

Far Fillimore Care Homes Ltd

Littleover Nursing Home

Inspection report

149 Stenson Road
Derby
Derbyshire
DE23 1JJ

Tel: 01332760140
Website: www.littleovernursinghome.co.uk

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09 December 2020

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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

Littleover Nursing Home accommodates 40 people, providing long-term, respite care and palliative care. The home is over two floors, with bedrooms on both floors. There were 25 people living at the service at the time of our inspection visit. Littleover Nursing Home is situated in a residential area in the Littleover area of Derby.

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

People were not always protected against the spread of infection. Staff were not always following infection control policies and procedures. Governance arrangements did not provide assurance that the service was consistently well-led.

People were not always protected from risks; individual risks associated with people's needs were not always assessed and planned for.

Staffing levels were not always adequate. Relatives and staff told us the staffing levels were not always sufficient. The staff rota confirmed staffing levels identified by the provider as required had not been sufficiently maintained and put people at potential risk of harm.

Recruitment practices in place showed appropriate checks were completed before staff commenced employment.

People told us they liked the staff and felt safe with them and were happy at the service. Relatives told us they had been able to visit their family members during the lockdown.

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 29 May 2019).

Why we inspected

We received concerns in relation to staffing levels and the overall management of the home. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. The ratings from the previous comprehensive inspection for those key questions, not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Good to Requires Improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

We discussed the shortfalls in regulation with the provider and they took immediate action to mitigate the risks identified.

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 ●

Littleover 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.

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

The team comprised of two inspectors on site and one inspector off site. An assistant inspector also made telephone calls to staff and people's relatives off-site on 9 December 2020.

Service and service type

Littleover Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 did not have a manager registered with the Care Quality Commission at the time of the inspection. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided. A manager was in post and was overseeing the management of the home and had submitted an application to register with CQC.

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 clinical commissioning group and local authority who commission people's care at the service. We

used this information to inform our inspection.

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.

During the inspection

We spoke with six people who used the service, one person's family member and nine members of staff. This included a nurse, deputy manager, care staff, administrator and activity coordinator. We also spoke with the manager. Complaints, incidents and accidents and audits were reviewed and checks on health and safety were completed. We reviewed a range of records. This included four people's care records and their medication records. We looked at seven staff files in relation to recruitment and training.

After the inspection

We spoke with four people's family members via telephone on 9 December 2020 about their experience of the care provided. We continued to seek clarification from the manager and provider to validate evidence found, which included staffing levels and medicines information. We also reviewed a variety of records relating to the management of the service, including policies and procedures.



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 now deteriorated to 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.

Preventing and controlling infection

- People were not always protected from the risk of infection. Staff did not always wear appropriate personal protective equipment (PPE) including suitable masks. For example, we saw some staff were wearing their own fabric masks and some staff were not wearing their masks properly exposing their nose or mouth. This put people at greater risk of infection transmission.
- Infection control best practice was not consistently followed and put people at risk. The removal of PPE was not done in line with current donning and doffing guidance. A staff member had long painted nails. This increased the risk of infection and cross contamination.
- The provider's infection prevention and control (IPC) policy was not consistently followed. The policy covered self-isolation and stated, 'isolation rooms will be identified with appropriate signage.' However, we found there was no signage of this nature in place during the inspection site visit.
- There were no cases of COVID - 19 at the home. four people were awaiting test results and isolating in their bedrooms. However, three of these individuals' bedroom doors were open. This increased the risk of possible infection transmission.
- Staff had not received training in Covid-19 and the use of PPE including donning and doffing. This is an important procedure about how to put on and remove PPE safely to reduce the risk of infection transmission. This put people at increased risk of infection.
- We discussed these issues with manager and provider who agreed to take immediate action. For example, staff were required to wear fluid repellent masks and IPC training was arranged for all staff.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- Relatives raised concerns about staffing levels. The majority of relatives told us there was high staff turnover and more staff were required at the weekend. A relative said, "I don't really know what's going on, there is a high turnover of staff. I think they have a problem with staffing at weekends."
- Staffing levels were not based on the individual care needs of people. The manager told us they did not complete a dependency tool to assist them to plan staffing levels. They told us the provider based staffing levels on five to six people per member of care staff. This increased the risk of people not having their individual care needs met safely.
- The staff rota confirmed staffing levels were not consistently maintained at the level the provider had identified as required. For example, four care staff were required for an afternoon shift. However, the staff rota showed between September and November 2020 staffing levels frequently reduced to three. This put

people at risk of receiving unsafe care.

- Staffing levels and staff skill mix impacted on people receiving their prescribed medicines in a timely manner. During the inspection we observed the morning medicines round was still taking place at 11.45am. One nurse was responsible to complete the medicines round.
- We discussed this with the manager and provider. They told us they had already identified this as an issue and explained the action they were taking to make improvements. They also confirmed staffing levels had been reviewed for the next four weeks and arrangements were in place to cover any short notice staff absenteeism. At the time of writing up the report the manager confirmed two care staff had been recruited and were undergoing pre-employment checks.
- Pre-employment checks had been completed before staff commenced employment with the provider, which included enhanced Disclosure and Barring Service check (DBS). This enabled the provider to determine staff suitability to support people.

