Prime Life Limited

Lowfield House Nursing Home

Inspection report

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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
Lowfield House Nursing Home is a residential care home providing personal and nursing care to 18 people, with complex needs relating to a learning disability, at the time of the inspection. The service can support up to 21 people. The home accommodates people in one adapted building. The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found
People were safeguarded from abuse by appropriate systems and processes. Risks to people were assessed and people's independence was promoted. Staff numbers were assessed according to people's needs. Medicines were administered safely by trained and competent staff. Infection control procedures were evident. Processes were in place to analyse and learn when things go wrong.
People's needs and choices were assessed to support good outcomes for people. Staff appeared knowledgeable and were provided with training. People were supported to eat and drink and maintain a balanced diet. Staff shared information with colleagues and professionals to facilitate the best support for people. People had regular and appropriate access to health professionals. The service had considered people's needs when adapting and decorating the home. Consent to care was sought. 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 views were sought wherever possible and considered within their care plans. People's privacy and dignity were respected.
Care plans were individual and personalised to the needs and preferences of people. Comments, complaints and compliments were used to improve the quality of care. People's end of life wishes were sought and people were supported in their end of life, where applicable.
There was a clear vision for the home and an open culture. There was a governance framework in place which covers all aspects of the service and the care delivered. People, relatives and staff were engaged in the running of the home. There was evidence of continuous improvement by analysing trends, themes and by sharing best practice. The home worked in partnership with the community.
The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was good (published 27 April 2017).

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?

Good

The service remained safe.

Details are in our safe findings below.

Is the service effective?

Good

The service remained effective.

Details are in our effective findings below.

Is the service caring?

Good

The service remained caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service remained responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Lowfield House Nursing 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
The inspection was carried out by one inspector.

Service and service type
Lowfield House Nursing 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 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, including Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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 used all of this information to plan our inspection.

During the inspection
We spoke with one person who used the service. We spoke with four relatives over the telephone on 8 and 11 November 2019 about their experience of the care provided. We spoke with eight members of staff in total including the Associate Regional Director, the registered manager, nurse, care workers and the cook. We spoke with four of the care workers over the telephone on 8 and 11 November 2019.
We reviewed a range of records. This included three people's care records and five people's medication records. We looked at three 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.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data, supervision and appraisal trackers and various other documents to support this report.

Good

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 good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse
• People were supported to understand how to keep safe and to raise concerns should abuse occur. Posters were displayed on the corridor with information about the types of abuse and what to do. This was accessible to people, relatives and staff.
• Staff knew how to recognise abuse and protect people from the risk of abuse.
• A person told us, "My bedroom is my secure place." When we asked a relative if their loved one was safe they said, "[Name of person] gets looked after really well."

Assessing risk, safety monitoring and management
• Risks to people's safety were assessed and action taken to mitigate those risks. Records showed staff considered the least restrictive option when doing so and these were reviewed when anything changed.
• People had a pre-admission risk assessment which identified and recorded all areas of risks to people's safety. This was used to inform the care plans which recorded how to care for people safely.
• Staff were proactive at identifying any new areas of risk, these were assessed and actions taken to support people as independently as possible. A staff member said, "All the care plans are thorough…(we) take positive risks to encourage independence."
• Regular servicing of premises and equipment took place and regular checks were also undertaken to ensure the environment was safe.

Staffing and recruitment
• A person told us, "I've got a buzzer in my bedroom, they (staff) generally come quite quickly."
• People's needs were met in an unhurried manner and staff said staffing levels were good. A staff member said, "(It's) a busy environment to work in, (we're) a strong team we all muck in and work hard to make sure (people) are looked after to best standards."
• Personnel files contained all the necessary pre-employment checks which showed only fit and proper applicants were offered roles. Checks included asking for a pre-employment history, obtaining a criminal history check from the Disclosure and Barring Service and obtaining references.

Using medicines safely
• Medicines were organised and people were receiving their medicines when they should.
• Safe protocols for the receipt, storage, administration and disposal of medicines were followed. Regular checks were undertaken by the deputy manager, who was a qualified nurse.

• Staff administering medicines were trained and received regular training updates. Checks were undertaken by a pharmacist.
• The medicines administration record (MAR) contained all the necessary information for the safe administration of people's medicines. People's allergies were documented and risks to people from these mitigated.

