personal care needs. The location is a single storey property which is split into two separate units. One for people living with dementia and one for people with physical care needs. Each bedroom has its own en-suite facilities.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission 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 registered manager was in the process of returning to work following a period of leave and was not available on the day of the inspection.

During the course of the inspection we saw that staff provided care in a safe and compassionate manner. Each of the staff that we spoke with gave a good description of how they would respond if they suspected that one of the people living at the home was at risk of abuse or harm. People living at the home and their relatives told us that they knew how to complain if they needed to.

People living at the home had detailed care plans which included an assessment of risk. These were subject to regular review and contained sufficient detail to inform staff of risk factors and appropriate responses.

Accidents and incidents were accurately recorded on a dedicated electronic system and were subject to assessment to identify patterns and triggers. Records were detailed and included reference to actions taken following accidents and incidents.

Staffing numbers were adequate to meet the needs of people living at the home. The provider based staffing allocation on the completion of a dependency tool. We were provided with evidence that this information was reviewed following incidents where new behaviours were observed indicating increase dependency.

People's medication was stored and administered in accordance with good practice guidance.

Staff were suitably trained and skilled to meet the needs of people living at the home. The staff we spoke with confirmed that they felt equipped for the role. New staff were trained and inducted in accordance with the principles of the care certificate.

The records that we saw showed that the home was operating in accordance with the principles of the MCA. Capacity assessments were not generic and were focused on the needs of each individual. Applications to deprive people of their liberty had been submitted appropriately.

Meals were provided by a specialist contractor and served in a well presented dining room. Issues had been identified regarding the choice of meals and portion sizes. The provider was in the processes of addressing these concerns with the contractor.

People's privacy and dignity were respected throughout the inspection. We saw that staff were attentive to people's need regarding personal care. People living at the home had access to their own room with en-suite facilities for the provision of personal care if required. Care was not provided routinely or according to a strict timetable. Staff were able to respond to people's needs and provided care as it was required.

We saw staff actively involved in organising activities and motivating people to take part. The home displayed an activities board which detailed a varied programme of activities including music, movies, armchair games, hairdressing and a pamper session. We saw people engaging in chair-based exercises and discussing the visit of an entertainer.

The provider had systems in place to monitor safety and quality and to drive improvements. They completed a monthly audit which included information that was fed-back to the staff team. Areas assessed during these audits included, nutrition, medication, wound care, beds rails and hoists.

The home maintained records of notifications to the Care Quality Commission and safeguarding referrals to the local authority. Each record was detailed and recorded outcomes where appropriate.

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 was safe.

People living at the home had detailed care plans which included an assessment of risk. These were subject to regular review and contained sufficient detail to inform staff of risk factors and appropriate responses.

Staff were recruited following a robust process and deployed in sufficient numbers to meet the needs of people living at the home.

Medicines were stored and administered in accordance with best-practice guidelines.

Is the service effective?

Good

The service was effective.

Staff were trained in topics which were relevant to the needs of the people living at the home.

The provider applied the principles of the Mental Capacity Act (2005) meaning people were not subject to undue control or restriction.

People were provided with a balanced diet and had ready access to food and drinks. Staff supported people to maintain their health by engaging with external healthcare professionals.

Is the service caring?

Good

The service was caring.

We saw that people were treated with kindness and compassion throughout the inspection.

Staff knew each person and their needs and acted in accordance with those needs in a timely manner. People's privacy and dignity were protected by the manner in which care was delivered.

People were involved in their own care and were supported to be as independent as possible.

Is the service responsive?

Good

The service was responsive.

People living at the home and their relatives were involved in the planning and review of care.

People's preferences were reflected in the environment and the delivery of care.

The views of people had been recorded and used to change the way that care was delivered.

Is the service well-led?

Good

The service was well-led.

The registered manager was in the process of returning to work following a period of leave. The home was being managed by an interim manager.

The provider had systems in place to monitor safety and quality and to drive improvements. They completed a monthly audit which included information to feedback to the staff team.

The home maintained records of notifications to the Care Quality Commission and safeguarding referrals to the local authority. Each record was detailed and recorded outcomes where appropriate.

