

Prime Life Limited

# Lowfield House Nursing Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Inadequate** 

# Summary of findings

## Overall summary

Lowfield House Nursing Home is registered to provide accommodation and care for 21 people. The home is also registered to provide nursing care. They provide care and support to people with complex needs relating to their learning disability.

This service did have a registered manager in place at the time of our inspection. However, we were informed during the inspection of their intention to de-register and step down from their role. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have the legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered provider's quality assurance systems were not effective. They failed to highlight the areas of the service that required improvement and were not used to ensure action was taken to rectify known issues in suitable timescales that were proportionate to the risk. In April 2016 a regional director visited the service and produced a work session record which highlighted a large number of areas that required improvements to be made which had not been identified by the registered provider's quality assurance systems.

Infection prevention and control practices within the service were not safe and did not follow best practice guidance. Soiled linen was stored in communal toilets. Areas of the service had become permeable and could no longer be cleaned effectively. We found a foot operated bin in a communal bathroom and a bath hoist that had developed rust and a communal toilet that did not have liquid soap or paper towels. This increased the possibility of cross contamination and put the people who used the service at risk.

Staff did not receive appropriate levels of individual supervision on a one to one basis or annual appraisals in line with the registered provider's policies and procedures. Staff told us they did not feel supported in their roles and we saw that opportunities for their personal development were missed. Not all staff had completed training in relation to supporting people with learning difficulties.

Staff were not deployed in suitable numbers to meet the needs of the people who used the service. Staffing levels had an impact on people's meal time experiences and the infection control practices within the service. When people were taken on social activities the staffing levels in the service were inadequate as only two care staff were left to support up to 17 people with high needs.

We observed the caring and supportive relationships developed between staff and the people who used the service and noted that people were treated with dignity and respect. However, we found that actions taken by the management of the service failed to ensure people's dignity was promoted. We saw that in two people's rooms chains and locks were attached to their wardrobes, the registered manager told us that they were no longer required and should have been removed but were overlooked. Action was taken to address our concerns during the inspection.

Each person had a range of care plans in place to meet their individual needs. People, their relatives or appointed people were invited to contribute to the initial and on-going development of their care.

Staff had completed a range of training including care planning, dignity in care, fire safety, infection control, the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards, safeguarding and health and safety.

People were supported to eat and drink sufficient amounts to meet their needs. Specific dietary requirements were catered for and when concerns with people's food and fluid intake were highlighted relevant professionals were contacted for their advice and guidance.

The registered provider's complaints policy was available in an appropriate format to ensure it was accessible to the people who used the service. We saw that the policy was displayed within the service and any complaints that were received were responded to appropriately.

The Care Quality Commission had been informed of accidents, incidents and other notifiable events as required.

People were protected from abuse and avoidable harm by staff who understood their responsibility to report any concerns they became aware of.

Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded. You can see what action we told the provider to take at the back of the full version of the report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not safe. Staff were not deployed in suitable numbers to meet the needs of the people who used the service.

People were not cared for in a clean and hygienic environment. Safe infection control practices were not followed and this increased the risk of infection or cross contamination.

Staff had completed training regarding the protection of vulnerable adults and understood the need to report any abuse or poor care they became aware of.

People received their medicines as prescribed.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective. Staff did not receive effective or consistent support, supervision and mentoring.

People were supported to make their choices and decisions in their daily lives. When people were assessed as lacking capacity to make certain decisions, action was taken in line with the principals of the Mental Capacity Act 2005.

People were supported to eat and drink sufficiently and when concerns with their dietary intake were highlighted relevant professionals were contacted for their advice and guidance.

### Is the service caring?

**Good** ●

The service was caring. Staff treated people with dignity and respect during their interactions. We highlighted some areas of concern regarding people's dignity which were rectified during our inspection.

It was clear that staff had developed caring and supportive relationships with the people who used the service.

Confidential information was stored appropriately and handled sensitively.

### Is the service responsive?

**Good** ●

The service was responsive. People received care designed to meet their individual needs. Care plans were updated when people's needs changed or developed.

The registered provider had a complaints policy in place that was available in a suitable format to ensure it was accessible to the people who used the service.

