

Crosscrown Limited

Lilbourne Court Nursing Home

Inspection report

Lilbourne Road
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Rugby
CV23 0BB

Tel: 01788561141

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Lilbourne Court Nursing Home is a care home providing personal and nursing care to up to 36 people. The service provides support to older and younger people living with a variety of conditions such as dementia, a sensory impairment, a physical disability or a mental health condition. At the time of our inspection there were 35 people using the service. Lilbourne Court Nursing Home accommodates people across three separate floors. One of these floors specialises in providing care to people living with dementia.

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

Risks to people's safety were not consistently managed. This included risks associated with skin breakdown and epilepsy. Improvements were required to ensure recommendations from healthcare professionals to mitigate areas of risk were acted upon in a timely way.

People received their medicines as prescribed and overall, medicines were ordered, stored, administered and disposed of safely. However, medicine administration was not always recorded effectively. Improvements were required to the management of covert medicines, and medicines prescribed on a 'when required' basis.

People told us there were not always enough staff to meet their needs and preferences. At times, there was limited staff oversight of the communal spaces to ensure people remained safe. The new manager told us one of their key priorities was to review the staffing numbers to ensure they met the current needs of people living in the home.

Internal systems and processes were in place to check and monitor the quality of care provided. However, these had not always been used effectively. Some checks, in the absence of a registered manager, had not always been completed in line with the providers expectations. Some of the concerns we found, such as the management of risks to people's health had not been identified by the providers own internal audits.

The new manager was open and transparent about areas they had already identified as requiring improvement. An action plan had been created by the new manager to drive forward the required improvements.

Some risks associated with people's health and wellbeing had been identified, and records contained enough information to guide staff on what action to take to mitigate risks associated with areas such as catheter care and moving and handling.

Staff understood their responsibilities to protect people from the risk of abuse. Where people did raise concerns about their safety, action was taken to investigate and respond appropriately. The new manager understood their safeguarding responsibilities and had made appropriate referrals to the local authority as necessary.

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.

The home was clean and tidy. Staff followed good infection control processes.

People and relatives told us the home was well managed and spoke positively about the impact the new manager already had on the home.

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 requires improvement (published 6 March 2020).

Why we inspected

This inspection was prompted by a review of the information we held about this service which indicated improvements had been made since our last inspection. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We have found evidence that the provider still needs to make improvements. Please see the safe and well-led sections of this full report. The overall rating for the service has remained requires improvement following this inspection.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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

Enforcement

We have identified a breach of regulation in relation to good governance at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Lilbourne Court 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 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 and an Expert by Experience completed this 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

Lilbourne Court Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Lilbourne Court Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A new manager had been in post for 6 weeks and was in the process of completing their application to become registered with us.

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 such as Health Watch. 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 the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We made observations of how staff interacted with people. We spoke with 7 people and 4 relatives about their experience of the care and support provided. We spoke with 11 members of staff including the operations director, the new manager, the head of care, a nurse, 4 care assistants, 1 domestic staff member, 2 kitchen staff and the activities co-ordinator.

We reviewed a range of records. This included information contained in 6 people's care records and samples of medicine and daily records. We looked at 2 staff recruitment files and a range of records that related to the management and quality assurance of the service.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risks to people's safety were not consistently managed. Improvements were required to ensure recommendations from healthcare professionals to mitigate areas of risk were acted upon in a timely way. For example, a dietician had recommended nutritional supplements for a person in October 2022 to mitigate the risks of further weight loss. At the time of our inspection, 4 months later, this person's supplements had still not been prescribed and they had continued to lose weight. The new manager took immediate action, and these had been introduced by the second day of our inspection.
- Some people were at high risk of developing sore skin and required staff support to change the position of their body regularly to prevent skin breakdown. Although we found no evidence people had been harmed, people were not always supported to move in line with their care plan which increased the risk of skin breakdown.
- One person had a diagnosis of epilepsy and required a rescue medication to be administered if they experienced a prolonged seizure. However, there were long periods of time where staff were not present in this person's bedroom which posed a risk of seizure activity being undetected. The operations director confirmed there would be an urgent review of this person's care plan following our inspection.
- Other risks associated with people's health and wellbeing had been identified, and records contained enough information to guide staff on what action to take to mitigate risks associated with areas such as catheter care and moving and handling.
- People and relatives told us they were happy with how staff supported them with areas of risk. One person told us, "They make me feel safe when they hoist me. I don't worry about that."
- Staff told us handovers took place between each shift, so they always had up to date information about risks to people and their needs. They told us clinical staff responded immediately if they reported any issues or concerns that might indicate a person's health was deteriorating.