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 14 March 2016 and was unannounced.

The inspection team consisted of an adult social care inspector and an expert by experience in residential and 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.

Before the inspection we checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We also contacted the local authority who provided information. We used all of this information to plan how the inspection should be conducted.

We observed care and support and spoke with people living at the home and the staff. 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 also spent time looking at records, including four care records, four staff files, medication administration record (MAR) sheets, staff training plans, complaints and other records relating to the management of the service. We contacted social care professionals who had involvement with the service to ask for their views.

On the day of the inspection we spoke with six people living at the home. We also spoke with six relatives. We spoke with the interim manager, the deputy manager, the senior regional manager, two other staff and a visiting healthcare professional. The registered manager was in the process of returning to work following a period of leave and was not available on the day of the inspection.

Good

Is the service safe?

Our findings

Prior to the inspection we had received information of concern alleging abusive practice and neglect by some staff. We discussed these concerns with the interim manager and observed staff as they provided care. During the course of the inspection we saw that staff provided care in a safe and compassionate manner. We were assured that managers regularly monitored staff conduct and took appropriate action if required.

We asked people living at the home what they would do if they were being treated unfairly or unkindly. They each said that they would complain to the manager or the senior staff. Relatives also told us that they would speak to senior members of staff or the manager if they had any concerns. All of the staff spoken with gave a good description of how they would respond if they suspected that one of the people living at the home was at risk of abuse or harm. The training records showed that 97% of staff had received training in adult safeguarding. Staff knew how to recognise abuse and discrimination and were seen to intervene in a timely and appropriate manner when people showed signs of distress. This reduced the risk of behaviours escalating and reduced people's anxiety. The home's safeguarding and whistleblowing policies were displayed in the reception area.

We asked people and their relatives if they felt safe living at the home. All of the people that we spoke with told us that they felt safe. One person said, "The care is exceptional here." A visiting professional told us,[regarding safety] "Staff do a remarkable job."

People living at the home had detailed care plans which included an assessment of risk. These were subject to regular review and contained sufficient detail to inform staff of risk factors and appropriate responses. We saw that risk assessments had been reviewed and care plans amended following recent incidents. The provider sought advice from other healthcare professionals to help manage behaviours and reduce risk. The provider maintained a file with details of safeguarding referrals. The file detailed the nature of the incident, subsequent investigations and actions taken.

Accidents and incidents were accurately recorded on a dedicated electronic system and were subject to assessment to identify patterns and triggers. Records were detailed and included reference to actions taken following accidents and incidents.

The home had produced a personal emergency evacuation plan (PEEP) for each person living at the home and had conducted regular fire drills and fire alarm testing.

Staffing numbers were adequate to meet the needs of people living at the home. The provider based staffing allocation on the completion of a dependency tool. We were provided with evidence that this information was reviewed following incidents where new behaviours were observed which might increase or change the dependency for care. The home recruited staff following a robust procedure. Staff files contained two references which were obtained and verified for each person. There were Disclosure and Barring Service (DBS) numbers and proof of identification and address on each file. DBS checks are completed to ensure that new staff are suited to working with vulnerable adults. There were also notes from the interview saved

in each person's file.

We saw evidence that poor performance had been addressed through counselling, re-training and observation by senior staff. This was in-line with the provider's policy and procedure.

People's medication was stored and administered in accordance with good practice. We were told that nobody currently living at the home required covert medicines. These are medicines which are hidden in food or drink and are administered in the person's best interest with the agreement of the prescriber. Controlled drugs were stored safely and associated records were completed correctly. Controlled drugs are prescription medicines that have controls in place under the Misuse of Drugs Act and associated legislation. We saw evidence of good PRN (as required) protocols and records. PRN medications are those which are only administered when needed for example for pain relief. We saw that the provider used body charts to indicate where topical medicines (creams) should be applied. Records relating to the administration were detailed and complete. A full audit of medicines and records was completed monthly.

Good

Is the service effective?

