

Croston Park Limited

Croston Park

Inspection report

Town Road
Croston
Leyland
Lancashire
PR26 9RA

Tel: 01772601431
Website: www.parklanehealthcare.co.uk

Date of inspection visit:
21 June 2023
26 June 2023

Date of publication:
31 July 2023

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Croston Park is a nursing and residential care home providing personal and nursing care to 43 people at the time of our inspection. The service can support up to 56 people who have a range of residential and nursing needs, including older people and people living with dementia.

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 3 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

Medicines were stored and administered safely. People were supported safely, and the provider had plans in case of emergencies. The home was clean and hygienic, and staff were seen to wear appropriate personal protective equipment (PPE). Staff were employed following a safe and robust recruitment process. Safeguarding training was mandatory, and staff were aware of the processes to follow to enable people to keep safe.

Staff felt supported by the management team and the induction and ongoing training they received. 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. Mealtimes were relaxed and organised around people's individual daily routines. People were supported to have access to healthcare professionals and their healthcare needs had been met. The service worked in partnership with other organisations to ensure they followed good practice and people in their care were safe.

Staff were caring, respected people's differences and promoted their independence. Staff knew people well and delivered care according to people's specific needs.

People were encouraged to stay active as much as possible and engage among each other in activities organised by staff. People and their relatives knew how to make a complaint, and felt they could raise any issues with the registered manager. Staff felt able to raise concerns if they needed to. The provider was able to offer people dignified end of life care, that met people's needs.

The provider had various methods to assess, monitor and improve the quality of the service. People and staff told us there was a very positive culture at Croston Park. The management team positively engaged in the inspection process and the manager clearly understood their regulatory responsibilities. The provider and management team had been responsive in implementing positive change and working with health and social care professionals to improve people's quality of life.

Rating at last inspection and update: The last rating for this service was requires improvement (published 25

January 2023) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

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.

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

The overall rating for the service has changed from requires improvement to good based on the findings of 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.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

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

Two Inspectors, 1 medicines inspector and 1 Expert by Experience carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Croston Park is a 'care home' with nursing. 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 the manager was in the process of registering with CQC.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since the last inspection. We sought feedback from Healthwatch, the local authority and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

During the inspection

We spoke with 7 people who used the service and 4 relatives about their experience of the care provided. We spoke with 16 members of staff including the manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with senior carers, carers, housekeeping staff and the cook. We also spoke with the activities co-ordinator, administrator, maintenance staff and members of the senior management team. We had a walk around the home to make sure it was homely, suitable, and safe. We observed the care and support people received. This helped us understand the experience of people who could not talk with us.

We reviewed a range of records. This included 14 people's care records and multiple medication records. We looked at 3 staff files in relation to recruitment and a variety of records relating to the management of the service, including policies and procedures. After the visit we received feedback from 1 health professional who had visited the home on a regular basis.

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. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

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(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The recording of thickeners for people with swallowing difficulties was inconsistent. For example, for 2 people we looked at, different levels of thickeners had been recorded. Following the inspection, we were told all staff have been given training on how to record thickeners and a new post has been created for a nutritional lead to make sure appropriate oversight.
- Creams were not always being recorded; therefore, we could not be sure they had been applied as directed. Different systems were in place to record their application. Following the inspection, we were told the process has been updated to help make improvements.
- The clinic room and medicines storage were clean and tidy including controlled drugs (medicines liable for misuse). Temperatures were being recorded in line with guidance.
- Medicines training and competencies had been completed by all staff administering medicines. Supervisions had taken place when issues had been found.
- Medicines audits were completed internally and externally by an independent provider.
- Good engagement with healthcare professionals was seen when people's needs changed. Reviews took place in a timely manner.

Systems and processes to safeguard people from the risk of abuse

- The manager had systems to record, report and analyse any allegations of abuse. Staff had received training to recognise abuse and knew what action to take to keep people safe, including reporting any allegations to external agencies.
- People told us they felt safe living at Croston Park. One person told us, " Yes, I feel safe as the staff are lovely." A second person said, " I feel safe as no one bothers me, I have a buzzer that I don't normally use as I like to do things myself and if press it 2 or 3 [staff] come very quickly."

Assessing risk, safety monitoring and management

- The manager had assessed and recorded risk to keep people safe. They had reviewed care plans to ensure assessments were up to date and identified current risks. One relative told us, "[Family member] have

regular checks through the night. She says she feels safe all the time."

