

Prime Life Limited

Lowfield House Nursing Home

Inspection report

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Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service well-led?

Requires Improvement



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. On the day the follow up inspection took place, there were 21 people living in the service.

This inspection was unannounced and undertaken on 16 September 2016. We had previously inspected the service on 13 and 16 May 2016; it was rated as Requires Improvement overall and we issued two requirement notices for breaches in regulations for infection control practices and staffing. We also issued a warning notice for the breach in regulation for governance. The acting manager and two of the organisation's regional directors sent an action plan in response to the breaches we identified stating what measures the registered provider was going to take in order to address the issues. This inspection visit was to check the action taken in respect of infection control practices, that staffing levels were sufficient to meet the needs of people who used the service and that the registered provider had improved its governance of the service. The findings of this inspection have not changed the service's overall rating; however it did improve the rating of the specific question 'Is the service Well Led' from 'Inadequate' to 'Requires Improvement'.

The 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. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The service did not have a registered manager at the time of this inspection and an acting manager had been appointed and was present throughout this inspection. They told us they had submitted an application to the CQC to become the registered manager for the service.

We found improvements had been made to the infection control practices throughout the service. We found new laundry bins, pedal bins, a bath seat and liquid soap and paper towel dispensers at the service. New cleaning schedules for daily, weekly and monthly tasks had been put in place and systems of monthly checks on infection control were completed which helped the acting manager to monitor the standards of hygiene in the service and identify any shortfalls.

The staffing levels had been reviewed and increased by one care staff every morning shift and one care staff every afternoon shift. We found there was sufficient staff on each shift to meet people's individual needs and support them safely. The acting manager was at the service for 21 hours each week and during their absence there was a deputy manager at the service for 42 hours each week.

We found improvements had been made with staff support, supervisions and appraisals. The acting manager told us they were planning to complete five supervisions and one appraisal yearly with each member of staff. Staff told us they felt supported by the acting manager and they were now receiving individual supervisions where they could discuss their personal development.

During this inspection we found improvements had been made to ensure the effectiveness of the quality assurance systems at the service. Staffing levels, infection control practices and staff supervisions and support were all checked regularly and any shortfalls were identified and actioned.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

We saw improvements had been made in this area, however, we could not rate the service higher than requires improvement for 'safe' because to do so requires consistent and sustained improvement over time. We will check this during our next planned comprehensive inspection.

Improvements had been made to the infection control practices in all areas of the service. Cleaning schedules and systems for checking the service was clean and hygienic had been put in place. In addition to this new flooring, laundry bins and liquid soap and paper towel dispensers had been provided.

Improvements had been made to staff numbers and we saw an extra care staff member had been deployed each morning and afternoon shift and one person using the service had additional one-to-one hours in place. We were able to confirm this with staff we spoke with.

Requires Improvement ●

Is the service effective?

We saw improvements had been made and in this area, however, we could not rate the service higher than requires improvement for 'effective' because to do so requires consistent and sustained improvement over time. We will check this during our next planned comprehensive inspection.

We found improvements had been made to the support and supervision that staff received and we were able to confirm this in discussions with staff.

Requires Improvement ●

Is the service well-led?

We saw improvements had been made, and have changed the rating from 'inadequate' to 'requires improvement' for this key question; however we could not rate the service higher than requires improvement for 'well led' because to do so requires consistent improvement over time. We will check this during our next planned comprehensive inspection.

Improvements had been made to the quality assurance systems that were used to drive the continual development and

Requires Improvement ●

improvement of the service. We saw that when issues were highlighted action was taken without delay.

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 was meeting the legal requirements and regulations that associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to check that action had been taken to achieve compliance with the regulations we found to be in breach at our comprehensive inspection on 13 and 16 May 2016.

This focused inspection took place unannounced on 16 September 2016 and was carried out by one adult social care inspector.