Our findings

Staff were suitably trained and skilled to meet the needs of people living at the home. The staff we spoke with confirmed that they felt equipped for their role. One staff said, "I'm happy with all of the training." Staff confirmed that the training was a mixture of computer-based courses with practical sessions for moving and handling and first aid. For new staff this was followed by shadowing more senior members of staff and then working under supervision in the work area. The training matrix and staff certificates showed that the majority of training was in date. The average completion rate for mandatory (required) training was recorded as 90%. The people living at the home that we spoke with told us they thought that the staff were suitably skilled. All staff that we spoke with confirmed that they had been given regular supervision. We saw that this was recorded in staff records. New staff were trained and inducted in accordance with the principles of the care certificate. The care certificate requires new staff to undertake a programme of learning before being observed and assessed as competent by a senior colleague.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The records that we saw showed that the home was operating in accordance with the principles of the MCA. Capacity assessments were not generic and were focused on the needs of each individual. Applications to deprive people of their liberty had been submitted appropriately. At the time of the inspection 21 applications had been made to deprive people of their liberty. We looked at notifications for DoLS and saw that they had been correctly completed.

Meals were provided by a specialist contractor and served in a well presented dining room. Tables were laid out with table cloths, crockery and cutlery. Staff were attentive but busy serving and monitoring people. Staff wore personal protective equipment (PPE) in-line with good practice for food hygiene. We sampled the food and observed people eating their lunch. The food was reasonably well presented and nutritionally balanced. People's preferences, allergies and health needs were recorded in a file and used in the preparation of meals, snacks and drinks. People gave us mixed views on the quality of the food and portion sizes; however we saw that people could request additional portions and that they were provided. The menu was out of date and alternatives to the main meal were not displayed. We were told that alternatives were available on request. We spoke with a manager about people's concerns and were told that they had already been identified through an internal audit. Discussions had taken place with the contractor to improve choice and portion sizes. People told us that they were offered plenty of drinks throughout the day.

Most of the people that we spoke with had a good understanding of their healthcare needs and were able to contribute to care planning in this area. For those people who did not understand the provider had identified a named relative to communicate with. We asked people if they could see health professionals when necessary. We were told that they saw Doctors, Chiropodists, Opticians and other healthcare professionals when they needed. We saw records of these visits on care files. A visiting healthcare professional told us, "Carers are quick to contact me."

Good

Is the service caring?

Our findings

Prior to the inspection we had received information of concern regarding the attitude and conduct of some staff. All of the people living at the home that we spoke with and their relatives said that they were treated with kindness and compassion. A relative said, "They even do mum's nails for her." However, we were also told that some staff were, "More naturally suited to the role of carer than others." We spoke with the deputy manager about this. They told us, "There have been some issues in the past with staff being abrupt, but we've dealt with them."

Throughout the inspection we saw staff engaging with people in a positive and caring manner. Staff spoke to people in a respectful way and used language, pace and tone that was appropriate to the individual. Staff took time to listen to people and responded to comments and requests. Staff at all levels demonstrated that they knew the people living at the home and accommodated their needs in the provision of care. All of the people living at the home we spoke with said that staff listened to them.

Each of the people living at the home that we spoke with said that they were encouraged and supported to be independent. One person said, "The [staff] encourage me to be as independent as possible." Throughout the inspection we saw people moving around the building independently and engaging in activities of their own choosing. We saw that people declined care at some points during the inspection and that staff respected their views.

People's privacy and dignity were respected throughout the inspection. We saw that staff were attentive to people's need regarding personal care. People living at the home had access to their own room with en-suite facilities for the provision of personal care if required. A member of staff told us, [before providing personal care] "We make sure that people's doors are locked and that they are comfortable. We tell them what we are doing as we go." Staff were attentive to people's appearance and supported them to wipe their hands, face and clothing when they had finished their meal. When we spoke with staff they demonstrated that they understood people's right to privacy and the need to maintain dignity in the provision of care.

We spoke with visiting relatives throughout the inspection. They told us that they were free to visit at any time. One relative commented, "I'm always made to feel welcome when I visit." Relatives made use of the communal areas, but could also access people's bedrooms and a visitor's room for greater privacy.

The service displayed information promoting independent advocacy services. We were told that none of the people currently living at the home made use of these services.

