

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?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Croxteth Park is a residential care home providing nursing and personal care to 29 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

Audits and checks were completed by the registered manager; however, these were not always effective at identifying concerns. There was a lack of robust oversight with aspects of the service. The provider had recently implemented new governance processes to address some concerns, specifically with the management of medicines. However, these processes were fairly new and had not been embedded within the home. Concerns raised at the last inspection had not been fully addressed.

There was ineffective oversight of training for staff. Not all staff had completed appropriate inductions for their role, or completed training deemed mandatory by the provider. The provider had identified this prior to our visit and an appropriate plan was in place to address these concerns

There were concerns with the safe management of medicines. People did not always receive their medication as prescribed, and best practice guidelines were not always followed in relation to the recording of medicines.

Risks to people were assessed and appropriate plans were in place to keep people safe. However, where people had specific health conditions, such as diabetes, there were no risk assessments or care plans to support staff being able to recognise people's symptoms and guide them with action needed to support people.

Accidents and incidents were recorded, and actions were in place to ensure people were safe. However, there were no systems in place to effectively and consistently analyse incidents to ensure learning could be implemented at the earliest opportunity to prevent reoccurrence.

People's nutritional and hydration needs were recorded in their plans of care. Staff were aware of people's individual needs regarding this. However, the recording of people's food and fluid intake was inconsistent and did not always reflect their assessed needs. We made a recommendation about this.

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.

There were enough staff to meet people's needs. We received mixed feedback from staff regarding the support of management in the home. Some staff felt there was a negative 'blame' culture and there was

little support from the provider. Most staff felt the registered manager was supportive but told us concerns raised were often overlooked and not dealt with appropriately.

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

Rating at last inspection

The last rating for this service was requires improvement (published 27 November 2019).

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

Why we inspected

This was a planned inspection based on the previous rating.

We carried out an unannounced comprehensive inspection of this service on 8 and 9 October 2019. 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, meeting nutritional and hydration needs and good governance.

We undertook 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, Effective 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 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.

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 discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to the management of medicines and governance and oversight of the service.

Please see the back of this report for CQC's regulatory response to the concerns found during inspection.

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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Details are in our well-Led findings below.

Inadequate ●

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 one inspector, an assistant inspector 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 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.

After the inspection we were notified the registered manager had left the service. The provider had identified an interim manager to support the home in the absence of the registered manager.

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. We used the information the provider sent us in the provider information return. This is information providers are

required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and five relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager, deputy manager, regional manager, senior care workers, care workers, activities coordinator, the chef and laundry assistant.

We reviewed a range of records. This included five 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 remains the same. 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 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 not enough improvement had been made and the provider was still in breach of regulation.

- People did not always receive their medicines as prescribed. We found multiple examples where people's medicines had not been given as they had either not been entered on the persons MAR (medicines administration record) or were not available in the home to administer.
- Changes to people's medicines were not always implemented in a timely way. For example, one person who had been discharged from hospital had clear instructions for their medicine to be changed. This did not occur for three days. The deputy manager told us they were waiting for the new medicines cycle to start to change this. There was no conversation with a medical professional to determine if this course of action was safe.
- Controlled drugs were not always managed safely. We checked the stock of some controlled drugs and found one medicine missing and unaccounted for. This had not been identified by the service and had not been reported appropriately.

We found no evidence that people had been harmed however, the provider had failed to ensure the safe administration of medicines. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 not enough improvement had been made and the provider was still in breach of regulation.

- Analysis of incidents was not always completed which meant opportunities for learning and improvement could be missed.

The provider had failed to ensure there was consistent and effective analysis of incidents. This meant opportunities to improve the safety and quality of the service could be missed. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Incidents and accidents were recorded appropriately. Appropriate actions were taken after most incidents to ensure people were safe.

Assessing risk, safety monitoring and management

- People's care plans contained risk assessments with appropriate information to guide staff in safely supporting people. However, where people had specific health conditions, such as diabetes, there were no risk assessments or care plans to support staff being able to recognise people's symptoms and guide them with action needed to support people. The regional support manager told us this would be addressed immediately.
- Risks within the environment were considered and assessed. Equipment was regularly checked to ensure it was safe to use. Plans ensured that people's needs would continue to be met in the event of an emergency.
- Regular health and safety checks were completed to ensure the premises were safe.

Staffing and recruitment

- Safe recruitment processes were followed.
- There were enough suitably qualified staff to support people safely.

Systems and processes to safeguard people from the risk of abuse

- Governance processes had not identified some concerns we found with medicines which needed to be safeguarded. The provider made these safeguarding referrals during the inspection.
- Relatives told us they felt their loved ones were safe at the home. Comments included, "More than happy for [person] to be there. No qualms, no fears for [person's] safety or how [person] is being treated," and "It's absolutely amazing- they [staff] are truly unsung heroes. It's a really good comfort knowing [person] is in such a lovely homely and caring environment."
- Staff were clear on the potential signs of abuse and how to raise any concerns they might have.