**Is the service well-led?**

**Inadequate** 

The service was not well-led. The governance systems operated by the registered provider failed to highlight the shortfalls within the service.

Actions were not taken to manage known risks and the quality assurance systems did not ensure the continuous development of the service.

Staff told us there was not an open culture within the service and their views were not taken into account or valued.

Notifications were submitted to the Care Quality Commission as required.

# Lowfield House Nursing Home

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 13 and 16 May 2016 and was unannounced. The inspection was completed by an adult social care inspector.

Before the inspection, we asked the registered provider to complete a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We received this information within the required timescale. We looked at the information we held regarding the service and the information the service had notified us of.

At the time of our inspection visit there were 21 people living at the service. We used a number of different methods to help us understand the experiences of the people who used the service. We used the Short Observational Framework for Inspection (SOFI) in the lounge and dining areas. SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

We spoke with three people who used the service. We spoke with the registered manager, the supporting registered manager, two regional directors, a nurse, three care workers, the cook, a member of the domestic team and registered provider's estates manager.

We looked at four people's care records and a number of medication administration records. We looked at how the service used the Mental Capacity Act 2005 to ensure that when people were assessed as lacking capacity to make their own decisions; meetings were held in order to make important decisions in their best

interests.

We looked at a selection of documents relating to the management and running of the service. These included rotas, minutes of meetings, five staff recruitment files, staff training records, quality assurance audits and maintenance records.

We completed a tour of the premises to assess the cleanliness and infection control practices within the service.

# Is the service safe?

## Our findings

When we asked people if they felt safe living at the service we were told, "I'm safer here than I was at the last home", "I feel safe" and Yes, I am safe here."

We found that people were not supported by suitable amounts of staff. We were told that the 21 people who used the service were supported by five members of staff which included the registered manager or the nurse on shift. A member of staff said, "The staffing levels aren't right, we used to have 17 people and five staff and now we have 21 and five staff, how does that work?"

The registered manager told us, "We had three people who had one to one hours funded [by the local authority] but two of them passed away and one is moving out today. I used to use the one to one hours to support everyone and supplement the staff, since we lost those hours it has been really difficult" and "I haven't ever used the one to one time in the way they were allocated because we just don't have enough staff." The registered manager also told us that due to the shortage of staff they had advised staff to store soiled laundry in the downstairs toilet [until it could be taken to the laundry room later in the day] to save time and had used the domestic staff to support people to have their breakfasts at a reasonable time. This demonstrated that the staffing levels had a clear impact on the infection control practices within the service.

We observed the lunchtime experience and saw that the dining room had limited space, which meant it would be difficult to have everyone who used the service eating together. We were told by the supporting registered manager that lunch was served at 12.30pm and saw meals were provided to some people just after then. Other people had still not eaten at 1.20pm. We saw that numerous people required the assistance of staff to eat their meals, which meant other people, had to wait until staff were available to support them. This demonstrated that the staffing levels had a clear impact on when people could eat their meals.

We saw records that showed people who used the service were regularly taken out in the service's mini bus. A member of staff we spoke with said, "The mini bus can only take one wheelchair so that limits who can go out, it's usually two other people as well but they need to have good road sense and staff need to know they won't just wander off, so it's usually the same people who go out." We were told that two staff supported people whilst out on the trips, which left 17 people to be supported by two members of care staff and the nurse in charge or the registered manager. The registered manager explained, "It is so hard sometimes, if I am doing a stock check or an audit or giving medication there is only two staff and quite a few people need two staff support them with personal care which means lots of people are not supervised." At least 13 people who used the service required two staff to support them with personal care, which would have meant when this occurred the other people who used the service would have to wait extended periods for support and be unsupervised. A member of staff told us, "When people go out on the mini bus it's a real struggle, we are left with two staff and people do have to wait [for care and support]."

The registered manager told us, "Two people with very complex needs moved in, one in April 2015 and one in April 2016. They were both challenging and disrupted the atmosphere in the home. The staffing levels



were not increased; they are the same as they were before they moved in. We really don't have enough staff to deliver the kind of care we all want to deliver."

The above information demonstrated a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, staffing. The action we have asked the registered provider to take can be found at the end of this report.