- Each person had a personal emergency evacuation plan [PEEP]. A PEEP is a plan for a person who may need assistance, for instance, to evacuate a building or reach a place of safety in the event of an emergency.
- Staff had received fire safety training. This included regular fire evacuations drills where staff were required to implement their emergency procedures.

Staffing and recruitment

- The provider used a staff dependency tool to work out how many staff were required to meet people's care and support needs. However, during our inspection we shared concerns that there were not enough staff deployed to provide regular oversight in all areas of the home. The provider and manager felt due to staff shortages and the inspection the support on that day did not reflect normal staffing levels and staff interactions with people.
- Systems were in place to ensure staff were recruited safely and records confirmed a range of checks including references, Disclosure and Barring Service checks (DBS) had been requested and obtained prior to new staff commencing work in the service. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

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 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 manager supported visits for people in accordance with government guidance. This meant people could have relatives and friends visit at any time. Relatives told us they felt welcomed into the home by staff and management.

Learning lessons when things go wrong

- The manager and senior management team reviewed incidents as part of lessons learned, to ensure risks were assessed to prevent reoccurrence where possible. Staff said they were kept updated on any incidents and what changes had been implemented to lessen the risks and keep people safe.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs, and choices were assessed before receiving support. Information from the local authority, people and their relatives were used to develop care plans and risk assessments.
- Assessment and care planning documents were designed to be compliant with regulations and guidance.

Staff support: induction, training, skills and experience

- Staff had skills and knowledge to carry out their roles effectively. An induction programme was provided to ensure staff they understood what was required within their role.
- Training courses were available for staff to provide them with the skills and current knowledge required to meet people's needs. One person told us, "My care needs are quite complex, but they [staff] know how to look after me."
- Staff told us they felt supported in their role. This was through training development, supervisions, appraisals, and ongoing informal support. One staff member said, "[Manager] she's lovely, really approachable, she's done a good job since she took over."

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

- People were supported to have a balanced diet and had access to snacks and drinks throughout the day to maintain their weight. The cook told us, "We have training around specialised meals."
- People had access to snacks and drinks during the night. One person told us, "We have a menu, and we get a choice of 2 hot meals. We also get a hot meal, in the evening. We get enough to eat, and everyone gets the portions they want." One staff member told us, "People can eat what they want. We have people who will have an extra pudding, and we try to encourage people to drink enough."

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

- Staff worked with other agencies, such as GPs, community nurses, opticians, and specialist services to ensure people's physical and emotional needs were met. One health professional praised the leadership from management, staff knowledge and everyone's willingness to follow clinical guidance to meet people's needs.
- The management team supported people to access healthcare services and followed guidance to support people with ongoing health conditions and ensure their healthcare needs were met. One relative told us, "They have an advanced nurse practitioner who comes in and if necessary, they can escalate to the doctor. They also have nursing staff on site who can take action."

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

- People's rooms were decorated with personal items to provide comfort and reassurance.
- The home was adapted to meet people's needs. There were specialist bath/shower rooms. Doorways and hall areas were wide enough for wheelchairs. The home was free from obstacles to support people's independence.
- Different areas of the home were identified to support people's preferences. There was a TV lounge, a quiet lounge, and an activities area. There was a secure garden with a smoking area to allow people to enjoy the outdoors independently.

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.

- We found, where restrictions had been placed on people's liberty to keep them safe, the manager worked with the local authority to seek authorisation to ensure this was lawful and that any conditions of the authorisation were being met.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- Staff demonstrated a good understanding of people's needs and respected their preferences such as how they liked to spend their day and their lifestyle choices. We observed staff being compassionate and patient when people were upset. One person said, "Staff are just lovely." A second person commented, "I have conversations with them [staff] about me and my life."

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

- Staff demonstrated a good understanding of people's needs and respected their preferences such as how they liked to spend their day and their lifestyle choices.
- People received person centred support. We observed staff engage with people in a manner that promoted their dignity and included them in the daily conversations within the home.
- People's communication needs had been assessed and their preferred communication methods recorded in care records.
- People were able to make decisions about how and when they were supported. One person told us, "I like to get up and get my walker and walk up and down for exercise and make my own bed."

