

# Lotus Care (Cressington Court) Limited

## Cressington Court Care Home

### Inspection report






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Liverpool  
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### Ratings

Overall rating for this service	Requires Improvement 
Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Requires Improvement</b> 
Is the service caring?	<b>Requires Improvement</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

### About the service

Cressington Court Care Home is a residential care home providing personal and nursing care to 44 people aged 65 and over at the time of the inspection. The service is registered to support up to 56 people.

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

People told us they felt safe living at the home and there were enough staff to support them. One person told us staff quickly responded to their alarm and said, "This makes me feel really safe and less vulnerable." Systems were in place to protect people from abuse and new staff were safely recruited.

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.

People's needs were effectively assessed before they were supported by the home and staff worked effectively with other healthcare professionals to ensure people's health and wellbeing was maintained. Feedback about the food and drink at the home was positive. One person said, "Food is good, especially the Sunday Roast."

People gave us positive feedback about the staff at the home and staff knew the people they were supporting well. One relative said, "Really pleased with the improvements at the home, [Relative] has made great progress and the staff have supported [Relative] brilliantly."

People's care plans were person-centred and gave staff the information they needed to support them. There was a good range of activities on offer to people living at the home.

There was a kind and caring culture amongst staff at the home, which was a significant improvement from our last inspection.

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 and update

The last rating for this service was inadequate (published 28 March 2019), there were multiple breaches of regulation and the service was placed into Special Measures. The provider completed an action plan after the last inspection to show what they would do and by when to improve. During this inspection the provider demonstrated that improvements have been made and was no longer in breach of regulations. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

At the last inspection the safe, effective, caring and well-led domains were rated as inadequate. At this

inspection these domains have now improved to requires improvement. We noted the provider had made significant improvements since our last inspection. However, in order to achieve a rating of good the provider needs to demonstrate those improvements have been fully embedded and sustained.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we 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 caring?

The service was not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### 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 Care Act 2014.

#### Inspection team

This inspection was carried out by an inspector, a nurse specialist professional advisor (SPA) and an expert-by-experience. 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

Cressington Court Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We checked the information that we held about the service. This included statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law. We also gathered feedback about

the service from the local authority, local health and social care professionals and 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 this information to plan our inspection.

During the inspection

We spoke with eight people who lived at the service and three relatives about their experience of the care provided. We spoke with eight members of staff including the regional director, registered manager, nurse, care workers and activities coordinator. We also spoke with two visiting health professionals.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at four 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.

# 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 inadequate. At this inspection this key question has now improved to requires improvement. We noted the provider had made significant improvements since our last inspection. However, in order to achieve a rating of good the provider needs to demonstrate those improvements have been fully embedded and sustained.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at the home. One person said staff quickly responded to their alarm and said, "This makes me feel really safe and less vulnerable."
- There were policies and procedures in place to guide staff in relation to safeguarding vulnerable adults and whistleblowing and staff had received training on this topic.
- Records showed that staff at the home took appropriate action when any such concerns arose.

At our last inspection the provider had did not have robust and effective processes in place to protect people from abuse or investigate and act on allegations or evidence of abuse. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) 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 13.

Assessing risk, safety monitoring and management

- The home had undergone extensive refurbishment since our last inspection and the environment had vastly improved.
- The home was well-maintained, and the safety of the environment was regularly checked by staff.
- The home had a variety of up-to-date safety certificates that demonstrated that utilities and services, such as gas and electric had been tested and maintained.
- Fire safety at the home was well-managed.
- People had personalised risk assessments in place and these were reviewed regularly.

Using medicines safely

- Medicines were safely administered, stored and recorded at the home by staff who had the required knowledge and skills.
- People and their relatives told us that staff supported them with their medicines correctly and at the right times.
- The home also had systems in place to ensure the safety and quality of medicines administration was maintained.

Preventing and controlling infection

- During our inspection the home was clean and free from unpleasant odours. The cleanliness and appearance of the home had significantly improved since our last inspection.
- We observed that staff used personal protective equipment (PPE) when necessary, such as when supporting people with personal care.
- This meant staff and people were protected from the risk of infection being spread.

At our last inspection we found risk assessment and management was poor, medicines were not always administered safely and in line with best practice and any prescriber instructions; the premises were not kept safe; standards of cleanliness were poor and infection prevention and control was not always well-managed. These were breaches of regulation 12 (Safe Care and Treatment) 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.