We completed a tour of the premises to check the general maintenance, cleanliness and infection control practices. We found soiled laundry stored in a red bag in a communal toilet. Red bags are designed to release soiled and infectious laundry into the washing machine during a wash cycle and are used to reduce the possibility of spreading healthcare related infections throughout the service. We also found a red bag containing soiled laundry in a washing machine with the door left open. The registered manager told us, "I was told by a director that this home was too small to get the linen trolleys so the staff just carry the red bags and store them in the toilet until they have time to put them in the wash." This practice regarding the storage and transportation of soiled items increased the risk of cross contamination and posed a risk to the people who used the service.

In a downstairs bathroom we found that the bath hoist was rusting which prevented it from being cleaned effectively, the floor was worn in numerous areas, paint was flaking from the walls and there was a hole behind the door where the plaster had been broken. A second communal bathroom had a metal foot pedal bin, which was rusting and a communal toilet had no liquid soap or paper towels. One person who used the service had specific needs around their toileting and the failure to ensure facilities were able to wash their hands severely increased the risk to this person.

We found the vanity areas which included sinks and mirrors in nine bedrooms required maintenance as they had permeable surfaces, peeling or missing sealant or rusting pipes or plug units. This meant they could no longer be cleaned effectively.

We saw that a Legionella risk assessment had been completed by an external company in November 2015. We asked the registered provider estates manager if the immediate actions highlighted in the report had been actioned and were told that not all of them had been completed. The estates manager informed us that the report been received in February 2016, which demonstrated that the registered provider had failed to ensure action was taken in a reasonable timescale regarding this known risk.

The above information demonstrated a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, safe care and treatment. The action we have asked the registered provider to take can be found at the end of this report.

The registered provider had developed a business continuity plan that covered a range of emergency situations including fire, flood and loss of essential services such as water and electricity. Personal emergency evacuation plans (PEEP) were in place but we found they required further work to ensure their effectiveness. One peep stated, 'from zone one, cut across zone two into zone three'. Without a detailed knowledge of the service and the specified zones the PEEP would have been difficult to follow. The regional director told us, "We need to make them simpler so they can be understood by everyone."

We reviewed the recruitment practices within the service and found that staff were recruited safely. Before prospective staff were offered a role with the service relevant checks were completed. This included a face to face interview, the return of two satisfactory references and a Disclosure and Barring Service (DBS) check. The DBS carry out a criminal record checks on individuals who intend to work with vulnerable adults, to help

employers make safer recruitment decisions.

During the inspection we observed part of a medicines round and saw that people received their medicines as prescribed. Medicines were stored in a dedicated medicines room which included a controlled drugs cabinet and a medication fridge. Medication Administration Records (MARs) were used and the ones we saw had been completed accurately without omission. Protocols were in place regarding the use of 'as required' medication which clearly described when they should be administered. We reviewed the service's controlled drug book and found that on two occasions only one member had signed when a controlled drug had been administered, this error had not been highlighted in the medications audits.

We saw that the fridge and medicines room temperatures were recorded on a daily basis. Some of the medicines stored in the medicines room were required, in line with the manufactures guidance to be stored below 25 degrees. Prior to the inspection a recording had been made of 24.9 degrees, we mentioned our concerns to the registered manager who told us that they would look into what actions could be taken to ensure the temperature in the room remained appropriate.

We saw that staff had completed safeguarding of vulnerable adults training and during discussions staff described the signs and symptoms that may indicate someone was suffering from abuse and confirmed they were aware of the responsibilities to report any abuse of poor care they became aware of. One member of staff said, "I would report anything straight away, I have worked here for years and would hate to think anything like that happened here."

We noted that an easy read/pictorial 'say no to abuse' poster and the registered provider's whistle blower hotline number were displayed within the service. This helped to ensure people who used the service were protected from abuse and avoidable and that staff knew they could raise concerns confidentially.

## Is the service effective?

### Our findings

A person who used the service told us, "I think the staff are great, I am happy with them" and "They are very good with me."

