

Londesborough Court Limited

# Londesborough Court Care Home

## Inspection report

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## Ratings

Is the service safe?

Good



## Overall summary

We carried out an unannounced comprehensive inspection of this service on 25 July 2014. A breach of legal requirements was found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breach in respect of the prevention and control of infection.

We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Londesborough Court on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

We found that the registered manager had carried out the improvements that were recorded in their action plan.

Cleaning schedules included all areas of the home and all equipment that required cleaning so there was a record of the cleaning that had been undertaken by domestic staff.

The laundry room had been refurbished and this included the installation of a hand wash basin so that staff had a separate area to wash their hands. Daily checks of the premises were being carried out by the registered manager and audits were being undertaken. These now included a record of the action that had been taken.

New chairs had been ordered that were easier to keep clean and a steam cleaner had been purchased to clean chairs and headboards that were not washable.

We noted that the policy and procedure for the prevention and control of infection needed to be further

# Summary of findings

expanded so that it included all areas recommended in the Department of Health guidance: Code of Practice on the prevention and control of infection and related guidance.

# Summary of findings

## 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 is safe.

Improvements had been made to the systems in place to promote the prevention and control of infection.

Cleaning schedules had been expanded to include all areas of the home and all equipment that required cleaning. They were being used effectively.

The laundry room had been refurbished and new chairs and an electric bath had been ordered.

The policy and procedure for infection prevention and control needed to be further expanded so that it included all areas recommended in the Department of Health guidance.

**Good**



# Londesborough Court Care Home

## Detailed findings

### Background to this inspection

We undertook an unannounced focused inspection of Londesborough Court on 31 March 2015. This inspection was done to check that improvements to meet legal requirements planned by the provider after our July 2014 inspection had been made. The team inspected the service against one of the five questions we ask about services: is the service safe? This is because the service was not meeting some legal requirements.

The inspection was undertaken by an Adult Social Care (ASC) inspector. During our inspection we spoke with the registered manager.

We checked the records in respect of the prevention and control of infection and carried out a tour of the premises to observe safety and cleanliness.

# Is the service safe?

## Our findings

At the last inspection of the service we checked the arrangements in place to protect people from the spread of infection. We checked the cleaning schedules and found that they had not always been followed. In addition to this, they did not include the cleaning of mattresses, hoists, carpets, curtains or pressure care cushions. At this inspection we found that improvements had been made and that people were protected from the spread of infection. These tasks had been included on cleaning schedules; there were lists of the people who had hoists and slings, wheelchairs and walking frames and evidence that this equipment had been cleaned each week.

There was also a communal cleaning audit (checklist) in place that recorded the cleaning of toilets, sinks, floors, handrails, door handles, corridor floors, corridor bannisters, light fittings, pictures, ornaments, window sills, chairs and shelves. We saw that these had been cleaned on a regular basis. In addition to this, there was a daily and weekly task list. Although we saw the cleaning audits were comprehensive, we noted there was nowhere for staff to record comments; the registered manager told us that this would be addressed.

The laundry was located in an outdoor building. At the inspection in July 2014 we were told that commodes were cleaned in the 'soaking' sink that was in the 'dirty' area of the laundry room and we saw there were no separate facilities for staff to wash their hands. At this inspection we saw that a separate hand wash basin had been installed in the laundry room. This enabled staff to wash their hands in a separate area of the laundry room. New flooring had been fitted and the walls had been painted. This made the laundry room easier to keep clean. A schedule for the cleaning of the laundry room had been devised. This included the cleaning of washing machines, sinks, worktops, the floor, windowsills, shelves, door handles, cupboards and the storage room. The schedule included checking that soap, cleaning gel and paper towels were always available. There was a list of cleaning products used and information about the colour coding of cleaning cloths. We saw that colour coded cloths were discussed at the management meeting on 5 March 2015 to ensure that all staff understood the importance of using specific coloured cloths for specific areas of the home.

We saw the colour coded mops and buckets in a dedicated storage area close to the laundry room. Mop heads were bleached after each use. Information about colour coded mops and buckets was now included in the infection control policy.