Using medicines safely

- People received their medicines as prescribed and overall, medicines were ordered, stored, administered and disposed of safely. However, medicine administration was not always recorded effectively.
- Some people were prescribed medicines to take 'as and when required' (PRN) to treat short term conditions such as pain or anxiety. Protocols were in place to guide staff on when to administer them to ensure they were being given consistently. However, there was not always evidence of a clear rationale for the administration of some of these medicines. Staff had not completed sufficiently detailed records to show these medicines were always given as a last resort. There was also limited evidence to show whether these medicines had been effective to enable a robust review by clinicians.
- One person had their medicine administered covertly. This is where medicine is hidden so the person does

not know they are taking a medicine. This person's covert medication protocol had not been reviewed for a significant amount of time. The new manager had identified this and was in the process of arranging a thorough review.

Staffing and recruitment

- Staffing numbers did not always meet people's needs. Although we found no evidence people had been harmed, at times there was limited staff oversight of the communal spaces to ensure people remained safe. For example, 9 of the 11 people living on the ground floor required 2 staff members to support them with personal care. When the 2 members of care staff allocated to this floor were assisting people with their personal care, this only left the nurse who covered 2 floors to respond to other people's needs when they may be busy with medical tasks.
- People told us there were not always enough staff. Comments included, "There's not enough staff. Sometimes in the night I can wait up to half an hour. When I need the toilet is the worst", "It takes a while for staff to come when I press my buzzer" and, "They do need more staff in my opinion. Nurses are run off their feet. They are always rushed."
- We received mixed feedback from staff about the numbers of staff in duty. One staff member told us how they found it difficult completing personal care whilst other people had to wait for their breakfast. They continued to tell us, "We think staffing levels should be adjusted. We have 7 staff in the building now, but we definitely need at least 8 to cover breaks and things."
- The new manager told us one of their key priorities was to review the staffing numbers and to implement a new system for answering call bells. They had arranged a meeting with the provider to discuss this after our inspection.
- Staff were recruited safely. Pre employment systems included reference and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Learning lessons when things go wrong

- Records showed staff reported accidents and incidents. These were reviewed and analysed to reduce the risk of re-occurrence and to identify any patterns and trends.

Systems and processes to safeguard people from the risk of abuse

- Staff understood their responsibilities to protect people from the risk of abuse. One staff member told us, "I would report it to whoever was in charge of the shift. If we report it to the manager and they do not do anything about it, we can report it to the CQC and there is another service."
- Overall, people and relatives told us they felt safe with the care provided at Lilbourne Court Nursing Home. Comments included, "The staff are brilliant. I haven't had a single problem with them. I feel very safe" and, "Staff are kind and caring. They make me feel comfortable, they make me feel safe."
- Where people did raise concerns about their safety, action was taken to investigate and respond appropriately. The new manager understood their safeguarding responsibilities and had made appropriate referrals to the local authority as necessary.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests

and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- The service was working within the principles of the MCA and where needed, appropriate legal authorisations were in place to deprive a person of their liberty. One person's DoLS application had been approved, with conditions, shortly before our inspection. The new manager was aware of the conditions related to this approval and was in the process of ensuring these had been met.
- People told us they were able to make their own decisions about how they chose to spend their day and how their care was delivered. One person told us, "The staff respect and listen to us. They don't make decisions on your behalf."