People who used the service received care from staff who were not supported to carry out their roles effectively. The records we saw showed that staff had not received appropriate or consistent one to one support or annual appraisals. Staff had completed a number of 60 second learning 'supervisions' which focused on specific areas of care delivery such as behaviours that challenge the service, assistive eating, reporting injuries, care planning, dignity, The Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. 60 second learning consists of staff reading fact sheets and producing a short piece of writing regarding their knowledge of the subject or signing to show they understand the topic. A member of staff told us, "They [the 60 second learning] are a waste of time; we are given a sheet and sign it, that is pretty much it." The registered manager admitted, "The 60 second learning is not really a supervision even though we are supposed to count them as one, they don't support the staff in any way, they just tick a box."

Staff did not receive annual appraisals. We saw that staff were asked to complete a yearly appraisal form, which required them to rate the attitude, ability and attendance. However, the registered manager told us, "When they [staff] fill in the AAA (Attitude Ability and Attendance) form if they don't ask to discuss anything then filling in that form is all we do." Annual appraisals are used to review a staff performance and identify any areas that could be improved on as well as looking at the person's aspirations and future training needs. Failing to provide staff with appropriate levels of support can lead to opportunities for their development being missed and lead to feeling undervalued.

A member of staff told us, "We used to have team meetings, but we haven't had them for a few years now" and "I can't remember the last time I had a supervision." A second member of staff commented, "We don't have team meetings, one to one's or annual appraisals." We saw that one supervision meeting had been conducted but it was used to record poor performance not as a tool to develop their skills and abilities. The supporting registered manager told us, "There is evidence that staff have been supervised. The quality could improve and some of it is 60 second learning, which is obviously short and may not be what staff need."

We reviewed the service's training records and saw that staff had completed a range of training including care planning, dignity in care, fire safety, infection control, the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards, safeguarding and health and safety. The records showed that only 70% of permanent staff had completed a learning disabilities awareness course. However, the regional director told us they considered learning disabilities training to be mandatory for staff who worked at the service. Lowfield House Nursing Home provides care and support to people with complex needs relating to the learning disabilities and this deficit in knowledge and skill could have an adverse effect on the level of support staff could deliver. We discussed our concern with the registered manager who told us, "I am a mental health nurse so thought that I could direct the staff and lead by example. I do recognise that completing actual training would have been better."

The above information demonstrated a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, staffing. The action we have asked the registered provider to take can be found at the end of this report.

Staff did not always have the skills and knowledge to communicate with people effectively. A member of staff told us, "Some people know how to use Makaton, we [the staff] don't all know how to use it, we know some of the basic signs but not a lot really." A second member of staff said, "They [the people who use the service that know how to use Makaton] don't use it that often but I guess if we knew they might use it more." The supporting registered manager told us, "A lady who lives here taught me Makaton, it's a shame the staff don't know how to do it but there is a booklet in the office they could use" and went on to say, "I will speak to our quality matters team to look at rolling it [Makaton training] out."

On the first day of our inspection we saw that a number of people were completing an activity in the dining room prior to lunch. No changes were made to the dining room before lunch was served such as the addition of table cloths, condiments or cutlery. The options for meals were not displayed within the service in written or pictorial form. We discussed this with the supporting registered manager and noted on the second day of the inspection the options were written on the white board in the dining room, tables were set and the atmosphere was inviting and inclusive. The supporting manager told us, "I will source or make picture menus so everyone can see what options they have. We have got table cloths and will look at what else we can do." We also saw staff taking plated meals to people to enable them to choose which one they wanted.

People were supported to eat and drink sufficiently; any individual dietary requirements were catered for such as those who required pureed and soft diets. People's weights were monitored and referrals were made to relevant professionals such as dieticians and Speech and Language Therapists (SaLT) when concerns regarding their weight were recorded. We found evidence in people's care plans and 'professional visits' forms that they were supported by relevant healthcare professionals such as specialist nurses, psychiatrists, chiropodists, GP's and dentists.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw the registered provider was working within the principles of the MCA and DoLS. At the time of the inspection there were seven DoLS authorisations in place and the service.

Throughout the inspection we heard and saw staff gaining people's consent before they provided care and support. One member of staff told us, "It isn't always easy because some people communication is really limited. I just explain what I am going to do and then you can tell by their reaction if they don't want to do something." Another member of staff said, "We try and involve people's families in decisions when we can and use advocates as well."

