

Lotus Care (Cressington Court) Limited

Cressington Court Care

Home

Inspection report

Beechwood Road
Cressington
Liverpool
Merseyside
L19 0QL

Tel: 01514943168

Date of inspection visit:

11 May 2023

15 May 2023

Date of publication:

21 September 2023

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Cressington Court Care Home is a residential care home providing personal care to 43 people, including people living with dementia and physical disabilities. The service can support up to 53 people. The service is a domestic style property and accommodation is over two floors.

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

At this inspection we identified concerns with the management of risk, care planning, the management of medicines and governance.

Risk was not always effectively mitigated. Care plans reviewed were not updated following reviews by professionals and changes to people's care needs. Advice and guidance from professionals had not always been acted upon or implemented and care plan reviews were inconsistent.

Medicines were not always managed safely. There was a high volume of medication errors being reported and a number of actions identified following quality audits. Covert medications were not being administered safely for a person and the covert care plan was not being followed.

The governance arrangements in place were not robust and records were not always adequately maintained. There were gaps in auditing, and some audits were not effective. The audits for the medicines and the environment had failed to identify the issues found during the inspection.

There were systems in place to determine safe staffing levels. People and their relatives told us staff were kind, caring and respectful. The majority of people we spoke with felt there were enough staff on duty to support people's needs. Mixed feedback was received regarding agency staff, the provider was open and transparent regarding the barriers they were facing with regards to recruitment of staff.

People received support from a range of health and social care professionals including dietitians; social workers, community nurses, community mental health teams, speech and language therapy and their local GP.

The culture of the service was open and transparent. The acting manager and CEO engaged with the inspection positively and were committed to making any necessary improvements.

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.

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 10 October 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 the provider remained in breach of regulations.

Why we inspected

This inspection was prompted by a review of the information we held about this service. As a result, we undertook a focused inspection to review the domains of 'safe', effective, 'caring', 'responsive' and 'well-led'.

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.

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

Enforcement and Recommendations

At this inspection we found breaches of regulations 12 and 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The breaches related to the failure to ensure people received safe care and treatment and a failure to ensure the service was always governed and managed adequately.

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

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.

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The overall rating for the service has remained at requires improvement based on the findings of this inspection.

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 caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive 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 ●

Cressington Court 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

Three inspectors carried out the inspection.

Service and service type

Cressington Court 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. Cressington Court 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 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 not a registered manager in post. However, the provider had recently recruited a home manager who was in post at the time of the inspection and in the process of registering with the CQC.

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. We used all of this information to plan our inspection. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with five people who used the service and three relatives about their experience of the care provided. We spoke with nine members of staff including the manager, director of quality, clinical lead, senior care workers and care workers.

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



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 and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- There was a system in place for recording and responding to incidents and accidents with evidence of lessons learnt following safeguarding investigations.
- Staff were aware of safeguarding processes and how to escalate concerns regarding abuse.
- People and their relatives told us they felt the home was safe. Comments included: "I feel safe here, they really look after me". A relative told us, "Yes I feel that my mum is very safe here".

Assessing risk, safety monitoring and management

- Risk was not always effectively mitigated. Feedback from professionals had not been acted upon or implemented following reviews and there was a lack of reviews of care plans and risk assessments following changes in people's care needs.
- Some people were at risk from weight loss and required weekly weight monitoring. Records demonstrated people were only being weighed monthly. This placed people at risk of harm.
- Unsafe room temperatures were identified within areas of the care home. Audits of the environment had been completed, however did not make reference to room temperatures or identify potential risks. The provider responded immediately to our concerns and ensured the temperatures within the rooms was reduced.

The failure to ensure risks were managed and mitigated, demonstrates a continued breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Safe recruitment processes were followed. Relevant pre-employment checks were completed to ensure new applicants were suitable to work for the service, this included agency staff.
- A dependency tool was in place to determine staffing levels and the rotas reflected this.
- Staff we spoke with during our inspection told us there was not enough staff. One staff member said, "There is not enough staff, in particular when working with agency staff and you have to train them, the care can't be to the best it could be with current staffing, staff struggle, they are overworked".
- A relative spoken with stated, 'The day staff have been brilliant - they have treated my relative like their own, however I'm not happy with night staff. They don't know what they are doing'.
- The provider was open and transparent regarding the barriers they were facing with regards to recruitment of staff. Due to this, there was a heavy reliance on agency staff to cover shifts at the home.