#### Staffing and recruitment

- We looked at staff rotas and observed staffing levels during our inspection. We saw that there were enough staff to meet people's needs and that staff attended to people promptly throughout our inspection.
- Staff were safely recruited by the home. Records showed that the required pre-employment checks, such as criminal records checks, had been carried out. This ensured that only people who were suitable to work with vulnerable adults were employed by the home.

At our last inspection the provider failed to ensure that staff of good character and with suitable competence, skills and experience were employed. This was a breach of regulation 19 (Fit and proper persons employed) 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 19.

#### Learning lessons when things go wrong

- We saw accident and incident policies and procedures were in place and there was a system to record any accidents and incidents that had occurred. Staff told us they knew how to safely and effectively manage these situations.
- Appropriate action had been taken in response to any accidents and incidents that had occurred. Staff regularly reviewed this information to help identify any emerging patterns or trends that needed addressing.



# 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 inadequate. At this inspection this key question has now improved to requires improvement. We noted the provider had made significant improvements since our last inspection. However, in order to achieve a rating of good the provider needs to demonstrate those improvements have been fully embedded and sustained.

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

- People's needs were effectively assessed before they were supported by the home. This ensured staff had the skills and capacity to safely and effectively meet people's needs. The information from the assessment formed the details of the care plans and risk assessments.
- People's needs in relation to equality and diversity were considered during the assessment and care planning process, such as age, disability and religion.

Staff support: induction, training, skills and experience

- There were effective systems in place to ensure new staff were appropriately inducted into their role at the home and staff received ongoing training relevant to their roles.
- Staff were supported with regular supervisions and annual appraisals. This provided staff and senior staff with a formal opportunity to discuss performance, any concerns and to address any training needs.
- Staff told us they felt well-supported in their roles.

At our last inspection the provider failed to ensure staff were sufficiently trained, supervised and appraised in their roles. This was a breach of regulation 18 (Staffing) 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 18.

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

- Feedback about the food and drink at the home was positive. One person said, "Food is good, especially the Sunday Roast."
- People were supported to have enough to eat and drink and this was appropriately recorded by staff.
- People were offered drinks and snacks regularly throughout our inspection.
- We found that people's preferences and needs were considered, and staff had access to this information both in people's care plans and in a summarised format in the kitchen.
- We observed positive mealtime experiences in well-presented settings, during which staff promptly and respectfully assisted people.

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

- Staff worked effectively with other healthcare professionals to ensure people's health and wellbeing was maintained. This included assisting people to access other healthcare services when necessary.
- People told us staff were alert to changes in their health. One person said, "They keep an eye on me if I get ill."
- We saw that staff monitored changes to people's needs and made referrals to appropriate healthcare professionals in a timely manner, such as GPs, district nurses, dietitians, speech and language therapists.
- The health and social care professionals visiting people at the home on the day of our inspection gave us positive feedback about the home and told us staff listened to their advice and knew the people living at the home well.

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

- People had been supported to personalise their rooms with their own pictures, items and furniture.
- The atmosphere of the home was calm and people looked comfortable and relaxed.
- There were adaptations at the home to assist people living with dementia in finding their way around the home and understanding other information, such as easy-read signage and in one instance assistive lighting to help a person find their toilet.

#### 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.
- Where decisions needed to be made in people's best interests, relevant people were involved and appropriate records had been completed.
- DoLS applications and authorisations were effectively monitored and managed.

At our last inspection the provider failed to act in line with the MCA and the associated DoLS. This was a breach of regulation 11 (Need for consent) 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 11.

# 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 the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. We noted the provider had made significant improvements since our last inspection. However, in order to achieve a rating of good the provider needs to demonstrate those improvements have been fully embedded and sustained.

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

- People gave us positive feedback about the staff at the home. One relative said, "Really pleased with the improvements at the home, [Relative] has made great progress and the staff have supported [Relative] brilliantly."
- Staff knew the people they were supporting well, including their needs, preferences and backgrounds.
- We observed many positive and caring interactions between staff and the people living at the home throughout our inspection.
- Staff were attentive and quickly recognised when people appeared agitated or upset and gave them the reassurance they needed.