Preventing and controlling infection
• Staff received training on infection control and this was regularly refreshed.
• Staff had good access to personal protective equipment, including disposable gloves and aprons. Staff used these appropriately.
• Cleaning schedules ensured regular cleaning, including deep cleaning of areas, took place and was checked and monitored. The home was clean, tidy and odour-free.

Learning lessons when things go wrong
• Accidents and incidents were recorded and monitored. Each incident was reviewed and actions taken, where appropriate, to mitigate future risks.
• Management reviewed all the accidents and incidents each month and produced an analysis to identify themes and trends.
• Managers encouraged staff to report accidents and incidents, these were dealt with promptly and lessons learnt were discussed during staff meetings. Action plans were produced and used to track these.

Good

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 good. At this inspection this key question remained the same.

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
• Care plans contained very detailed information about people's care and support needs, which includes people's physical, mental and social. A staff member said, "(We have) detailed care plans, everything I need to know."
• Care plans were written developed and written in line with current good practice guidelines.
• Managers were pro-active in ensuring care plans were reviewed regularly and when any changes to people's needs took place, these were tracked and recorded.
• Assessments of people's needs were comprehensive and identified outcomes and how people should be supported to meet those outcomes.

Staff support: induction, training, skills and experience
• People were supported by knowledgeable staff who had ongoing training. All staff received the same training and regular updates.
• Staff were given opportunities to review their individual work and development needs through regular supervisions and appraisals. A staff member said about training and support, "Very good, I asked for medicine training and have got this now, so I'm qualified to administer medicines."
• Staff told us they were well supported by the registered manager and the deputy manager. A staff member said, "Managers are very good, very good at understanding staff welfare, they fit in round you."

Supporting people to eat and drink enough to maintain a balanced diet
• People were encouraged and supported to eat and drink and maintain a healthy diet. People were able to choose what they wanted to eat: staff were patient and unhurried when they offered choice.
• The dining experience was relaxed and pleasant, and people received individual attention from staff.
• The cook was very knowledgeable about people's likes and dislikes and special dietary requirements, including allergies. Clear and up-to-date information about these was clearly displayed in the kitchen and corresponded to people's care plans and risk assessments.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
• The service had clear processes for referring people to other services, where needed. People's records showed communication with health professionals was effective and timely. Advice was documented and

followed. A relative told us, "[Staff are] very good at taking [people] to the GP, for example, if [people] are unwell they'll take on Friday rather than waiting over the weekend."
• The home involved people and their relatives when working with other services. For example, a relative explained how the home had arranged for them to visit their loved one's GP so they could have a better understanding of their loved one's holistic well-being.

Adapting service, design, decoration to meet people's needs
• People were involved in decisions about the premises and environment and individual's preferences and support needs were reflected in adaptations and the environment.
• The home's interior was easily accessible for people whose mobility was restricted and outside spaces supported the use of wheelchairs and had various seating areas. A person told us, "We sit out in the garden and play games or go for a walk in the garden."
• One person had recently had their bedroom re-decorated and the service had arranged for the contractors to work directly with the person's relative.
• Lots of home-made decorations and murals were displayed throughout the home and people were able to show which ones they had made.
• The home had a sensory room with coloured lights, music, and different types of seating which people could use whenever they wanted.

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.
• People's records contained comprehensive examples of how people were supported within MCA requirements and where they involved people in day to day decisions about their care.
• The home followed the requirements in people's DoLS.
• The home considered every aspect of people's support needs and ensured best interest decisions were taken and recorded.
• We observed, and staff told us, how people were supported to have maximum choice and control of their lives and were supported in the least restrictive way possible.

Good

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 good. At this inspection this key question remained the same.

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 and relatives provided consistently positive feedback about staff. Comments included, "Really good, staff are nice", "Staff are very caring and friendly", "Very friendly, very nice staff when we visit", "(Staff) always get me a cup of tea when I visit", and, "[Name of person] is always fussy with staff and they're fussy with [name of person]."
• Staff spoke about people with kindness and compassion. Comments from staff included, "I love them (people) all, they're like extended family to me, all staff are very close and genuinely care about people," and, "It's providing a family for those that don't have it".
• Care plan documentation was developed to ensure people's preferences and diverse needs were met in all areas of their support. Protected characteristics under the Equalities Act 2010 such as age, culture, religion and disability, were recorded or taken into consideration.

