

# Four Seasons Health Care (England) Limited Euxton Park Care Home

## Inspection report

Wigan Road  
Euxton  
Chorley  
Lancashire  
PR7 6DY

Tel: 01257230022  
Website: [www.fshc.co.uk](http://www.fshc.co.uk)

Date of inspection visit:  
22 March 2022  
23 March 2022

Date of publication:  
02 August 2022

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service well-led?

Good 

# Summary of findings

## Overall summary

### About the service

Euxton Park Care Home is a residential care home providing nursing and personal care to up to 63 people. At the time of the inspection, the provider was supporting 22 people on the residential unit and 20 people on the nursing unit. The home has two floors with each having its own dining room and lounge area. The kitchen and laundry facilities are on the ground floor. Each floor is accessible by both stairs and a lift.

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

We found some concerns with how medicines were administered but note as soon as we discussed these with the management team both a flash meeting and individual supervisions were completed to address the issues. Risk assessments were not routinely updated following incidents, but we were assured changes in need were recorded and given to staff at handover meetings to ensure people's changing needs were met. Staff were using Personal Protective Equipment (PPE) effectively to keep both themselves and people in the home safe during the pandemic. There were enough safely recruited staff to meet people's needs and the provider continued to recruit additional staff as needed. People we spoke with told us they were happy in the home and their needs were met.

The provider had a comprehensive suite of audits which were overseen by the regional team. However, due to the size of the home the current system risks some aspects of service delivery not being monitored for some time. We discussed this with the area manager who was going to review this. We saw staff worked well together and engaged well with the people they supported. They were well trained and supported by the management team. The provider submitted notifications of incidents to the commission as required and had the ratings of their previous inspection available.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection.

The last comprehensive rating for this service was requires improvement (published 12 March 2020).

At our last comprehensive inspection, we recommended that the provider consulted people to ensure there were enough available staff. At this inspection we found staff were readily available to support people in a timely way and people told us this was the case.

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

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 COVID-19 and other infection outbreaks effectively.

The inspection was prompted in part due to concerns received about the care provided to people including a lack of support with people's risks to their skin integrity and hydration needs. A decision was made for us to inspect and examine those risks to the people supported by the home. We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe sections of this full report.

We received concerns in relation to risk and as a result, we undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. spacing

Therefore the overall rating for the service remains the same at requires improvement.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for <location name> on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

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?**

**Good** ●

The service was safe.

Details are in our safe findings below.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Details are in our well-Led findings below.

# Euxton 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 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 completed by two inspectors.

#### Service and service type

Euxton Park care home is a 'care home'. 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. Euxton Park is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We used the information the provider sent us in the 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 liaised with other professionals to ascertain a view of the service and reviewed all the information held by ourselves on the service. We used all this information to plan our inspection plan.

#### During the inspection

We spoke with three people who lived in the home and five staff including the deputy and area manager. We reviewed four care plans in detail and looked at specific information in six others. We also looked at the medicine administration records for people on both floors and the recruitment records for three staff. We observed activities and looked around the building including people's bedrooms, the kitchen and laundry.

#### After the inspection

We sent seven email surveys to staff seeking their views on the service and the support they receive and spoke with three relatives of people in the home. We received additional information we requested and reviewed this as part of the evidence for the inspection. We were also provided with details of action taken to address concerns noted within the inspection.

# 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 Good. At this inspection the rating for this key question has remained Good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- We found some concerns in how medicines were managed and discussed these with the deputy and area manager who took immediate steps to address the concerns.
- We found staff did not routinely observe people taking their medicines before they signed records to say they had been administered.
- We found some drink food supplements had not been dated when opened, which were disposed of. All other medicines and liquids were dated as opened.
- We saw some 'as required' medicines were given routinely in contradiction of the medicines protocol and prescription. The area manager told us they would ensure these medicines were reviewed as soon as possible.
- A flash meeting was held with staff as soon as the inspection had finished feeding back concerns and identifying better practice.

We recommend the registered manager ensures that management of medicines best practice becomes routine and embeds following the inspection.

### Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- We found some risk assessments were contradicted in the care plans and some information was either out of date or not followed. We discussed the concerns with the deputy and area manager, and we were sent examples of improved assessments before the end of the inspection.
- We reviewed information held on the risks to people's skin integrity and found risks were shared on the daily handover. Records to show people were repositioned to reduce risks were in place.
- 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.

- Good analysis was completed on accidents and incidents and improvements were made to both the environment and people's specific support as needed.
- Staff received training to manage risks to the service including fire and contingency planning was in place in the event of an emergency.
- People told us they felt safe and had enough to eat and drink, with one person stating that, "Staff cut up my food to ensure I don't choke." We saw jugs of drinks were in people's rooms and records showed people were offered drinks throughout the day.

#### Staffing and recruitment

- There were enough suitably qualified staff deployed to meet the needs of people living in the home.
- We saw good interactions between staff and the people they supported and there had been positive relationships formed.
- Staff had been safely recruited and assurances taken on their suitability through review of references and Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Systems and processes to safeguard people from the risk of abuse

- Staff were supported by whistleblowing procedures and management encouraged their use to protect people living in the home.
- Safeguarding training was completed annually, and staff were confident in using procedures in place.
- Where concerns had been raised management investigated and shared concerns in line with local protocols.

#### 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 meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- 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.

#### Visiting in care homes

The provider had visiting policies in place which took account of current government guidance. Risk assessments and care plans were developed around visiting and the impact visiting had on people in the home. The provider had developed the essential care giver role and each person had one named visitor who

could visit in all circumstances.

# 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 Good. At this inspection this key question has remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

### Continuous learning and improving care

- The provider and registered manager used an electronic monitoring system which monitored performance and quality in real time. The registered manager reviewed the monitoring data each month and developed action plans on items which could be improved.
- Action plans were shared at handover meetings to ensure all staff knew of any changes to be implemented.
- The provider audited care plans and daily records each month. Due to the size of the service, a sample of care plans were audited. However, this meant some care plans would not be audited for over nine months. We discussed this with the area manager who assured us they would review the frequency of the audit.

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

- We saw staff had a positive relationship with the people they supported and with each other.
- We saw in daily records and it was identified in the provider's own audits that how staff wrote could at times be more person centred. Immediately after the inspection additional training was provided to staff in this area.
- Team meetings were held regularly, and staff had opportunities to share their views on how the service was provided including suggestions for improvement. One staff member told us how their suggestion of putting topical cream charts in rooms was implemented.

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

- The area manager took steps to share the inspection findings with staff immediately following the inspection. Meetings were held to address any issues raised and supervisions were arranged to ensure messaging was consistent.
- We saw information on notice boards around concerns raised by people living in the home and the action the provider had taken to address them. Resident meetings took place to discuss the service provided.
- Notifications were sent to the commission as required and the provider displayed the ratings of the previous inspection.

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

characteristics; Working in partnership with others

- People living in the home were regularly asked their views on the service they received. When we spoke with people, they were generally happy with the support. One person told us, "I'm happy here, it's very nice and the staff are very good."
- The last satisfaction survey completed showed people were predominantly happy with the service they received.
- We received good feedback from partner agencies on how the registered manager responded to information requests and how they engaged with agencies.