

Croston Park Limited

Croston Park

Inspection report

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Ratings

Overall rating for this service	Requires Improvement ●
Is the service safe?	Requires Improvement ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Croston Park Nursing Home is a nursing and residential care home providing personal and nursing care to 38 people at the time of our inspection. The service can support up to 56 people who have a range of residential and nursing needs.

The home is a seventeenth century grade II listed building in its own grounds which has been suitably adapted for its purpose. Bedrooms are located over three floors with lift access to the upper floors. Most of the bedrooms are ensuite. The ground floor includes the dining room and several communal lounge areas and access to the outside garden and grounds.

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

We found the home had made a number of improvements since the last inspection; however, the provider had not ensured risks related to medicines and nutrition were managed safely. The provider's systems had not always been effective in identifying and addressing shortfalls related to medicines, nutrition and the quality of records.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The provider continued to ensure staff were recruited safely and there were enough staff deployed to meet people's needs safely. Staff had received training and knew how to keep people safe. The home was clean and hygienic. Staff followed guidance to reduce risks related to infections. The provider used accidents and incidents as a learning opportunity to improve the service.

There had been a change in management since our last inspection. We received positive feedback about the impact the new manager was having on the service. Staff were well supported and worked well together as a team. The service continued to work in partnership with other agencies and engaged with people using the service, their relatives and staff. The provider had made further improvements to their quality assurance systems and governance since our last inspection.

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 1 July 2022). 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, however the provider remained in breach of regulations.

The service remains rated requires improvement. This service has been rated requires improvement for the last three consecutive inspections.

Why we inspected

We carried out an unannounced focussed inspection of this service on 14 December 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve Safe care and treatment and Good governance.

We carried out this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions safe and well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained 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 Croston Park on our website at www.cqc.org.uk.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to medicines management, nutrition, records and the effective operation of the provider's quality management systems at this inspection.

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

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Croston Park

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 Health and Social Care Act 2008.

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 an inspector and a member of the medicines team.

Service and service type

Croston Park is a 'care home' with nursing care. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager, however, they were no longer working at the home. A new manager had been appointed and intended to apply to register.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During our visits to the home, we spoke with 5 people who used the service and 3 visiting relatives. We also spoke with 11 staff at all levels of the organisation, including the manager, nurse, care staff, domestic staff, kitchen staff and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. Following the inspection visit, we spoke with 2 people's relatives and 2 professionals to gain their feedback about the service.

We looked around each area of the home to make sure it was safe, homely and suitable. We spent time observing the care and support people received. This helped us to understand the experience of people who could not or chose not to speak with us.

We reviewed 16 people's care documentation and 11 people's medicines administration records, along with associated medicines documentation. We also reviewed a range of records related to the management of the service, including safety certificates and quality assurance systems.



Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe. There was an increased risk that people could be harmed.

Using medicines safely

At our last inspection, the provider had not ensured medicines were always managed safely and properly. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although the provider had made improvements since the last inspection, there were still areas of medicines management that needed to be improved.

- We found the home had made a number of improvements since the last inspection. Staff completed medicines training and had competencies assessments to show they could administer medicines safely. Audits were being completed to improve the service; we found a number of discrepancies that had not been actioned as part of the audit process.
- We observed one staff member giving medicines in an unsafe way. The management of the home took swift and appropriate action to stop this practice.
- Plans to support staff to safely administer 'when required' medicines were not always in place. The plans that were in place were not always correct and were passed their review date, therefore we were not assured people would receive their medicines when they needed them
- Medicines with an expiry date that is shortened when opened, did not always have the date it was opened recorded. Other medicines were still available for staff to give when they were passed their expiry date. So, there was a risk people would be given medicines that had expired.
- Records to show people had their topical preparations including patches applied were not always completed. The application site of the patch was not recorded to ensure safe rotation to prevent skin irritation. We also found records to show creams had been applied were not always completed, so we were not assured people's skin was cared for properly.

This demonstrated a continued breach of regulation 12 (safe care and treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Records for adding thickening powder to drinks, for people who have difficulty swallowing, showed people's drinks were not always made correctly, therefore we could not be assured people were safe from the risk of choking.
- Records to show people were having their prescribed feeds were not always completed. The information to support staff to support the person with their feeds was not always up to date, which meant we were not assured people were having their feeds correctly.

This demonstrated a breach of regulation 14 (Meeting nutritional and hydration needs) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

- With the exception of some aspects of medicines management and nutrition referred to above, the provider had processes to manage risks to people's safety. They included regular assessment and review of risks to people, to manage any identified risks and keep people safe from avoidable harm. A staff member told us, "Everyone is safe. We use the right equipment, makes sure directions are followed and we check care plans."
- The provider ensured the environment and equipment were safe. We saw the premises were maintained. The provider ensured equipment was inspected and serviced when it needed to be and had plans to keep people safe in the event of an emergency.