Before the inspection we reviewed the action plan sent to us by the registered provider stating how they would achieve compliance with the regulations we found to be in breach at our comprehensive inspection. We also looked at the notifications and reviewed all the intelligence the CQC had received from the service.

During the inspection we spoke briefly with two people who used the service and spent time observing interactions with staff and the people who used the service. We spoke with six members of staff and the acting manager. We completed a tour of the premises to assess the cleanliness and infection control practices, this included the laundry area, all the bathrooms and toilets and 11 peoples bedrooms (with their permission). We looked at documentation in relation to staffing rotas, cleaning schedules, staff supervision, appraisal and training records, quality audits and maintenance records.

Is the service safe?

Our findings

At the comprehensive inspection of the service in May 2016 we found that, soiled laundry was stored in a red bag in a communal toilet and a red bag containing soiled laundry in a washing machine with the door left open. This practice 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.

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. This demonstrated a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, safe care and treatment. We issued a requirement notice for this breach and asked the registered provider to send us an action plan describing what action they would take to achieve compliance and by when.

At this inspection we found required improvements had been made since the last inspection in May 2016. We completed a tour of the service and saw that some refurbishment and redecoration had taken place. We checked 11 people's bedrooms and saw the sealant around the sinks was intact with the exception of two rooms where the sealant was beginning to lift. We discussed these issues with the acting manager who had these addressed and re-sealed during this inspection.

The downstairs bathroom floor had been replaced and plaster and paint work on the walls had been repaired. An upstairs bathroom had a new bath seat in situ and new pedal bins had been purchased. We saw liquid soap and paper towel dispensers were available for people to use in all the bathrooms, toilets and peoples bedrooms we checked. These improvements helped to ensure people were cared for in a clean and hygienic environment that could be cleaned effectively.

New white laundry trolleys had been purchased for each area of the service and we saw these in use during this inspection. The acting manager told us these were used for any overspill of soiled laundry that could not be stored in the red laundry trolleys. Staff told us, "We have got new laundry bins and new soap dispensers in bedrooms," "We have new trolleys that go outside of peoples rooms for the red bags to go in. These are for any overspill of the red bins in the laundry. It [the service] is a lot cleaner and fresher" and, "We now have laundry trolleys and infection control training is a big thing now. We were coming out of people's bedrooms with the same apron on and we don't do that now, we remove the apron and use a new one." We observed staff wearing appropriate personal protective equipment (PPE) such as aprons and gloves and saw these were changed and disposed of appropriately each time they supported a different person.

We saw evidence to confirm that staff had completed infection prevention and control refresher training to ensure their knowledge and skills were up to date and staff told us that infection control practices were discussed during team meetings and supervisions. We saw staffs competency was checked within their

supervision in relation to their knowledge on how the registered provider's infection control policy was used at the service. Staff told us, "Infection control was the first policy we discussed in the staff meeting and we have had training" and "We have an agenda for our staff meetings and we discuss infection control." We asked one member of staff who had recently been recruited to the service about the infection control practices, they told us, "People's thinking seems to be different and it's engrained in them now instead of having to be told. I have always seen good practice when I have been on shift. We have two residents with catheters and these are changed every day and leg bags are changed weekly. Staff are using their personal protective equipment and washing their hands and I've even seen staff reminding other staff to wear their aprons."

The acting manager told us that the cleaning schedules had been implemented within the service to ensure the hygiene and cleanliness of the service were effective and could be monitored. We were given access to these records and saw schedules were in place for daily, weekly and monthly tasks. We spoke with a domestic staff member who told us, "We didn't have cleaning rotas and [Name of the acting manager] has brought in daily, weekly and monthly schedules. Me and [Name of acting manager] go through the schedules probably once a week and do the ordering. I used to be quite limited in cleaning products but now I can order what I need." We saw cleaning check lists were present and completed appropriately in each toilet and bathroom which included tasks to be completed such as, clean sink, toilet, and floor, check hand wash and paper towels, empty yellow bins and the general bins.