## Is the service caring?

### Our findings

People who used the service told us they were supported by caring staff. One person said, "The staff are very considerate." Another person told us, "They [the staff] are very kind." Another person commented, "The staff are lovely they would do anything for us." We were also told, "I like them, they are nice."

We saw that when care and support was provided to people it was done with kindness and compassion. We saw an episode of care where a member of staff supported someone to eat their lunch. The staff member's attention remained focused on the individual throughout the support and they showed patience and consideration throughout. We observed part of a medicines round and noted that interactions between the member of staff and the people who used the service were familiar and caring. The staff member took the time to ask people how they were feeling and enquired about people's interest and families or friends.

During our discussions with staff it was clear that they knew the people they were supporting including their preferences, likes, dislikes, hobbies and interests. A member of staff told us, "Everyone is different aren't they? What suits one person doesn't suit another so we care for people in the way that suits them." Another member of staff said, "There is information in people's care plans but we see them every day so you get to know people don't you" and "Just because they like something it doesn't mean they want to do it every day."

We heard staff speaking to people in a caring way and observed them kneeling to be on people's eye level when they spoke to them as well as using physical contact to reassure and comfort people when required. Staff engaged people in conversations about the hobbies, interests and families. It was clear that supportive relationships had been developed by the staff and the people they supported.

Staff understood the importance of treating people with dignity and respect during their interactions and described the different ways they would do this such as knocking on people's door before entering their rooms, covering people and closing curtains when delivering personal care as well as listening to people and helping them make choices in their daily lives. However, we found that some practices failed to ensure people's dignity was considered or promoted. During our tour of the service on the first day of the inspection we saw that some people's wardrobes and chest of drawers had chains and locks attached. We were told by the registered manager that people had historically taken their cloths out of the wardrobes and thrown them on the floor which presented a trip hazard. We asked why the chains were still present if they were no longer used and were informed that it must have been overlooked. They had been removed by the second day of the inspection.

The availability and support of advocacy support was promoted within the service. Records showed that advocates had been used to support people when complex decisions regarding their care and treatment needed to be made. The registered manager told us, "We use the same advocate whenever we can; they have been supporting people for years so know them and the service really well."

Staff understood the importance of treating people's private and confidential information sensitively. The

registered provider had a confidentiality policy in place which staff could refer to as required. Records were stored in a locked office and information stored on IT systems was password protected and restricted to ensure they were only viewed by appropriately authorised people.

## Is the service responsive?

### Our findings

Records showed people and their relatives or appointed persons were involved and contributed during their reviews. Initial assessments were carried out before people were offered a place within the service and the assessments or reviews were then used to develop a number of individual and personalised care plans. The care plans we saw were person centred and incorporated the person's abilities as well as highlighting the need to promote people's independence.

People care files included information regarding their likes, dislikes, preferences for how care and support should be delivered as well as their hobbies and interests. This helped ensure staff knew the people they were supporting and could talk to them about things that were meaningful to them.

Care plans had been developed for a number of areas including, eating and drinking, medication, personal care, mental health needs and mobility. We found that some people's care plans contained detailed instructions for staff to follow which ensured they had their care and support needs met in line with their preferences. We did see that one person's care plans did not provide relevant information and adequate guidance to enable staff to support people effectively. The care plan stated they displayed disinhibited behaviours but failed to include how this should be managed. We discussed this with the registered manager who told us, "There should be more information there, I have had discussions with the staff about what to do; it should be recorded."

People were encouraged to maintain contact with their families and other important people in their lives. During the inspection we heard one person discussing a family member's upcoming birthday and they were asked if they wanted to be taken to buy them a card. Another person told us, "My sister comes to see me; I love it when she visits."

People were supported to maintain their independence whenever possible. Staff described how they would encourage people to remain independent. One member of staff explained, "Everyone can do certain things for themselves, when I'm giving personal care I let people do what they can themselves, even if that is just washing their hands or faces." A second member of staff commented, "I help people choose what they want to wear" and "give them choices about where they want to eat, where they want to sit and what activities they fancy doing. The more we just do for them the less they can do for themselves."