Good

Is the service responsive?

Our findings

All of the people living at the home told us they received care that was personalised to their needs. One person said "I get up when I want to." Another person told us, "They [staff] know my likes and dislikes." A relative said, "They understand dad's needs and act on any concerns." People's preferences and personalities were reflected in the décor and personal items present in their rooms. Important items and photographs were prominently displayed.

We observed that care was not provided routinely or according to a strict timetable. Staff were able to respond to people's needs and provided care as it was required. We asked people living at the home if they had a choice about who provides their care. None of the people that we spoke with expressed concern about their choice of carers.

We asked people if they had been involved in their care planning and if they were able to make decisions about their care. Some people were unsure what this meant but had family members to represent them. Other people explained how they had been involved and what changes had been made as a result. The deputy manager said, "I go through care plans every month. There are some people [living at the home] who get involved." We saw evidence in care records that people had been involved in the review of their care.

We saw staff actively involved in organising activities and motivating people to take part. The home displayed an activities board which detailed a varied programme of activities including; music, movies, armchair games, hairdressing and a pamper session. We saw people engaging in chair-based exercises and discussing the visit of an entertainer. We asked people living at the home how they spent their time. We were given an example by a relative who said, "Staff brought mum wool and knitting needles and she has started knitting again."

Information regarding compliments and complaints was clearly displayed and the provider showed us evidence of addressing complaints in a systematic manner. All of the people that we spoke with said that they knew what to do if they wanted to make a complaint. The staff that we spoke with knew who to contact if they received a complaint. The home operated an electronic system for receiving and processing feedback from relatives and other visitors. A stand was placed at the entrance to the home which gave people the opportunity to register feedback about the quality of the service. The information was sent to senior managers and used to produce regular reports.

Good

Is the service well-led?

Our findings

At the time of the inspection the registered manager was in the process of returning to work following a period of leave. The home was being managed on a day to day basis by an interim manager. Staff expressed confidence in the management of the home. One member of staff told us, "Managers are available. You can go to them if you have any problems."

We asked the interim manager about the service's priorities for the future. They told us that improving the quality of the menu and developing the environment were priorities. We saw evidence that staff were encouraged to be constructively critical and to report issues without fear of repercussions. A member of staff said, "When we've had problems it's been sorted out." For example, we were told about occasions when too many staff took breaks at the same time leaving other staff under pressure. The interim manager and the senior regional manager told us that staff had been made aware that only two staff should be on a break at any time. The staff that we spoke with confirmed their understanding of this agreement.

Staff were able to access regular team meetings where important topics were discussed. The minutes from the meeting in January 2016 identified that staff had not been completing training as required. Following the meeting the level of compliance with mandatory (required) training rose from 74% to 90%. We also saw evidence that discussions regarding fire drills and the physical environment had taken place.

Staff were motivated to provide good quality care and were supported by the home. One member of staff said, "I like working here. I've just had a week off and couldn't wait to come back." Another person told us, "I still feel motivated."

The provider had systems in place to monitor safety and quality and to drive improvements. They completed a monthly audit which included information that was fed-back to the staff team. Areas assessed during these audits included, nutrition, medication, wound care, beds rails and hoists. We saw evidence of regular audits and detailed reports relating to; health and safety, fire safety, water temperatures and maintenance of buildings and equipment. The records that we saw indicated that all audits had been completed in accordance with the provider's schedule.

The staff that we spoke with were able to explain how the service was developing and understood the value of supervision, team meetings and quality assurance processes. In addition to the regular audit processes the home had been visited in January 2016 by the provider's dementia services team. They observed the delivery of care and the quality of communication and produced a report for senior managers. We also saw evidence that the home had been visited by a senior manager in January 2016 to conduct a spot check. This visit was recorded at 12:40 am. Issues relating to staff availability were identified and addressed during the visit.

The interim manager was able to explain their role and responsibilities in detail. They told us that they received constant support from their regional manager and the human resources department and were required to attend regular meetings with other managers.

The home maintained records of notifications to the Care Quality Commission and safeguarding referrals to the local authority. Each record was detailed and recorded outcomes where appropriate.