

Priory CC51 Limited

Longbridge Deverill House and Nursing Home

Inspection report

Church Street
Longbridge Deverill
Warminster
Wiltshire
BA12 7DJ

Tel: 01985214040

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Longbridge Deverill House and Nursing Home is a care home providing accommodation and nursing care for up to 80 people. The service provides support to people who are living with dementia. At the start of the inspection, people were living in both the main nursing home and in the house. By the end of the inspection the provider had completed the planned closure of the house and people had either moved to the nursing home or a different service.

At the time of our inspection there were 55 people using the service.

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

The provider's systems of management oversight were not always effective and had not ensured they met their regulatory requirements. The systems in place had not ensured the provider always notified CQC of significant events; made improvements to the cleanliness of the building; completed actions from a fire risk assessment within the required timescale; or ensured staff kept an accurate record of the care they provided to people.

There were usually enough staff to meet people's needs. However, the service was reliant on temporary staff, which affected the consistency of support people received. Some people reported delays in receiving care and some relatives were concerned about the availability of staff at times. We made a recommendation that the provider reviews they way staff are deployed to ensure it is effective.

The service did not have a registered manager in post and there had been inconsistent management of the service over the previous six months.

People told us they felt safe at the service and staff had a good understanding of safeguarding procedures in place. Records demonstrated the management team had worked with the local authority safeguarding team where necessary.

Infection prevention and control procedures had been reviewed and updated to reflect the COVID-19 pandemic. Systems were in place to prevent visitors catching and spreading infections.

Staff demonstrated a good understanding of people's individual needs and a commitment to provide person-centred care. Staff worked with health and social care specialists where needed to develop plans to support people. People were supported to see their doctor and other health professionals when needed.

The service had worked with Wiltshire Health and Care on a project to provide virtual consultant-led clinical support for people in care homes. This work had helped to improve people's wellbeing and quality of life and prevent avoidable hospital admissions.

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 were treated with kindness and people were positive about staff's caring attitude. We observed staff interacting with people in a kind and respectful way.

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

Rating at last inspection

This service was registered with us on 2 November 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Enforcement and Recommendations

We have identified a breach of regulations in relation to good governance at this inspection. We have also made recommendations about staff deployment.

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 effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Longbridge Deverill House and 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

The inspection was completed by three inspectors.

Service and service type

Longbridge Deverill House and 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. Longbridge Deverill House and 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.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was not a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before the inspection we reviewed the information we held about the service and the service provider. 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 looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We used all of this information to plan our inspection.

During the inspection

We spoke with six people and seven relatives to gather their views about the care they received. We looked at nine people's care records. We checked recruitment, training and supervision records for staff and looked at a range of records about how the service was managed. We also spoke with the manager, regional director, deputy manager and ten care and nursing staff. We received feedback from a health professional who had worked with the service.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated 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.

Staffing and recruitment

- There were usually enough staff to meet people's needs. However, the service was reliant on temporary staff, which affected the consistency of support people received.
- The provider had assessed the required staffing levels based on people's dependency levels. Records demonstrated staffing was provided in line with these assessments.
- On the second day of the inspection staff had recorded in the care notes that they had been unable to reposition a person because a second member of staff was not available to assist them. The person needed help to change their position to reduce the risk of developing pressure ulcers. The staff member had helped the person to change their position with the use of a pillow, to reduce the risks to them. However, care was not provided in the way set out in the person's care plan due to the availability of staff.
- People and their relatives gave us mixed feedback about staffing levels in the service. One person told us they had to wait a long time for staff assistance to use the toilet, which had resulted in them being wet in their bed. Other people we spoke with said staff came reasonably quickly when they called them. Of the six relatives we spoke with, three said they had concerns about availability of staff at times in the service. The concerns related to the ability of staff to spend time talking with people, difficulty finding staff when they were visiting and the communication skills of some temporary staff.
- Most staff told us they were able to meet people's immediate needs. However, some staff did say high levels of temporary staff had added pressure at times, which meant they sometimes felt rushed.
- At the start of the inspection, people were living in both the main nursing home and in the house. By the end of the inspection the provider had completed the planned closure of the house and people had either moved to the nursing home or a different service. Staff working in the house had been redeployed to the nursing home.
- The manager reported they had recruited several new staff who were in the process of completing employment checks before starting work. Further recruitment events were planned, and the manager said their use of temporary agency staff was reducing.