Reasonable adjustments had been made within the service to enable people to maintain their independence where possible. There were several sloped areas and no stairs (except the main stair well) so that people who used wheelchairs could freely move around the service. There was a passenger lift, moving and transferring equipment such as bath hoists, shower trolleys and grab rails. Some people were provided with beakers and plate guards so they required minimal support from staff when eating or drinking.

The registered provider had a complaints policy in that provided information regarding how complaints would be handled and the acknowledgement and response times a complainant should expect. An easy read/pictorial version of the report was available which, made it more accessible to the people who used

the service. The easy read/pictorial version was displayed in a prominent place with the service and was clearly visible.

We saw evidence to confirm that when complaints were received they were responded to in line with the registered provider's policy. The registered manager told us, "They staff ask people if they want to raise concerns and check they are happy with the care" and "We don't really get complaints."



## Is the service well-led?

### Our findings

Staff told us they did not feel supported or enabled to raise concerns or influence the management of the service. A member of staff said, "The [registered] manager is not very approachable, [Name of the registered manager] is quite hard to talk to." Another member of staff told us, "I haven't ever really felt supported by the manager. I have tried to suggest things in the past but basically got ignored" The registered manager admitted, "I can understand some of the staff comments, my attitude has not been good for the last six months" and "I have known for some time that I am not the person to push this home forward." The registered manager also told us they were not supported in their role, they said, "Things were done so informally; during some meetings I would smoke outside and chat with the director then they would type that up and call it my supervision."

We found that quality assurance and governance systems were inadequate and lacked the ability to ensure the continuous development of the service. We completed a tour of the premises to check the general maintenance, cleanliness and infection control practices. We found numerous areas of the service that required maintenance work and observed poor infection control practices. We saw that internal infection prevention and control audits had been completed twice in December 2015 and in January, February, March and May 2016. Every audit scored the same, 96.25%. We reviewed 'work session records' which recorded visits to the service from the registered provider, the records did not identify infection control issues, equipment that required maintenance work or replacing or improvements required to the premises.

In contrast to the audit scores, we were provided with an internal property and facilities audit that had been completed in March 2016. From the audit a programme of works had been created, which identified numerous areas within the service that required updating or replacing. The registered provider had concluded that the costings would be in excess of £11,500 and included items such as an extensive programme of redecoration, new flooring, replacement window panes, new doors, new furniture and new curtains and blinds. Items such as profiling beds, hoists, stand aids, scales and lockable trolleys were also to be purchased. However, at the time of our inspection little progress had been made regarding the programme of works. The large amount of improvements identified in the property and facilities audit highlighted the ineffectiveness of the infection control audits and the 'work session records' to identify areas of the service and equipment that required replacing or maintenance work to be carried out.

We looked at a Legionella risk assessment that had been completed by an external company which was dated November 2015. We saw that numerous action points had been raised and asked the estates manager if any actions still required completion. They told us, "My team reviewed the report yesterday; some of the things were sorted straight away as one of my team is there when the tests are done. There are still immediate actions that need work but they are all interlinked and it's all to do with water pressure." We were also told that the report had not been received by the registered provider until February. This meant that the immediate actions had not been addressed and still required action to be taken three months after the registered provider had been notified of the concerns.

During our tour of the service we noted that numerous portable appliances tests were out of date. This

indicated that they had not been tested in the required timescales to ensure they were safe to use. The registered provider's estates manager explained, "Obviously they don't need doing every year but they should be done whenever the sticker states the next re-test date. They are a little overdue; I will make sure that [the testing] gets booked in."

We found that the extractor fans did not work in two of the three en-suite bathrooms within the service. We highlighted this to the registered manager who was unaware of the issue. The registered manager said, "I haven't ever checked them, it's not something I would have thought about." They assured us they would contact the estates manager to have the problem rectified.

There was a note attached to a radiator in a hallway that had been written in 2014, the note stated that the radiator should not be turned up past one because if it was, it stopped the radiators working in two people's bedrooms. We were told by the estates manager that the note should have been removed as remedial work had been undertaken and the issues with the heating system had been rectified. However, the registered manager told us that the recorded information was still accurate and if the hallway radiator was used the radiators in two bedrooms automatically turned off. This showed that action was not taken in a timely way to resolve known issues.

