

# Lutterworth Country House Care Home Limited

# Lutterworth Country House Care Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Lutterworth Country House is a care home providing accommodation and personal care for up to 66 people. At the time of the inspection 51 people were using the service.

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

People were safe because staff knew how to recognise the signs of abuse and how to report it. People and staff felt they would be listened to if they raised any concerns. Risks were assessed and managed while people's freedom to make choices and take risks was upheld.

There were enough staff with the right skills and experience to meet people's needs. People received their medicines in a safe way. Staff had the training and supervision they required to do their jobs and keep people safe. People enjoyed the meals provided. Staff supported people to eat and drink sufficient amounts and took action if they did not.

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.

Staff were kind and compassionate. People were supported to have choice and control and to remain as independent as possible. People had opportunities to follow their interests and hobbies and to maintain relationships with friends and families.

There was a clear organisational structure and staff understood their roles and responsibilities. People, relatives and staff said managers were approachable and supportive. The provider monitored and managed risks at the service through checks and audits and action plans when risks were identified.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was requires improvement (published 21 March 2021).

The provider completed an action plan to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

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

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

The overall rating for the service has changed from Requires Improvement to Good based on the findings of this inspection.

#### Follow up

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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Lutterworth Country House Care 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 carried out by 1 inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Lutterworth County House 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.

Lutterworth Country House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

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

quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 8 people and 4 relatives about their experience of the care provided. We spoke with 6 members of staff including the provider, 3 care staff, the registered manager, deputy manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We observed staff providing care to people. We reviewed a range of records. This included 4 people's care records and multiple medicines administration records. We looked at a variety of records relating to the management of the service, were reviewed.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question Good. The rating for this key question has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "I'm safe they're [staff] very kind". People said they would speak with staff if they had any concerns or worries.
- Staff had training and knew how to recognise the signs of abuse and how to report it. They were confident their managers would take action if abuse was suspected. Staff also knew how to report to other organisations such as the Local Authority safeguarding team.
- We were given examples of action taken to safeguard people from abuse. The nominated individual was also the provider's safeguarding coordinator, they ensured the correct action was taken and reported to the appropriate authority.

Assessing risk, safety monitoring and management

- Risks were assessed and reviewed at least monthly. Where risks were identified, management plans were put in place and followed by staff. One person told us, "I fell out of bed, they come rushing around to help me."
- One person had developed a pressure sore, management plans were put in place and included the provision of a special pressure mattress and bed. The pressure sore was healing and reducing in size.
- Risks in the environment were managed through health and safety risk assessments and routine safety checks and maintenance of all equipment used. A fire risk assessment had been completed and staff had information about what action to take in the event of a fire or emergency.

Staffing and recruitment

- People told us there were enough staff around when they needed them. Staff told us they had enough time to meet people's needs and keep them safe.
- A staffing tool was used to calculate the numbers and skill mix of staff required. Staff rotas showed actual staffing numbers met those determined by the staffing tool.
- Improvements to staffing and recruitment had taken place and the use of agency staff had significantly reduced. This meant people were supported by staff who knew them well and understood their needs and preferences.
- Staff were recruited in a safe way. Checks were carried out before staff were offered employment to make sure, as far as possible, only staff with the right skills and experience were employed. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People received their medicines in a safe way and in the way they preferred.
- Staff had training and had their competency assessed every six months. This meant staff had the skills and experience to manage people's medicines in a safe way. Staff were knowledgeable about the medicines they administered.
- An electronic system was used to record medicines received and administered. Medicines were stored correctly and safely. Staff told us the incidence of medicine errors had reduced since the electronic system was introduced.
- Checks and audits were carried out to ensure safe policies and procedures were followed.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- There were no restrictions to visiting. People were supported to receive their visitors in safe way. Visits took place in communal areas or in people's private rooms.

#### Learning lessons when things go wrong

- 'Lessons learned' were shared with staff and included learning from the provider's locations and the wider social care sector.
- Examples of lessons learned when things go wrong included the use of a protocol to use in the event of a missing person, and the management of falls.



# 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.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Since our last inspection, improvements had been made to staff compliance with the mandatory training they required. Ongoing training was also taking place. This included 60 minute learning sessions on topics such as the safe use of thickening agents (these are sometimes required when people have swallowing difficulties and need their drinks to be of a certain consistency).
- New staff told us they received induction training and were supported by more experienced staff members. A staff member told us about dementia training they had attended. They explained how this had increased their understanding and enabled them to support people living with dementia better.
- Staff told us their managers were approachable and supportive. Staff had opportunities to discuss their learning and development needs and any issues with their managers.

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

- The environment was dementia friendly with signage to support people to orientate themselves to and from their rooms and to the communal areas and bathrooms. The garden areas were accessible to people with disabilities.
- The ground floor was in need of some redecoration and refurbishment. The registered manager had identified this and had met with the provider's estates team to discuss areas requiring improvement.
- There was a choice of communal areas where people could choose to socialise with friends and family. There were also quieter areas where people could spend their time.

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions

relating to those authorisations were being met.

