

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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Croxteth Park is a residential care home providing nursing and personal care to 23 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, split into two units.

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

There had been improvements in the home since the last inspection. Medicines management had improved and were administered, managed and stored safely. There was some inconsistent recording with prescribed creams and a lack of guidance for staff when administering variable dose 'as required' medicine (PRN). The provider told us improvements with the PRNs and recording of prescribed creams would be made immediately.

Risks to people were assessed and appropriate plans were in place to keep people safe. There was some improvement in risk plans associated with people's specific health conditions, such as diabetes and epilepsy. Plans were clearer and easier to read than previous and provided staff with more detailed guidance. However, one record still needed further information to guide staff on what actions they should take should the person become ill.

Accidents and incidents were recorded, and actions were in place to ensure people were safe. The analysis of these incidents had improved since the last inspection. It was clear the manager was using incidents to identify patterns and trends and making changes when needed to ensure people were protected from avoidable harm.

Audits were completed and effective at identifying improvements needed. Action plans were in place to improve the quality and safety of the service based on these audits.

There were enough staff to meet people's needs. Staff told us things had improved at the home and people were happier and it was a safer place to be. Staff were positive about the support they received from the new manager, and from the provider. Staff told us they felt responsive action was taken by management when they raised concerns. Staff felt the improvements that had been made had impacted positively on people living at Croxteth Park and improved the morale of the staff team.

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 7 November 2020) and there were two 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 improvements had been made and the provider was no longer in breach of regulations.

The service remains requires improvement. This is the fourth consecutive time the service has been rated requires improvement.

Why we inspected

We carried out an unannounced focussed inspection of this service on 23 September 2020. Breaches of legal requirements were found relating to safe care and treatment and good governance. We undertook this focussed inspection to check whether the Warning Notice we previously served in relation to Regulation 12 (safe care and treatment) and regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met.

This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

The ratings from the previous comprehensive and focussed inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service remains requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Croxteth Park Care Home on our website at www.cqc.org.uk.

Follow up

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 with the 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors and a medicines inspector.

Service and service type

Croxteth Park Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. A manager was in place at the home and had applied to become registered. This means that the provider is 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.

What we did before inspection

We reviewed information we had received about the service since the last inspection and we sought feedback from the local authority. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into

account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and three relatives about their experience of the care provided. We spoke with seven members of staff including the manager, regional manager, senior care workers, care workers and activities coordinator.

We reviewed a range of records. This included four people's care records, and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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 has improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

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

At this inspection enough improvement had been made and the provider was no longer in breach of regulation.

- Medicines management had improved since the last inspection. People received their medicines as prescribed.
- Staff with responsibilities for managing medication had completed the relevant training and underwent regular competency checks.
- Medicines records were audited regularly by the management team to ensure that people received their medicines safely. These audits had proved effective at addressing concerns with medicines management found at previous inspections.
- There were some inconsistencies with the recording of administration of prescribed creams. However, there was no impact on people's skin condition, and we were assured this was just a recording issue. The manager told us this would be addressed immediately.
- Protocols were in place to guide staff when people were prescribed medicines as required (PRN). However, one record for a person prescribed a variable dose paracetamol was not detailed enough to guide staff on how many tablets needed to be given. This was updated during the inspection.

Learning lessons when things go wrong

At our last inspection the provider had failed to ensure lessons were learnt from incidents. This was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made and the provider was no longer in breach of regulation.

- There was a process in place for reporting accidents and incidents which occurred at the home. These incidents were monitored and reviewed, and action was taken to reduce further occurrences.
- Analysis of incidents was robust and the manager ensured lessons were identified, and implemented

improvements as needed.

Assessing risk, safety monitoring and management

- Risks to people were identified and plans were in place to minimise those risks. There had been improvements in the recording of information to support staff and protect people from harm. However, one person's plan relating to a specific health condition needed further guidance for staff. The manager told us this would be reviewed immediately.
- Risks within the environment were considered and assessed. Equipment was regularly checked to ensure it was safe to use.
- Plans were in place to ensure people's needs would continue to be met in the event of an emergency.

Staffing and recruitment

- Recruitment procedures were safe. Pre-employment checks were completed on all staff before they started employment. The manager ensured appropriate inductions took place when new staff started.
- There were enough suitably qualified staff to support people safely. Staff told us the provider had ensured safe staffing levels by using agency staff. The use of agency staff was done safely, following appropriate guidance during the COVID-19 pandemic.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse and improper treatment. Staff had received appropriate training and were clear on the potential signs of abuse and how to raise any concerns they might have
- Relatives felt their loved ones were safe at the home. Comments included; "There were lots of medicines errors in the past but these have reduced- it's got a lot better and I feel [the relative] is safe now. Referrals for healthcare appointments are better now as well. It's improved a lot", and "We're quite content and we feel [the relative] is safe there".

Preventing and controlling infection

- There was an infection control policy in place that took account of all the relevant guidance.
- Measures were in place to ensure the risks of the spread of infection were reduced. Staff had access to appropriate personal protective equipment (PPE) and wore this as outlined in national guidance.
- The home was clean and well maintained. Extra cleaning regimes had been implemented during the pandemic and included the cleaning of high touch point areas, such as door handles.

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 inadequate. At this inspection this key question has improved to requires improvement. Whilst there had been many improvements in the service since the last inspection further improvements are still needed.

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.

At this inspection enough improvement had been made and the provider was no longer in breach of regulation.

- There were issues with inconsistent recording of some people's food and fluid charts. It wasn't always clear to see people's dietary needs were being met. The provider was aware of these issues and had already planned some work with care staff to ensure this could be addressed.
- Audits and checks were in place to identify areas of concern and improvement. The quality and safety of the service was mostly well monitored and follow up actions had been taken appropriately. There was one concern with one person's room as their call bell alarm was not fitted securely. This was addressed during the inspection.
- The manager and regional support team had made lots of improvements at the home which was evidenced through feedback from staff, people and the findings at this inspection.
- Professionals working with the service had noted improvements in communication at the home. People were receiving more effective, safe care as a result of the improved communication.
- The manager was aware which events they needed to notify CQC about. They had submitted notifications in line with legal requirements and displayed the rating of the last inspection.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff told us they were better supported by the management team and felt they were listened to. Staff were positive about the improvements made at the home and felt people were receiving safe, high quality care.
- Staff told us the culture at the home had improved and it was a nicer place to work. One staff member said "We were drowning but it feels a lot better now, everything has improved and it's a more pleasant place to be for everyone".

- Due to restrictions imposed by COVID-19 relatives' meetings had not taken place. The provider had sought to gain feedback from relatives in other ways, for example through surveys.

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

- Incidents were discussed with people and their relatives where appropriate. There was a clear open and transparent culture which had improved since the last inspection.
- There was a duty of candour policy and the manager and provider knew their responsibility regarding this.