The registered provider's risk matrix completed in February 2016 stated, 'All core components of the learning profile are completed by 75% of permanent staff'. However, the regional director told us they considered learning disability awareness training to be a core component of the learning profile in a service that provided care to people with learning disabilities and the training records showed that only 70% of staff had completed this training. The 'current risk score' regarding 'learning and development' on the registered provider's risk matrix was rated as one which signified a low risk and meant no action would be taken to ensure staff had the necessary skills and knowledge to support people effectively.

The registered provider's risk matrix completed in February 2016 also stated, 'Minimum of six supervisions sessions to be provided with a 12 month period with at least one session to be dedicated to annual appraisal. The 'current risk score' regarding 'learning and development' on the risk matrix was rated as one which signified a low risk. We found evidence that highlighted the lack of supervision and appraisals that occurred within the service which evidenced that inability of the registered provider's risk tool to provide an accurate picture of what was occurring within the service and drive improvement when required.

The registered manager told us, "I would have to say I don't think our governance systems are the best." They also said, "None of my audits go anywhere, no one checks them, no one looks to make sure they are done properly or what I need support with." The regional director told us that they would review the audits for their services but as they had only recently taken on the oversight responsibilities for this service they were unaware of who reviewed the audits.

After the inspection a regional director sent an 'ongoing action plan for Lowfield House' to the Care Quality Commission. The action plan highlighted the areas that would be addressed which included, 'the management support, infection control, behaviour management plans, audits, staffing, learning and development, supervision and appraisals, service user stimulation, inclusion and occupation, staff meetings, care planning and treating people with dignity and respect.'

It is positive that an action plan had been developed to improve the service. However, the fact that such a comprehensive and wide ranging plan was required shows the number of areas requiring improvement within the service. These were not assessed or detected by any of the internal audits until property and facilities audit in March 2016.

The above information demonstrated a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, good governance. We are currently considering our regulatory response to this breach and will report on any action once it is completed.

One of the regional directors told us, "The registered manager is stepping down [from the post as registered manager] and we have developed a preliminary plan for the remedial work that is required to bring this place to where it needs to be. [Name of the supporting registered manager] will oversee this service and we will ensure her registration [with the Care Quality Commission] is updated. The supporting registered manager told us, "I used to manage the service so know everyone who lives here and the staff team."

After the inspection was concluded we received an action plan from one of the registered provider's regional directors, which highlighted the actions that would be taken in relation to the management support, infection control, behaviour management plans, audits, staffing, learning and development, supervision and appraisals, service user stimulation, inclusion and occupation, staff meetings, care planning and dignity and respect.

Their registered manager was aware of and had fulfilled their obligation to inform the Care Quality Commission of accidents, incidents and other notifiable incidents that occurred within the service. We were able to ascertain that the records held in the service corresponded with the information we had received.

People who used the service had completed questionnaires that had been provided in a suitable format to meet their needs. We saw that their responses had been collated to ensure any identified areas of concern could be rectified.

We found that staff were not actively involved in developing the service. Records provided showed that only three team meetings occurred in 2015 and only one had taken place in 2016, which had four attendees. The minutes of the meeting were not displayed within the service so those who did not attend could read them and staff were not asked to sign to say they had read the minutes and were aware of the discussions that took place.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	People who used the service received care and support in an environment that could no longer be cleaned effectively and posed a cross contamination risk.
Treatment of disease, disorder or injury	Infection control practices within the service did not follow best practice guidance and increased the risks to the people who used the service.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Diagnostic and screening procedures	People who used the service were not supported by suitable numbers of adequately trained staff.
Treatment of disease, disorder or injury	Staff did not receive effective and consistent levels of supervision and appraisal.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	The governance systems used in the service failed to highlights areas of concern found during the inspection. Known areas of concerns were not acted upon in a timely way.
Treatment of disease, disorder or injury	

### **The enforcement action we took:**

We issued a warning notice for this breach which included a timescale that the registered provider must have achieved compliance by.