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 using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- 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.

We have also signposted the provider to resources to develop their approach.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question remains the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

At our last inspection the provider had failed to ensure people's nutrition and hydration needs were met. This was a breach of Regulation 14 (Meeting Nutritional and hydration Needs) 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. However, further improvement was needed to ensure records accurately reflected support and treatment people received.

- People's nutritional and hydration needs and how they were to be met were recorded in their care plans.
- Charts were in place to monitor people's food and fluids when needed. However, these were completed inconsistently and some records failed to record the amounts of fluid or food consumed, and some records were blank.
- Some people were prescribed thickener due to difficulty with swallowing. The recording of the use of this was inconsistent and not all records reflected it had been used appropriately. On speaking with staff we were assured it had been used when needed as directed.

Staff support: induction, training, skills and experience

- Some staff told us they felt the training needed to be better. One staff member said, "New staff are just started the next day, no training etc. It has started to change recently, and new staff are starting to get trained."
- Training records showed not all staff had completed training deemed mandatory by the provider. The provider had identified this and put measures in place to address this.
- Staff had not always received an appropriate induction when they started working at Croxteth Park. This had been identified by the provider and an action plan was in place. We saw an example of an induction completed since this action plan was implemented and this was thorough and appropriate to the role.

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

- We saw referrals to appropriate healthcare professionals were made; however, these were not always made in a timely manner. For example, one person waited three days for a referral for support with pressure sores.

- There was a lack of effective communication with healthcare professionals when people were newly admitted to the service, either from hospital or the other care homes. When there was confusion regarding people's treatment needs, advice and clarification was not always sought. This put people at risk of not receiving appropriate care. The regional support manager assured us this would be addressed immediately.
- Oral health risk assessments were completed, but there were no care plans in place to ensure people's oral health needs could be met.

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

- People's needs were assessed before admission to the home to ensure they could be met.
- Nationally recognised tools were used to continually assess people's needs. However, we found some gaps in the recording of these. The provider had identified issues with the completion of records prior to the inspection and arranged training for staff. However, there were still issues with this that were not being identified through the audits and checks. The regional support manager told us extra measures would be put in place to ensure records were completed accurately and in full.

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 when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Consent to care and treatment was sought and recorded in line with the principles of the MCA 2005.
- DoLS were applied for appropriately to keep people safe from harm.

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

- There was very little adaptation to the building to support people living with dementia. However, there were refurbishment plans underway.
- Bathrooms were adapted to ensure they could be accessed by all people.
- Equipment was in use to support people to move around the home independently.

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 requires improvement. At this inspection this key question has deteriorated to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- There has been repeated failure from the provider to ensure the delivery of safe, high quality care. This is the third consecutive inspection the provider has failed to meet regulations.
- There were checks and audits in place. These had not been effective in identifying the shortfalls in the quality of the service people received. Therefore, these shortfalls had been allowed to continue unchecked. This placed people at risk of receiving unsafe care.
- Records, to document the care people had received were not always well-maintained.
- Systems were not robust enough to ensure learning from incidents was implemented to further reduce risk to people.
- Staff training and induction had not been effectively and consistently monitored to ensure all staff were appropriately trained and prepared for the role.
- There had not always been appropriate communication with other healthcare professionals to ensure people received the right care and support to keep them safe.

The provider had failed to effectively assess, monitor and improve the quality of the service provided. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider's regional support team had recently implemented new governance processes to address some concerns, specifically with the management of medicines. However, these processes were fairly new and had not been embedded within the home.
- The registered manager was aware of what 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 there was inconsistent support from management. Some felt the registered manager was supportive, but others felt concerns raised were not dealt with.
- A regional support team were supporting the home to make improvements. Some staff told us they felt the support team and management team had failed to communicate effectively with them.
- Some staff told us handovers did not happen and information about people was not always communicated to staff. They said this made it difficult sometimes to care for people safely and effectively.
- Staff told us the atmosphere in the home wasn't good. One staff member said, "It's all doom and gloom" and another said "They [management] all lie. They have answers for everything."
- 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 with 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

- We received feedback from a relative prior to the inspection regarding poor communication with the registered manager, and a lack of honesty and transparency. This had been escalated to the provider's regional support team and responded to appropriately.
- Most incidents were discussed with people and their relatives where appropriate. We received feedback prior to the inspection regarding one incident that had not been discussed with relatives.

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 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to ensure the safe management of medicines putting people at risk of harm. Regulation 12 (2) (a) (b) (g)

The enforcement action we took:

Warning notice issued

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to ensure accurate and contemporaneous notes were kept with regard to each person, and systems to monitor and improve the quality and safety of the service were ineffective. Regulation 17 (1) (2) (a) (b) (c) (f)

The enforcement action we took:

Warning notice issued