Using medicines safely

- Medicines were not always managed safely.
 - There were gaps in medication quality audits being completed, however recent audits identified some concerns but not all concerns identified.
 - Covert medications were not being administered safely. One person was given their medication hidden in food whole, and the medication administration record reflected this required crushing.
- There was no guidance on how to offer the medicine to the person or how to encourage the person to take the medicines and what to do if the person refused on a number of occasions.

Systems had not been fully established to ensure safe and effective administration of medicines. This placed people at risk of harm. This was a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

- Infection prevention and control procedures were being effectively managed.
- The home was visibly clean.
- There were adequate supplies of personal protective equipment (PPE) available for use when required in terms of gloves and aprons, however there was no liquid hand gel within any of the wall mounted hand dispensers for visitors or professionals. The home was generally clean and hygienic throughout.
- The provider was safely facilitating visiting for people and there were no restrictions on visiting.

Learning lessons when things go wrong

- Records showed that accidents were recorded and reported, and appropriate actions were taken to ensure people's safety.
- Lessons learnt from incidents were recorded and showed measures were taken to help prevent further accidents.

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 our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement.

Requires Improvement: This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff files observed evidenced safe recruitment processes had been followed.
- Training was recorded using a training matrix, the record showed gaps in training and a member of staff that had been employed for over a month was not reflected on the matrix.
- We observed some records of staff supervision and support; however, staff told us they have not received regular and consistent supervision. Since the new manager had started a supervision matrix had been introduced.

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

- People were supported to maintain a balanced diet.
- Catering staff knew about people's special dietary requirements, for example, people who required their food to be modified.
- People's nutritional needs were assessed and recorded in their care records. However, we viewed recommendations made by a dietician to support a person with weight loss were not reflected in the care plan and the recommended supplements were not sourced. This resulted in the person not receiving their supplements and placed the person at risk of further weight loss.
- Food charts observed reflected evidence of fortified diets being provided.
- Four weekly menus were in place, however people spoken to were not aware of daily meal options and there were no menus on display to help people make choices.

Staff working with other agencies to provide consistent, effective, timely care

- People's health conditions were managed appropriately, and staff engaged with external healthcare professionals for example GP's, social workers and speech and language therapists.
- Whilst on inspection we observed staff collaborate with health professionals, however feedback from a professional during the inspection reflected at times the communication can be poor and there is a lack of consistency from agency staff.

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

- The home was adapted and designed to meet people's needs.
- Bedrooms were personalised, a bedroom on the second floor was adapted and decorated to mirror the

person's bedroom from their previous home.

- One person we spoke with confirmed they were happy living at Cressington Care Home; they had personalised their own room and chosen the bedroom door colour. The Management team had also supported the service user to install broadband within their room.
- There was a lack of signage in some areas; this was discussed with the Acting Manager who evidenced new signage to be displayed.

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 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 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider had systems in place to monitor and review people's capacity and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- Best interest processes were in place to support people to make choices and decisions, however some records observed did not provide an outcome of the assessment.

We recommend the provider improves practices with regards to recording of best interest decisions.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good.

Good: This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated well, and their equality and diversity was respected. We observed positive interactions that showed relationships had been formed between people and the staff who supported them.
- Care records reflected information about people's likes, dislikes, religion and other things that were important to them, however some care records contained blank 'all about me' documents.
- A family member spoke positively about the support their relative had received. Comments included, "they have been brilliant - they have treated dad like their own".

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their views and were involved in making decisions about their care and support.
- There was a lack of care reviews involving relatives within the care home. The Acting Manager advised this is to be introduced as part of the new electronic care planning system due to be implemented into the service.