We recommend the provider reviews staff deployment, including consultation with people who use the service and their relatives, to ensure staff are deployed effectively.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Systems in place to manage risks to people were not always effective.
- A fire risk assessment completed in March 2022 identified actions that were required to be completed within three months. At the time of the inspection, six months after the risk assessment, one of the actions had not been completed. The action related to the installation of emergency lighting on an outside escape

route that was not adequately lit. The manager told us the work had been delayed, but contractors had been booked to complete this work in October 2022. Other actions from the fire risk assessment had been completed.

- On the second day of the inspection we identified personal evacuation plans for people did not contain clear information on the support staff should provide. One of the plans stated, "Await confirmation regarding new company policy and procedure." Plans directed staff to instructions on the fire panel, which were not in place when we checked. By the third day of the inspection the provider had taken action to review the evacuation plans, which provided clear, consistent information to staff on how to support people in an emergency.
- Other risks to people had been assessed and plans put in place to manage them. People's plans had been regularly reviewed and updated as their needs changed. Examples included risks in relation to catheter care, wound care and falls.
- Incidents had been clearly recorded and reviewed by the management team. Reviews included any learning form the incident and changes to ways of working.

Preventing and controlling infection

- Some areas of the home were not clean. We found food debris in the corner of a dining room, debris, dirt and dried fluids in a chair raiser, windows with cobwebs and spiders nests in them, food debris on a wall behind a bin, handrails in corridors that were sticky to touch, and floor coverings that were stained and damaged in places. The regional manager told us there was a plan of works in progress to re-decorate the home and replace floor coverings.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- We were assured that the provider's infection prevention and control policy was up to date.
- The provider was supporting people to have visitors in line with the most recent government guidance. Visitors were able to see people in various parts of the home, including in people's rooms and communal areas.

Using medicines safely

- People were supported to safely take the medicines they were prescribed.
- Medicines administration records had been fully completed. These gave details of the medicines people had been supported to take and an accurate record of medicines held in the service.
- Where people were prescribed 'as required' medicines, there were clear protocols in place. These stated the circumstances in which the person should be supported to take the medicine. Records demonstrated staff had followed these protocols.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they were assured people were safe at the service. Comments included, "I feel safe here, I have no concerns. I would speak to the manager if there was anything I was concerned about."
- The service had safeguarding systems in place and staff had received regular training. Staff we spoke with had a good understanding of what to do to make sure people were protected from harm.
- Staff were confident the management team would take action to keep people safe if they raised any concerns. Staff were also aware how to raise concerns directly with external agencies if they needed to.
- The service had worked with the local authority to investigate issues when concerns had been raised.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People and their relatives told us they were able to see their doctor and other health professionals when needed.
- Staff had recorded the outcome of appointments in people's records, including any advice or guidance.
- The service had worked with Wiltshire Health and Care on a project to provide virtual consultant-led clinical support for people in care homes. The Transformation Manager for the project told us the service had worked constructively with them to improve the care people received. It was reported this had improved people's wellbeing and quality of life and prevented avoidable hospital admissions.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they moved into the home to ensure they could be met. People and relatives told us staff understood people's needs.
- Staff demonstrated a good understanding of people's medical conditions and any support they required. This information was included in people's care plans.

Staff support: induction, training, skills and experience

- Staff said they received good training, which gave them the skills they needed to do their job. The manager had a record of all training staff had completed and when refresher courses were due.
- New staff spent time shadowing experienced staff members and learning how the home's systems operated as part of their induction.
- Staff had regular individual and group meetings with the management team to receive support and guidance. Most staff said they felt well supported, although some said they had found changes in the management of the service difficult.

Supporting people to eat and drink enough to maintain a balanced diet

- Most people said they enjoyed the food had enough to eat and drink.
- People were offered a choice of meals and support to eat their food where needed. Staff had a good understanding of people's needs, including people who needed food and drinks at a specific consistency.
- People had access to drinks throughout the day and staff supported people if needed.

Adapting service, design, decoration to meet people's needs

- Specialist equipment was available when needed to deliver better care and support. This included

pressure relieving mattresses and equipment to help with mobility.

- The service was in the process of being refurbished. Furniture and equipment were being replaced and the service re-decorated throughout.

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 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 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.

- Applications to authorise restrictions for some people had been made by the service. People's needs were kept under review and if their capacity to make decisions changed then decisions were amended.
- Staff understood the importance of assessing whether a person had capacity to make a specific decision and the process they would follow if the person lacked capacity.
- The manager had a record of all DoLS applications that had been made, the outcome of the application where that was known and a record of any conditions on the DoLS authorisations. Records demonstrated the conditions in place were being met.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 were treated with kindness and relatives were positive about the staff's caring attitude. Comments included, "The staff are lovely, they are born to care" and "The staff are nice. They treat me well. I am well looked after."
- We observed staff interacting with people in a friendly and respectful way. Staff responded to requests for assistance and provided the support people needed.
- People's cultural and religious needs were reflected in their care plans. Staff supported people to meet these needs.