Respecting and promoting people's privacy, dignity and independence

- The provider used positive risk taking to promote and respect people's lifestyle choices.
- Staff ensured people's confidentiality was maintained. Personal information was stored securely and only accessed by authorised staff. Information was protected in line with General Data Protection Regulations (GDPR). We observed staff knock on bedroom doors and await a response before entering. We observed staff discreetly and quietly asking people if they required support with their personal care.
- People's independence was respected and promoted. We observed people's decisions were supported by staff. Specialist guidance was also sought when appropriate, to maintain people's mobility. One person told us, "They encourage me to attempt to walk without falling, to not sit around too long."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- Staff were knowledgeable about the people they supported. This included people's lifestyle choices such as likes a whiskey in the evening or gains comfort from their doll.
- Each person had a person-centred care plan, which clearly outlined the different aspects of their care, including their physical and mental health needs, personal care routines, nutrition and hydration, and other support needs.

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's communication needs had been recorded and information about how to support people to communicate was included in care plans.
- Staff were seen to adapt their approach depending on who they were supporting to ensure positive communication was taking place. We observed staff giving people time to respond using their preferred names and crouching down so at eye level to promote valued and productive conversations.

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

- Arrangements were in place to enable people to have visitors and maintain contact with loved ones inside the home and without staff support in their local community.
- People told us they had the opportunity to participate in activities or not participate as they saw fit. One person commented, "I got up to see the entertainer last week." A second person said, "I am content to sit here and be quiet with the odd day out." One relative told us, "They had a celebration for the Coronation. They decorated the home and had celebration food with one long table ,like street party."

End of life care and support

- People, who wanted to, had been supported to consider their preferences in relation to end of life care. This included DNACPR decisions. DNACPR stands for 'Do not attempt cardiopulmonary resuscitation (CPR)'. It means if a person has a cardiac arrest or dies suddenly, there will be guidance on what action should or shouldn't be taken by a healthcare professional, including not performing CPR on the person. People's

choices and who had a DNACPR had been documented and stored securely to be shared with health professionals at the appropriate time.

- The service was able to provide care to people at the end of their life if needed. The provider told us they liaised with GP's nurses and the hospice at home team to meet people's end of life needs. One relative told us, "[End of life care], it is all organised through the nurse practitioner." We saw written compliments from relatives of people who had received end of life care. One compliment was, 'Thank you for everything you did for [family member], especially in his final days. Each and every one of you went above and beyond for us.'

Improving care quality in response to complaints or concerns

- People had access to a complaints procedure. The procedure was clear in explaining how a complaint could be made and reassured people their concerns would be dealt with.
- Staff expressed confidence that they could raise any issues or concerns the management team, and these would be addressed. One staff member said, "If I had a complaint, I know [manager] would deal with it."

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. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted 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

At our last inspection the provider had not ensured some audits were operated effectively. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider had systems to assess and monitor the service. Audits and checks were in place and were completed to identify issues and drive improvement, and improvements could be seen based on the analysis of information gathered.
- There was a clear management and staffing structure. Each staff member had a clearly defined role and responsibilities. This supported the effective delivery of timely support to people, as all staff knew what was expected of them. One staff member said, "[Manager] knows the residents well, looks after the staff and strives to improve things."
- The management team were aware of their regulatory responsibilities. The manager attended provider led meetings to update their knowledge on current regulations and legislation.

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

- Staff were consistently complimentary about the manager and their colleagues. One staff member commented, "[Manager] cares a lot and makes the staff more passionate, in their roles." Other comments from staff included, "Management are so supportive with staff. The morale with staff is so much better." And "[Manager] is amazing, she cares about the home and the residents. She helps on the floor, talks with residents, really cares and is a great listener."
- Relatives spoke positively about the care their family members received. One relative said, "To me everything is fantastic in this place."

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 manager was aware of their responsibilities under the duty of candour, that is, their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm.

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

- People and relatives told us they were consulted on the support they received. We saw people had requested a celebration for the King's Coronation, changes in certain aspects related to meals and quicker response times when they press their call bell. The management team had taken action to meet these requests. One relative told us, "We have had one [questionnaire] since mum moved in and one is due soon."
- Staff had the opportunity to formally share concerns through staff meetings, supervisions and appraisals. They received daily handovers between shifts, so they were kept up to date with people's needs to be able to provide effective care.

Working in partnership with others

- Records confirmed advice and guidance was sought from health and social care professionals when required. This helped to ensure people's needs continued to be met and their wellbeing enhanced.