We looked in detail at the cleaning schedules for the service and saw they included a list of cleaning products to use and where to use them. The daily schedules contained a section to report if any rust or damage was identified in any areas of the service and if any of the liquid soap and paper towel dispensers were not working. There were clear instructions for the person completing to ensure any issues identified were recorded in the services 'maintenance book'.

These findings demonstrated that the service had taken appropriate action and were now meeting the requirements of regulation 12. The service was safe, however we could not rate the service higher than requires improvement for 'safe' because to do so requires consistent and sustained improvement over time. We will review the service's rating during our next planned comprehensive inspection.

At the last inspection in May 2016 we also found that people living at the service were not supported by suitable amounts of staff. This meant there was a breach in Regulation 18 of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014, staffing. We issued a requirement notice for this breach and asked the registered provider to send us an action plan describing what action they would take to achieve compliance and by when.

At this inspection we saw that care staff had been increased from five to six on a morning shift and four to five on an evening shift. In addition to this there was a nurse on duty. The acting manager told us the usual staff on duty each day at the time of this inspection were six care staff in a morning and one nurse, five care staff in an evening and one nurse and one care staff, one nurse and a one-to-one staff overnight. In addition to this there was the acting manager for 21 hours per week, the deputy manager for 42 per week (who was also a nurse), domestic staff for 28 hours per week and catering staff for 35 hours per week.

The acting manager told us, "I feel people are getting their care packages. I am currently reviewing all of the clients to ensure they are getting the support they need and I will be requesting one-to-one for another person. The staff numbers do not impact on people as the numbers have been increased and it's had a good effect on the staff and clients and people appear more relaxed. Now if two staff go out on activities with people there are still four staff at the service in a morning and three in an afternoon."

We saw staff had time to spend with people and the routines were settled and calm. Staff confirmed the staffing levels had improved and they had enough time to carry out their duties safely and effectively. Comments included, "When we are fully staffed it's great. People are less stressed. It has improved when people go out as there is still staff here as there are six staff now in a morning. If there is an activity and we need more staff [Name of the acting manager] will get more staff in" and, "The extra staff has made a major difference and we have more time to do the things people want to do like talking, singing and activities in an afternoon. If two people go out in an afternoon now we still have three staff and the day is much easier." This meant that people were supported by sufficient numbers of staff to meet their needs.

These findings demonstrated that the service had taken appropriate action and were now meeting the requirements of regulation 18. The service was safe, however we could not rate the service higher than requires improvement for 'safe' because to do so requires consistent and sustained improvement over time. We will review the service's rating during our next planned comprehensive inspection.

Is the service effective?

Our findings

At the comprehensive inspection of the service in May 2016 we found that, 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. This meant there was a breach in Regulation 18 of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014, staffing. We issued a requirement notice for this breach and asked the registered provider to send us an action plan describing what action they would take to achieve compliance and by when.

During this inspection we saw that action had been taken and we were able to see evidence through records and discussions that staff were receiving appropriate support, supervision and appraisal. The acting manager told us, "I am planning to do five supervisions and one appraisal annually with staff and some staff have had four supervisions already."

We looked at the supervisions and appraisal records for six staff. We saw supervision records included discussions in relation to staff training and progress and if staff felt they required specific training to support them in their roles. We saw appraisals had been completed with staff which required them to rate their attitude, ability and attendance (AAA). We saw evidence in the AAA that included discussion in relation to personal development, skills and knowledge, career plans and actions to meet targets. We saw staff had discussed training needs and aspirations to achieve qualifications and progress within their current roles.