Supporting people to express their views and be involved in making decisions about their care

- Staff supported people and their representatives to make decisions about their care. People's views were recorded in their care plans.
- Staff had recorded important information about people; for example, personal history, plans for the future and important relationships. People's preferences regarding their daily support were recorded.
- Staff demonstrated a good understanding of what was important to people and how they liked their support to be provided.

Respecting and promoting people's privacy, dignity and independence

- Staff worked in ways that respected people's privacy and dignity. Staff were discreet when asking people whether they needed support with their personal care.
- Confidential records were locked away when staff were not using them.
- Staff encouraged people to do things for themselves where possible, to maintain their independence.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- People had been supported to develop care plans specific to them. The care plans had been regularly reviewed with people and had been updated where necessary.
- Staff knew people's likes, dislikes and preferences. They used this detail to provide support for people in the way they wanted.

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

- People had been supported to keep in contact with family and friends. Following the COVID-19 pandemic, visiting restrictions had been lifted in the home.
- People were able to take part in a range of group and individual activities. Examples included visiting entertainers, trips out to local places of interest and arts and crafts activities. Comments included, "I have enough to do, I'm never bored." The provider was in the process of recruiting additional activities staff to increase opportunities for people.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People had information about their communication needs recorded and included in their care plan. Examples included use of large print written information, ensuring people were supported to use hearing aids and use of flash cards for a person whose first language was not English.
- Signs made more accessible with pictures had been used throughout the home to help people find their way. These included personalised signs outside people's bedroom to help them identify it.

Improving care quality in response to complaints or concerns

- People and their relatives told us they knew how to make a complaint, and most were confident any concerns would be dealt with. Comments included, "I would speak to (the deputy manager) if I had any problems. I'm confident they would sort it out." One person said they had raised concerns about staff availability at times and had not had a satisfactory response.
- Records demonstrated formal complaints had been investigated and action taken in response. The management team had responded to the complainant to let them know the outcome of their investigations

and the actions that had been taken.

End of life care and support

- People and their relatives were supported to make decisions about their preferences for end of life care. This information was used in developing care and treatment plans. The service worked with health professionals where necessary, including the palliative care team.
- Staff understood people's needs and received training and guidance in end of life care. People's religious beliefs and preferences were respected and included in care plans.

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.

This is the first inspection for this newly registered service. This key question has been rated 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 systems of management oversight were not always effective and had not ensured they met their regulatory requirements.
- The provider had not notified CQC of two significant events when they were legally required to. One from April 2022 related to an injury to a person following a fall. The second, from July 2022 related to an incident in which a person was hit by another person. On both occasions the incidents were reported to the safeguarding team at Wiltshire Council and action taken to keep people safe. However, the management oversight systems had not identified the legal requirement to report these incidents to CQC. The manager submitted these notifications following the inspection.
- An infection prevention and control audit completed by the provider in July 2022 identified some cleaning had not been completed and actions to make improvements had been set. During the inspection we identified areas of the home that were not clean. The actions set following the audit had not resulted in sustained improvements to the cleanliness of the building.
- The provider's systems had not ensured action was taken to complete works identified in their fire risk assessment within the required timescale.
- The provider's systems did not always ensure they had an accurate record of the care provided to people. We saw repositioning charts for two people at risk of developing pressure ulcers that had not been fully completed. The lack of a complete record meant it was not possible to say whether people had received the care they needed.

Failure to have effective systems to assess, monitor and improve the quality of service provided was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 service had experienced changes in management, which had been unsettling to some people, relatives and staff. The service did not have a registered manager in post, which is a condition of their registration. A regional support manager was working in the home full time whilst a new manager was recruited. Comments from staff included, "Morale of staff is not good and has not yet improved" and "We need a registered manager to come in and settle the service. I'm confident that in six months' time things

will have improved."

- Staff demonstrated a good understanding of most people's individual needs and a commitment to provide person-centred care. Some staff expressed frustration that staffing arrangements had made it harder to provide care in the way they wanted to.
- The management team had a good understanding of their responsibilities under the duty of candour.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service had held meetings for people and their relatives to provide feedback about the service. This feedback was used by the provider to develop the service improvement plan.
- Relatives told us communication from the management team had been inconsistent over the previous few months but had improved recently.
- The provider was a member of relevant industry associations to ensure they were updated in relation to any changes in legislation or good practice guidance.

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 17 HSCA RA Regulations 2014 Good governance The registered provided did not have effective systems to assess, monitor and improve the quality and safety of the service. Regulation 17 (2) (a).