Systems and processes to safeguard people from the risk of abuse

- People were protected against the risk of abuse. Staff received training to understand what abuse was, how to recognise it and steps to take to keep people safe. The provider had policies and procedures to support staff to keep people safe.
- People and their relatives spoke positively about how safe the service was. One person told us, "Yes, I'm safe. The staff are very nice." Another said, "I do feel safe, because they [staff] are here all day and night." A relative said, "Oh yes, Mum is safe."

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

- Staff continued to be recruited safely. The provider followed safe systems to recruit staff who were of good character and had the skills and knowledge to carry out their role safely. A relative commented, "I can put my faith in the staff, they know what they're doing."
- There were enough staff on duty to meet people's needs safely. The provider used a systematic approach to calculate staffing levels based on the needs of people who used the service. A staff member told us, "We've started using less agency staff. We will be all our own staff soon hopefully, which is much better for the residents – better consistency." Another said, "Staffing levels are fine. Even when someone phones in sick, everyone pitches in to cover. It's been better recently."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of

infection.

- We were assured that the provider was admitting people safely to the service.
- We were somewhat assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The service facilitated safe visits into the home. The manager supported visits in line with government guidance. We spoke with relatives who confirmed they were able to visit and felt safe doing so.

Learning lessons when things go wrong

- Accidents and incidents were used as a learning opportunity. Staff recorded accidents and incidents which were reviewed by the management team. This enabled them to identify any trends or themes, to take action and seek support from external agencies, where appropriate, to reduce the risk of similar incidents. Any lessons learned were shared with staff and across the provider group, to further improve safety.

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 our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

When we last inspected the service, we found the provider's systems to ensure the safe management of medicines had not been operated effectively. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our last inspection, we received an action plan from the provider which told us how they were going to make improvements. During this inspection, we saw some improvements had been made, however, the provider was still in breach of regulation 17.

- The provider's systems to ensure the safe management of medicines and nutrition had not been operated effectively and had not identified and addressed the shortfalls we found during this inspection. This placed people at risk of harm. See the safe section of this report for further details.
- The provider's systems had not ensured records related to people's care were accurate and up to date. We identified shortfalls in the quality of records related to medicines management, nutrition and hydration, repositioning and care planning. This meant the provider could not always evidence what care people had received and when.

The above matters were in breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider continued to employ a range of methods to assess, monitor and improve the quality of the service. These included various checks and audits, along with satisfaction surveys and observations. We saw they acted to make improvements in response to findings. For example, they had identified shortfalls in record keeping and had begun to address the issue with staff.
- There had been changes in the management team since our last inspection. We received positive feedback about the new manager and the support available from the provider's representatives. Staff told us they felt well supported. Comments from staff included, "The directors have been a great support. Always there to listen and nothing is too much trouble." And, "[About the new manager] Even from the first couple of days, we could go to them with any concerns. They also listen to us and value our opinions."

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

- The culture at Croston Park continued to be caring and person-centred. Staff worked very well together as a team and were caring and respectful towards people they supported. Staff spoke of improvements and positive changes they had seen under the new manager. Comments we received included, "It's a good place to work. We have a good team. [Manager] is still finding their feet, but the home feels a happier place." And, "[Manager] is approachable and supportive." Feedback we received from people's relatives echoed this.
- People and their relatives spoke positively about their experiences of the service and staff who supported them. One person told us, "They help me with everything I need. They are always very kind." Another said, "They've been good with me. They are all very kind and helpful."

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

- The provider had a policy and procedure which provided guidance around the duty of candour responsibility if something was to go wrong. They knew how to share information with relevant parties, when necessary.

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

- The provider had continued to engage and worked in partnership with people who used the service, those close to them and staff through satisfaction surveys, meetings and day to day contact. The provider sought their views and experiences and gave them opportunity to make suggestions about improvements.

Working in partnership with others

- The provider had continued to work in partnership with external agencies to ensure people's needs were met. We received positive feedback from professionals about the service and how staff worked with them. Comments from professionals included, "They are very good at letting us know if there are any concerns. If you give them guidelines, they will follow them and take on board what you advise them." And, "They are amenable and approachable, assisting people to access services to meet their needs."

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
Treatment of disease, disorder or injury	The provider had not ensured the safe management of medicines. 12(2)(g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Audits and systems used for quality monitoring had failed to identify risks associated with the safe and proper management of medicines. Risk of harm from the management of medicines was not appropriately identified, managed or mitigated. The provider had not ensured records in relation to people's care and treatment were complete, accurate and contemporaneous. 17(1)

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs
Treatment of disease, disorder or injury	Risks around choking, thickening agents and feeding regimes had not been managed safely. 14(1)

The enforcement action we took:

We served a warning notice.