Using medicines safely

- Best practice guidance in the management of medicines was not consistently followed. Where a medication administration record (MAR) had been handwritten, prescribing details were missing and the MAR had not been signed by a second staff member to ensure the information had been transferred across accurately. This put the person at risk of not receiving their correct prescribed medicines.
- Protocols for as required medicines, known as PRN medicines, were in place. These ensured PRN medicines were given in a safe way and when needed.
- Medicines were stored safely and administered by trained staff.

Assessing risk, safety monitoring and management

- Risks assessments were in place for most areas of support people required. However, we found that in some areas of care, only a care plan was in place. For example, one person was at nutritional risk there was no risk assessment in place. A lack of risk assessment may have impacted on staff taking the required action to mitigate known risks.
- Discussions with staff and observation of staff supporting people demonstrated they knew people well and were aware of people's individual needs. The manager stated they was aware risk assessments lacked detail and action was being taken to improve them.
- The provider had not completed COVID - 19 risk assessments for staff in high risk groups. This meant the provider had not assessed staff health conditions and put in measures to minimise the risk of the virus.
- The personal evacuation plans (PEEPS) folder did not contain four people's PEEPS. These provide staff with information on the level of support people required, if they needed to evacuate the building in an emergency. We shared this concern with to the manager who agreed to address this.

Systems and processes to safeguard people from the risk of abuse

- Relatives told us they thought their family members were safe. One person told us they were very happy with their care and that staff were nice and always checking on them.
- People were supported by staff who understood how to keep them safe from harm or abuse. Staff had received training in safeguarding to support them in recognising signs that a person may be at risk of harm or abuse.

Learning lessons when things go wrong

- Accidents and incidents were reviewed and monitored to identify any themes. Action was taken to minimise the risk of reoccurrence.

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 good. At this inspection this key question has now deteriorated to 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

- The provider's quality assurance systems were not always effective as they had not picked up all the issues identified during this inspection.
- Systems to identify the level of staffing required did not fully consider people's needs. This did not ensure the delivery of safe and effective care. Management confirmed going forward they will be using a dependency tool to support them with planning staffing levels.
- Records were not always complete to ensure equipment was checked and in good working order. For example, we were told water flushes were undertaken in unused bedrooms and bed bumpers were checked. However, there were no records to evidence this.
- We identified gaps on the training matrix submitted. For example, five nurses and five care staff were not up to date with moving and handling training. There were no dates for syringe driver training for nursing staff. A syringe driver is a small battery-powered pump that delivers medication over a period. This did not provide assurance staff received training to enable them to provide safe and effective care. Following the inspection the manager submitted training certificates for three nursing staff, confirming they had undertaken syringe driver training.
- The manager sent us a sample of surveys completed by people using the service, relatives and staff which were generally positive. However, where improvements were needed, actions plan had not always been put in place to address these. For example, in the staff surveys some staff felt more training was required, but there was no indication of the action taken in response to this.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- The provider carried out an audit during October 2020, there was an action plan in place at provider and service level. We saw that management were working through this.
- The current manager was in post since July 2020 and had applied to register with the CQC.
- Some relatives told us there had been a high turnaround of both staff and managers. A relative said, "A problem at the home is the high turnover of staff. Each time you get a new manager you see an improvement then next thing there is a new manager."

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

outcomes for people

- People and relatives told us they felt they could raise issues, and they would be addressed. A relative said, "Yes, I would feel confident to raise concerns; we have once raised issues they were dealt with."
- People, relatives and visitors had access to the provider's complaint policy and procedure. We looked at the complaints record which showed when complaints were received. These complaints had been reviewed in line with the provider's procedure.

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 had submitted notifications, regarding incidents they were required by law to tell us about. However, during this inspection, we found on one occasion a notification had not been submitted to CQC regarding a medication error. We discussed this with the manager who told us they would address this.

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

- Our observation showed there was a good atmosphere at Littleover Nursing Home. Staff were attentive and communicated well between themselves. People told us they were happy and provided positive feedback on the care they received. A relative said, "Oh yes, I have no complaints from the support provided by staff."
- Relatives told us they had been able to visit their family member and wore PPE during the visits. A relative said, "When I go in there's a full range of PPE; I wear a mask, apron and gloves." Another relative told us they had rang the service most days.
- Two relatives told us communication was not always effective with the service during the lockdown and that they had not been kept informed around the management of COVID - 19 at the service during the pandemic.

Working in partnership with others

- The service had developed links with local health and social care professionals to support people.

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	The provider had not appropriately assessed the risk of, and preventing, detecting and controlling the spread of infections, including those that are health care associated such as Covid19; Regulation 12(2)(h) Safe care and treatment
Treatment of disease, disorder or injury	

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 provider's systems and processes were not always effective in assessing, monitoring and mitigating risks. Regulation 17(1) Good Governance
Treatment of disease, disorder or injury	