Supporting people to express their views and be involved in making decisions about their care
• Where they were able, people told us they had been involved in making decisions about their care and support needs. Relatives and advocates were also involved in people's care plans and reviews. A relative confirmed, "We're invited to reviews."
• Staff supported people to make decisions. One person said, "I've got opportunities to go out. They (staff) do ask me and they do write it down, they make sure I understand and I know what's going on."
• Where people were unable to express their views verbally care plans recorded other ways people may express their views and staff were knowledgeable about these.

Respecting and promoting people's privacy, dignity and independence
• One person told us, "Staff respect my personal space, staff knock and wait for me to say come in."
• People were involved in their medicine administration. For example, one person took a tablet once each week, the nurse asked the person what day it was and what happened on that day and the person was able to respond it was the day for their weekly 'special' tablet.
• Staff preserved people's dignity at all times, for example, wiping people's mouths after they had finished eating and changing their clothing if it was soiled.

Good

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 good. At this inspection this key question remained the same.

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; 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

- Care and support plans were personalised and detailed how people should be supported with each task. A staff member confirmed, "I know where they (care plans) are, I know what everything means, managers always talk new staff through first and then (they) get the opportunity to read the care plans."
- Staff were knowledgeable about people's likes and dislikes.
- People's needs were identified and these included those related to protected equality characteristics. For example, people's religious preferences.
- Activities were varied. Daily notes recorded group activities, such as taking part in arts and crafts, as well as individual activities, such as going out shopping.
- A relative explained how when they telephoned the home the staff took the telephone to their loved one's room so "I can brighten them (person) up".

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.

- People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others.
- People were supported with their communication needs by knowledgeable staff who responded to people individually.

Improving care quality in response to complaints or concerns

- There was an appropriate complaints management system in place and complaints were responded within the provider's policy. There was evidence to show the manager considered improvements as a result of these.
- When people had raised concerns the manager checked they were satisfied with the outcome and records showed they were.
- Relatives told us managers were responsive to any concerns or comments they raised and these were generally put right immediately.

End of life care and support

• People were supported to make decisions about their end of life care, where they were able to do so.
• Care plans recorded relative's involvement in their loved one's end of life care, and considered people's religious preferences.
• One person, who was receiving end of life care at the time of our inspection, had a care plan which reflected their preferences.
• People living at the home were sensitively and well-supported following the recent death of one of their peers.

Good

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 requires improvement. At this inspection this key question has now improved to good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 registered manager was clear about the vision for the home, which was to 'Enjoy life at primelife care homes'.
• People, relatives and staff told us the service was very well-led. Relatives confirmed they knew the manager well. A relative said, "I always feel able to raise things." A staff member said, "I can't say enough positive things about [the registered manager], she's brilliant and does an amazing job."
• The provider had a good understanding of their responsibilities and the registered manager acted according to duty of candour requirements.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
• The registered manager was clear about their responsibilities and those of their staff.
• Robust governance arrangements were in place. A senior manager undertook monthly visits and received a regular report about the service from the registered manager.
• The registered manager had good oversight of the home and undertook regular checks, which were then analysed to consider risks and trends.
• The ratings from the last inspection were clearly displayed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• The registered manager had an open-door policy and people, relatives and staff confirmed this.
• Regular meetings took place for people, relatives and staff. Minutes from meetings with people showed how people had been involved in discussions about menus and activities. Where people were unable to communicate verbally people had been shown various items and their non-verbal responses recorded.
• Regular surveys took place and the results analysed. A 'you said, we did' newsletter for staff had been issued as a result of the last staff survey.
• The service user guide encouraged diversity: 'We pride ourselves on our open-minded and non-judgemental values and we enjoy celebrating people's individuality…and promote your right to celebrate

your ethnicity and culture'.

Continuous learning and improving care
• There were designated staff champions in areas such as dignity and a monthly dignity audit tool recorded areas of best practice and action plans supported these.
• Other audit tools also identified and tracked improvement.
• Staff meetings minutes recorded discussions about planned improvements and encouraged staff involvement.

Working in partnership with others
• Staff worked well as a team, comments from staff included, "Love it, love it (working at Lowfield)", "Perfectly happy, I like working here", and, "We all work together for the same reason, the [people]".
• The home had links with the local community, including the local vicar.
• The registered manager networked with other managers within the provider group.
• The provider group had regular manager support groups and internal management meetings which considered best practice and care legislation.