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful of people's privacy and dignity, they spoke with people in a respectful way and listened to their viewpoint.
- People's personal information was secure and kept confidential.
- A relative spoken to stated that they believe that staff were respectful to relations and that they showed "compassion and were caring and kind".
- People's independence was respected and promoted. One person told inspectors, "I like to sleep in every morning and staff support me to do this, I like to have my breakfast late just as I like it".

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement.

Requires improvement: This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were not always detailed, consistent and reflective of people's needs. This meant staff did not always have guidance on how best to support people.
- Care plans had not been updated following reviews by professionals or when there were changes to people's care needs.
- Relatives spoken to advised they had not been involved in care plan reviews for some time.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People did not always have access to information that met their needs. For example, menus were not available to enable people to read and make choices from.
- There was a lack of signage within some areas of the care home.
- People were supported by staff who understood their communication needs. We saw staff taking time to communicate with people in a positive manner. This gave time for people to express themselves.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships with friends and family.
- A schedule was in place for activities, however records reflected activities as declined for many people.
- Feedback received reflects some activities however improvements needed. For example, one relative stated, "there used to be a range of activities in place with external and internal events, over the past six months this has stopped".

Improving care quality in response to complaints or concerns

- A complaints procedure was in place.
- An effective complaints system was in place including a complaints log evidencing required information and outcome of the complaint.

- Feedback received reflects staff feel confident reporting concerns to the management team.

End of life care and support

- Systems were in place to support people during the end of their life.
- End of life care and support was provided where this was needed with the support of other professionals.
- Staff were knowledgeable about people's end of life care needs however feedback reflected training is required. The training matrix reflects gaps with regards to end-of-life training.

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.

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.

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

- Records required for people and the running of the service were not properly maintained, accurate and kept up to date.
- There was a lack of provider and management oversight to evidence the provider had reviewed people's care to ensure they received the right care with good outcomes.
- We observed caring and supportive interactions between people living at the service and staff.

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 and manager was aware of their responsibility to be honest with people when things went wrong. They undertook investigations if any incidents and accidents happened to try to prevent them happening in the future.
- The CEO and manager were open and transparent and discussed in depth with inspectors the issues they had identified with the service, and the plans for improvement.

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

- A new manager had been in post for seven days on the day of inspection who had implemented improved systems and processes. However, prior to this there had been gaps in management which contributed to inconsistent oversight of the service.
- Not all audits were in place in the home, and some were not effective. The audits for the medicines and the environment had failed to identify the issues found during the inspection.
- Care plans and monitoring records were in place; however, they were not always completed or reviewed to reflect the care people needed and received.

The governance arrangements in place were not robust and records were not always adequately maintained. This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider has imminent plans in place to change the records management system at the home.

We recommended that the provider review how records were kept to ensure they are complete, accurate and fit for purpose

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

- Resident and relative meetings had taken place.
- Staff expressed that during the period in between managers they felt unsupported, supervisions were not completed and there was a lack of staff meetings. The new manager was addressing this and in the process of implementing new systems.
- In general, people spoke positively about the care they received and told us staff were approachable. Comments included "staff are very nice. I've made lots of friends here".

Continuous learning and improving care and working in partnership with others

- The systems in place to monitor the quality and safety of the service were not effective.
- Relatives told us they had not been involved in the creation or reviews of their family members plan of care.
- Some audits had been completed; however, they were not all completed regularly, and did not identify the issues we highlighted during the inspection, such as those regarding temperature within parts of the home, risk management and infection prevention and control.
- The provider and manager were responsive to feedback given throughout the inspection and immediately acted on the findings.
- People received support from other health and social care professionals such as the district nurse teams, local GP and mental health services, as required.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Risk was not always effectively mitigated.</p> <p>Risks to people's health, safety and welfare had not been reviewed and there was a lack of detail in care plans to demonstrate how risk was to be mitigated.</p> <p>Medicines were not always managed safely.</p>

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The governance arrangements in place were not robust.</p> <p>Records were not always adequately maintained.</p> <p>There were gaps in auditing, and some audits were not effective. The audits for the medicines and the environment had failed to identify the issues found during the inspection.</p>

The enforcement action we took:

Warning notice