The laundry room policy and procedure included details of temperatures for washing items, universal infection control precautions such as the 'red bag' laundry system, protective clothing and sharps incidents.

The overall infection control policy for the home still had some omissions, including information about cleaning schedules. The registered manager told us that he would check the Department of Health guidance and ensure that all relevant areas were included in the policy.

At the inspection in July 2014 we saw some of the bathrooms contained toiletries that were being used by more than one person. The communal use of toiletries does not promote good infection control. At this inspection we checked the bathrooms and did not see any communal toiletries. We noted that hand wash gel and paper towels were readily available throughout the home.

At the previous inspection we noted that the bath in the main bathroom upstairs was chipped. This made it difficult for staff to keep the bath clean. At this inspection we saw that the enamel had been 'touched up'. The registered manager told us that this was an interim measure, as a new electric bath had been ordered for this bathroom.

At the last inspection of the service there was a strong odour of urine in one bedroom. At this inspection we noted that the odour remained. The registered manager described the steps that were being taken to try to alleviate this problem and the particular needs of the person who lived in this bedroom. We discussed how different flooring might be one solution. There was an odour in another bedroom and worn flooring in one bedroom; this was discussed with the registered manager.

We noted that the two main toilets downstairs were located directly off the lounge and dining room. This meant that, whenever the toilets had been used, there was the chance that an odour would be noticeable in these areas of the home. The registered manager told us that he had requested more powerful extractor fans to alleviate this

## Is the service safe?

problem. We discussed this with the registered manager and it seemed that a more permanent and satisfactory solution would be for the toilets to be relocated to another area of the home.

The registered manager carried out daily checks of the premises that included checks on cleanliness and the prevention and control of infection. This was recorded on a daily checklist and action plan. We noted that the checklist recorded the washing machine was out of order on 23 February 2015; the action plan recorded that a new washing machine was delivered the same day. On 17 March 2015 the checklist recorded the laundry floor was marked and paint was 'chipping off'; new vinyl flooring was fitted the same day. We saw that the registered manager had recorded the action taken as a result of these checks. On one occasion he had recorded, "Will bring this up in supervisions next week" indicating that the issue would be raised with staff to ensure that their practice improved. However, we saw that some issues had been raised with the registered provider on several occasions but had not been addressed. This included the replacing of vinyl on one person's en-suite toilet floor.

The registered provider had started to carry out unannounced visits to the home and these were recorded on an action planning form. However, an annual audit of infection control as recommended in the Department of Health guidance was still outstanding.

An infection control audit had been carried out by the registered manager in December 2014. The audit recorded that there were still some areas with cobwebs (as found at the inspection in August 2014) and that they were awaiting delivery of new chairs for communal areas of the home.

There was a separate action plan that recorded when issues identified had been actioned and the audit form recorded "When action plan completed and signed off, put into infection control file." One comment that we saw in the general audit folder was "To ask (name) to deep clean profile beds" with a record that this had been completed. The registered manager told us that, in future, infection control audits would be carried out every three months.

The infection control folder included templates for all audits; steam cleaning of rooms and chairs, carpet cleaning, kitchen safety, kitchen cleaning schedule, laundry cleaning audit, communal cleaning audit and wheelchair / walking frame audit. We also saw copies of completed cleaning schedules; there was a separate sheet for each room that recorded daily checks and 'deep' cleans.

At the previous inspection of the home in July 2014 we saw that an armchair in one room was made of washable material but the cover was torn and needed to be replaced. The registered manager told us that this chair had been disposed of. Eighteen washable chairs had been ordered and, when they had been delivered, the fabric chairs were going to be disposed of. Some of the communal areas of the home had cane chairs; the registered manager said that a steam cleaner had been purchased and this task had been added to the cleaning schedules. We saw this on the day of the inspection. New washable headboards had been purchased and non-washable headboards had been added to the cleaning schedule to be steam cleaned. The registered manager told us that there was a domestic assistant on duty each day of the week; this meant that there was someone on duty every day who was responsible for cleaning the premises and the equipment used.