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

- People and their relatives were involved in making decisions about their care and there was good communication between staff, people living at the home and their relatives.
- Staff supported people to access advocacy services where this was needed.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy, treated them with dignity and respect and supported them to be independent. For example, we saw staff knocking on people's doors before entering and discreetly communicating with people when assisting them to the toilet.
- We also observed staff transferring someone using a hoist. Staff respectfully communicated with the person throughout and ensured their dignity was maintained.
- People told us staff were flexible and gave them choices about how and when they wanted to do things, such as when to get up and have breakfast and when they wanted to go to bed.
- People living at the home had been supported by staff to maintain their appearance and wore suitable clothing for the weather.
- People's confidential information, such as care plans, was stored securely in the office and only people who required access could do so.

At our last inspection People were not always treated with care and compassion and were sometimes left in undignified situations. This was a breach of regulation 10 (Dignity and respect) 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 10.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to 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

- Care plans reflected the needs of the people living at the home and were regularly reviewed. Care plans contained relevant information about the individual, such as their background, communication methods, health, emotional and physical health, spiritual and cultural needs.
- People and their relatives were involved in the care planning and review process to ensure people's care plans were person-centred.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans contained information on how to support people with any communication needs, such as ensuring people who wore hearing aids or glasses were supported to wear them.
- Staff had also supported a person with a visual impairment to access Talking Books and larger text reading books.

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

- There was a good range of activities on offer to people living at the home, an area which had continued to develop and improve since our last inspection.
- For example, one person enjoyed watching cricket and staff had supported them to gain membership at the local cricket club to do so.
- During the inspection we observed staff engaging with people in both individual and small group activities.
- The home also assisted people to keep up with their religious preferences. For example, multi-faith representatives regularly visited the home.

Improving care quality in response to complaints or concerns

- Complaints were appropriately recorded and responded to in a timely manner.
- Information about how to make a complaint was accessible to people living at the home and their relatives.

End of life care and support

- None of the people living at the home were receiving end of life care at the time of our inspection. However, we found that people's wishes on their end of life care had been discussed, documented and plans put in place to ensure that their preferences were met. This included recording people's wishes regarding resuscitation.
- Staff were supported with relevant training to meet people's needs when necessary and the home had links with other relevant health professionals to ensure people's end of life care needs were effectively met.

# 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 inadequate. At this inspection this key question has now improved to requires improvement. We noted the provider had made significant improvements since our last inspection. However, in order to achieve a rating of good the provider needs to demonstrate those improvements have been fully embedded and sustained.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; and how the provider understands and acts on their duty of candour responsibility

- There was a kind and caring culture amongst staff at the home, which was a significant improvement from our last inspection.
- Staff gave us positive feedback about the registered manager and other staff at the home.
- The registered manager understood their responsibility regarding the duty of candour and there was an open and transparent culture at the home.

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

- Ratings from the last CQC inspection were clearly displayed within the home and on the provider's website, as required.
- The provider had notified the CQC of all significant events which had occurred in line with their legal obligations.
- The home had a range of policies and procedures in place that staff were able to access if they needed any guidance. We saw that these policies and procedures were up-to-date and regularly reviewed.

At our last inspection the provider failed to notify CQC of incidents which occurred at the service, as required. This was a breach of regulation 18 (Notification of other incidents) of the Care Quality Commission (Registration) Regulations 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

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

- People were given the opportunity to give their feedback about the home through questionnaires and residents' and relatives' meetings.
- The provider also used an independent care home review website to gather feedback and the feedback gathered since our last inspection was positive.
- The registered manager held regular staff meetings. These meetings were documented and provided staff with the opportunity to receive and share any important information.

#### Continuous learning and improving care

- The registered manager had a range of regular audits in place to monitor, assess and improve the quality and safety of service being provided at the home. These ranged from environmental and health and safety checks to medicines audits.
- The registered manager was well-supported by senior staff employed by the provider and the provider had improved oversight of the service being provided at the home.

At our last inspection the provider did not have robust and effective systems in place to monitor, assess and improve the safety and quality of service being provided; people's personal information was not stored securely and contemporaneous records of people's care were not kept up-to-date. This was a breach of regulation 17 (Good governance) 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.

#### Working in partnership with others

- Staff at the home engaged well with other health and social care professionals to ensure people's health and wellbeing was maintained.
- We saw that referrals to other health services were managed well and appropriately followed up on.