Preventing and controlling infection

- The home was clean and tidy. Staff followed good infection control processes.
- 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.

Visiting in care homes

- There were no visiting restrictions and people could have visitors when they wished.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Internal systems and processes were in place to check and monitor the quality of care provided. However, these had not always been used effectively. Some checks, in the absence of a registered manager, had not always been completed in line with the providers expectations.
- Some of the concerns we found, such as the management of risks to people's health had not been identified by the providers own internal audits.
- Records were not always completed accurately or clearly to demonstrate safe practice and to enable effective monitoring of risks related to people's health to take place. This included records to evidence people at high risk of skin breakdown had been repositioned as required and records to demonstrate PRN medication had been given in line with people's care plan.
- A lack of managerial oversight had also resulted in timely action not always being taken to ensure recommendations from healthcare professionals was always followed.

The provider's oversight and governance systems were not always operated effectively in assessing, monitoring and improving the quality and safety of the service provided. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The new manager, was open and transparent about some areas they had identified as requiring improvement. This included reviewing staffing numbers to ensure people received timely care, improved working relationships with some external healthcare professionals and more training and support for senior staff to improve their understanding of their role and responsibilities.
- An action plan had been created by the new manager to drive forward the required improvements. This included a new clinical governance meeting to ensure risks to people's health were monitored well. The new manager was committed to improving outcomes for people living at the home and had set appropriate timeframes for completion of tasks.
- The provider is required to submit notifications to CQC about significant events that occur in the home. Overall, these had been submitted but we found one significant incident that had not been reported to us in a timely way. The new manager sent this immediately after our inspection.

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

- Although the home had been without a registered manager since August 2022, one of the provider's senior managers had provided managerial oversight until the new manager commenced employment in January 2023. The new manager was in the process of applying to become registered with us, CQC.
- Staff acknowledged the home had been through a challenging time due to changes in management. However, they felt the new manager was competent and clear about their expectations for the safe and effective delivery of care. One staff member told us, "I like [the new manager], she likes everything done in a specific way. I haven't got anything bad to say about them." Another staff member commented, "I haven't known [new manager] that long, but she seems to be on top of things that needed to be done. She is approachable as well which is a good thing if you have got a problem."
- People and relatives told us the home was well managed and spoke positively about the impact the new manager already had on the home. Comments included, "Things really deteriorated when [previous registered manager] left, but now things are starting to drastically improve again. I've seen a massive difference in [person's] care" and, "I think it's well managed. We were quite a long time without a manager but the new one is really nice. If I had any worries or problems, I would say something to them."
- One relative confirmed a positive change to the atmosphere within the home. They told us, "I think some of the love went when they were struggling to recruit managers, but I think it is back here now. One advantage is that the staff are stable. It is genuine care, and the emotions you see when someone passes away. You can see they genuinely care."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their responsibility under the duty of candour. When things had gone wrong, people received an apology and an appropriate investigation was completed.

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

- Overall, staff told us communication from the management team was very good and enabled them to support each other to ensure people's needs were met. However, some staff did not always feel listened to by the management team. One staff member explained, "The carers communicate with each other, but if we do take issues to the management, it does not feel like anything is being done with it."
- The provider sought feedback from people via meetings and their relatives through questionnaires. The new manager had plans in place to re-start regular relatives meeting to ensure they felt involved with the running of the home.

Working in partnership with others

- The provider was open to receiving support and advice from external professionals. The new manager supported the inspection in a positive way and felt supported by the provider and other healthcare professionals to drive forward improvements.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>17 (1) The provider had failed to ensure systems or processes were established and operated effectively to ensure compliance with the regulation</p> <p>17 (2) The provider had failed to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity</p>