- The majority of staff had received training about the MCA and DoLS. Staff we spoke with were able to demonstrate their knowledge and knew how to uphold people's human rights and support people in the least restrictive way.
- People had their capacity to make decisions assessed. Care plans were developed based on people's individual needs and preferences. The nominated individual told us new documentation was being implemented to ensure 'best interest decisions' were recorded for each decision and care plan.
- Appropriate DoLS authorisations were in place where required and staff followed any related conditions.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective and timely care

- People told us they enjoyed the meals provided. The breakfast and lunch time meals appeared appetising and nutritious. People had choice and were given the time and support they required.
- Risks of malnutrition and dehydration were assessed. Where risks were identified, staff monitored food and fluid intake and took action when people did not have enough to eat and drink. This included referring people to healthcare professionals such as GP's and dietitians.
- People had access to snacks and drinks of their choice at all times.
- People had access to the healthcare services they required. One person told us they were waiting to see a dentist and staff confirmed they were chasing this up for them.
- Records showed staff were following the guidance provided by healthcare professionals such as speech and language therapists and occupational therapists.
- Information sheets about specific medical conditions were included in people's care plans where this was appropriate. This supported staff to understand people's healthcare needs and to promote healthier lifestyles.

# 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.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to 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 and respecting and promoting people's privacy, dignity and independence

At our last inspection the provider had failed to ensure people were always treated with dignity and respect. This was a breach of regulation 10(1) (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 10.

- The majority of people and relatives we spoke with said staff were caring and kind.
- People were treated with respect and dignity. Staff were kind and respectful, they spent time with people offering reassurance and support when required.
- Staff supported people to maintain their dignity. Some people were resistant to personal care and required additional support to ensure personal care and grooming was maintained. Staff described how they encouraged people to follow their preferred routines but also supported people's freedom to make choices.
- Staff knew people well and understood their individual needs and preferences. We were given examples of how staff supported people's equality and diversity needs.
- Staff understood the importance of confidentiality and ensured written records were secure.

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

- People were encouraged to make decisions about their care. We saw people being offered choices and making decisions throughout the day.
- Staff gave us examples of how they involved people in decisions making. Some people responded better to visual cues and staff supported people by showing them objects of reference so they could make a choice.
- Residents meetings were held with the provider's activities coordinators. People and where appropriate, their families were involved in developing care plans and were invited to an annual review.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has changed to 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

- Since our last inspection, improvements had been made to care plans and they were reflective of people's current needs.
- Staff knew people well and understood their needs. Staff gave us examples of how they ensured care met people's preferences such as the timings of care and support and the things that were important to people.

Meeting people's communication needs Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified, and care plans were developed.
- One person was using a loop system to support hearing difficulties. A staff member said, "This has made such a positive difference."
- Written information could be made available in other languages, large print and pictorial format.

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 told us they were supported to keep in touch with their friends and family. One person said, "Yes they help me keep in touch with my sister." Another person told us they often went out with their family members. A relative said "I love it that I can bring the dog in to see my family member."
- People told us about the things they enjoyed doing such as singing and going for trips out and taking part in quizzes. One person said, "We went on a trip out but it rained and we were stuck on the bus so we had a sing song."
- An activities organiser was employed for 3 days a week. There was a communal area set up as a bar with a juke box for people to use.

Improving care quality in response to complaints or concerns

- A formal complaints policy and procedure was in place and openly displayed. Any complaints were addressed by the registered manager and senior managers. However, there had not been any complaints since our last inspection.
- People and relatives felt confident they could raise a complaint should they need to.

End of life care and support

- End of life care plans were in place and people's preferences were recorded where possible. Staff had access to information about people's preferred response to anticipated emergencies and hospital admissions.
- Staff worked with healthcare professionals such as GP's and community nurses to support people at the end of their life to have a dignified and pain free death.

# 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 Good. The rating for this key question has remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Since our last inspection, the provider made further improvements to staffing numbers and skill mix. Use of agency staff had significantly reduced and this meant people were supported by a consistent staff team who knew them well.
- Care and support was person centred and based on people's individual needs and preferences. Staff were proud of the service and motivated to achieve good outcomes for people.
- Systems were in place to monitor the quality and safety of the service. Audits were carried out to check the service was safe and compliant with the provider's policies and procedures. For example, audits identified repairs were required to a fire door and this work was carried out.
- Audit results were shared with senior managers along with action taken or action required. The nominated individual told us an electronic auditing system was being implemented so managers could have 'live access' to checks and audits.
- The results of audits and any identified risks were also shared at monthly operational board meetings. Any required action was identified and allocated to an appropriate person.

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

- The majority of people and relatives we spoke with felt engaged and staff understood people's equality and diversity needs. People were supported to follow their chosen religion.
- Staff told us managers were approachable and listened to their views and opinions. Staff meetings were taking place so any changes or areas requiring further attention could be communicated and discussed.
- The registered manager told us they were about to send out satisfaction surveys to people and relatives. The results of these would be used to make any changes people requested.

Continuous learning and improving care; Working in partnership with others; How the provider understands and acts on the duty of candour

- Improvements to the environment and a new bathroom on the ground floor was planned to take place.
- The number of falls had significantly reduced. Assistive technology was used to support people at risk of falls. This meant staff were alerted when people were walking about and could check on their welfare.
- The service worked with other authorities such as the local authority and healthcare professionals to ensure people received joined up care and support.

- The registered manager and nominated individual understood their responsibility to be open and honest when things went wrong.