We asked staff if they felt supported to carry out their roles effectively. Comments included, "We have monthly supervisions and I have had an appraisal. I was asked how I felt and if I was happy", "We have had supervisions and appraisals; we are getting advice and extra training. We are all more relaxed now and we know you can go and talk to [Name of the acting manager]. I got told I couldn't do my NVQ [National Vocational Qualification] and since [Name of the acting manager] has been here I have completed my NVQ level two", "I have had an appraisal this year and my supervisions have been good. I talked about if I needed any information, was there anything that needed to change for me" and "Appraisals are now done, I talked about my training and how I want to develop it. I asked [Name of the acting manager] if I could have training in Makaton and she has addressed this and I am awaiting the training now. I have had supervision this month." Makaton is a language programme using signs and symbols to help people to communicate.

We reviewed staff meetings at the service and saw these were now completed regularly. We looked at the minutes from the meetings in May, June and August 2016 and saw discussions were held in relation to infection control, maintenance, staffing, supervisions and appraisals. We saw the meetings followed a standard agenda and staff were given the opportunity to raise topics for discussion. Staff told us, "We have an agenda and people have the opportunity to talk. We discussed our understanding of the mental capacity act at one of our team meetings and we were given good information", "We didn't use to have staff meetings and now we have one monthly. These are beneficial as we can put our points across. During the meetings someone picks a company policy and we talk about it. We talked about the dignity policy recently", "Staff meetings are now once a month" and "We have staff meetings now and we can bring anything up."

The information above demonstrated that the service had taken appropriate action and were now meeting the requirements of regulation 18. The service was effective, however we could not rate the service higher than requires improvement for 'effective' because to do so requires consistent and sustained improvement over time. We will review the service's rating during our next planned comprehensive inspection.

Is the service well-led?

Our findings

At the comprehensive inspection of the service in May 2016 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. We saw that a Legionella risk assessment had been completed by an external company in November 2015 and not all of the immediate actions highlighted had been completed. This meant that the registered provider had failed to ensure action was taken in a reasonable timescale regarding known risk. This meant there was a breach in Regulation 17 of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014, good governance and we issued a warning notice.

During this focused inspection we found that appropriate action had been taken to ensure all shortfalls and identified areas of improvement from internal auditing had been actioned. We reviewed the 'work session records' for June, July, August and September 2016, which were completed on a monthly basis by a regional director for the organisation. These included checks of the premises and equipment, infection control, quality audits and staffing.

We noted the 'work session records' included information that numerous actions points highlighted in the Legionella risk assessment were to be commenced. We looked at the Legionella risk assessment which recorded that all the required actions had been signed off as completed by a maintenance worker for the organisation. The 'work session records' had also identified the need for additional staff to be deployed on the afternoon shift, supervision planners were to be kept up to date and infection control practices were to be re-visited with the staff team. We were able to see evidence that all of these points raised had been actioned. The acting manager told us, "The work session records are visits from one of the directors and these visits generate a risk score. They [the director] always look at the last records and ask where we are with things. Infection control audits are completed monthly by myself and [Name of deputy manager] and it generates a score and if you are at amber or red you have to contact the director. It is a different governance style to the one we previously used and we share good practice at our regional meetings."

We completed a tour of the premises and noted that the areas that posed an infection control risk had been rectified. We reviewed the infection control audits from July, August and September 2016 and saw that further areas of concern had been highlighted and subsequently new equipment and cleaning schedules had been developed from 21 July 2016, personal use hand gel and clips had been provided for staff and repairs had taken place to one person's bedroom wall.

We saw monthly audits were carried out on complaints/compliments, safeguarding, notifications, accidents/falls, end of life wishes, pressure care, diabetes, weights and nutrition, call bells, medicines, infection control and dignity. The completion of these audits was overseen in the 'work session records' which highlighted any shortfalls in the service.

The information above demonstrated that the service had taken appropriate action and were now meeting the requirements of regulation 17. The service was well-led. We saw improvements had been made and have changed the rating from inadequate to requires improvement for this key question; however, we could not rate the service higher than requires improvement for 'well-led' because to do so requires consistent and sustained improvement over time. We will review the service's rating during our next planned comprehensive inspection.