Prime Life Limited

Lowfield House Nursing 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?	Requires Improvement

Summary of findings

Overall summary

Lowfield House Nursing Home is registered to provide accommodation and nursing care for 21 people. They provide care for people with complex needs relating to a learning disability. The service is situated in a village setting close to local shops and local transport links. There are a good range of communal areas throughout the building. There is an accessible garden and car parking at the front of the building. At the time of this inspection 17 people used the service.

The service had 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 last comprehensive inspection of the service was completed in May 2016. At that time the service was non-compliant with regulations pertaining to delivering safe care and treatment, supporting staff, deploying suitable numbers of staff and operating effective governance systems. The service was rated as Inadequate. We undertook a focused inspection in September 2016 and found that the registered provider had taken action and achieved compliance with the aforementioned regulations. We saw improvements had been made, however, we could not rate the service higher than requires improvement because to do so requires consistent and sustained improvement over time.

People who used the service were protected from abuse by staff who had completed safeguarding training and knew what action to take to keep people safe. There were systems and processes in place to protect people from the risk of harm. Known risks were recorded and steps had been taken to reduce the possibility of their occurrence. People were supported by suitable numbers of staff who had been recruited safely. Relevant checks had been undertaken to ensure prospective staff had not been barred from working with vulnerable people. Medicines were ordered, stored and administered safely. People received their medicines as prescribed.

People were supported to make their choices in their daily lives. The principles of the Mental Capacity Act 2005 (MCA) were followed when people lacked capacity to make informed decisions themselves. The registered manager had a clear understanding of their responsibilities in relation to Deprivation of Liberty Safeguards (DoLS) and had made applications as required.

People were supported by staff who had completed relevant training to equip them with the skills and abilities to support people effectively. Staff told us and records confirmed they received effective levels of support and appraisals. People were encouraged to maintain a healthy lifestyle and eat a balanced diet of their choosing. People had choices at each meal and their dietary needs were catered for. People's holistic healthcare needs were met by a range of healthcare professionals. We saw that advice and guidance was clearly recorded and implemented in to people's care plans.

We observed staffs' approach was kind and caring. It was clear staff were aware of people's care needs and preferences for how this was to be delivered. Staff treated people with dignity and respect throughout the inspection and encouraged people to maintain their independence. Staff gave people the time to express themselves and engaged with them in a supportive and inclusive way. The registered manager told us they encouraged people's families and friends to visit the service and that there was no restriction placed on visiting times.

People or their appointed representatives were involved with the initial and on-going planning of their care. Care plans had been created to ensure staff were aware of the care and support people required as well as their preferences for how it should be delivered. People were encouraged to maintain relationships with important people in their lives and to take part in a range of activities both inside and outside of the service. The registered provider had a complaints policy that had been produced in an easy to read format which ensured it was accessible to the people who used the service. Although the service had received very few complaints the registered manager confirmed they would be investigated in line with the registered provider's policy and used to develop the service whenever possible.

People who used the service and staff contributed to the development and management of the service. People were asked to provide feedback about the care they received and the service as a whole. The registered manager understood their responsibilities to inform the CQC when specific incidents occurred within the service. Staff told us the registered manager was supportive and approachable. We saw that regional directors visited regularly and provided feedback to improve the day to day management of the service. The registered provider operated governance systems to monitor the quality of the service and we saw that when shortfalls were identified action was taken to improve the care and support people received. However, we found that the internal audits did not always ensure people's care plans reflected their needs or were updated when required.

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.

Staff were recruited safely and deployed in sufficient numbers to meet people's assessed needs.

Staff had been trained to recognise the signs of abuse and poor care and understood their responsibilities to report any concerns they became aware of.

Medicines were managed safely and people received their medicines as prescribed.

The environment was clean and staff followed safe infection, prevention and control practices.

Is the service effective?

Good

The service was effective.

People were supported to make decisions and choices in their daily lives. When people lacked capacity decisions were made in line with the Mental Capacity Act 2005 and in their best interests.

People's health care needs were met and they received advice and treatment from relevant healthcare professionals when required.

People received a healthy and varied diet that met their nutritional needs. Any concerns about nutritional intake were monitored and referred to appropriate agencies.

Staff received the effective levels of training, support and supervision to enable them to feel confident in their roles.

Is the service caring?

Good

The service was caring.

People who used the service were supported by caring and compassionate staff. They were treated with respect and their dignity was maintained.

Staff had developed supportive and trusting relationships with people and encouraged them to maintain their independence.

People's confidentiality was maintained and records were handled and stored securely.

Is the service responsive?

Good

The service was responsive.

Assessments and reviews of people's needs were undertaken and care plans were developed which included guidance for staff to enable them to deliver care in line with their preferences.

Staff supported people and responded to their needs in an individual way.

People participated in activities within the service and at local facilities or places of interest.

An easy read complaints policy was displayed within the service which made it accessible to the people who used the service.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The registered provider had quality monitoring systems in place. However, we found they were not always able to drive continuous improvements within the service.

People who used the service, their relatives and staff were involved in the development of the service. Their opinions were listened to and acted upon.

The service had a registered manager in place which was a condition of their registration. Notifiable incidents were reported to the CQC as required.

Lowfield House Nursing Home

Detailed findings

Background to this inspection

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

This inspection took place on 23 March 2017 and was unannounced. The inspection was carried out by one adult social care inspector.

The registered provider had completed a Provider Information Return (PIR) prior to the inspection. This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

We checked the notifications that had been sent from the registered provider regarding incidents that occurred within the service which affected the welfare of people who used the service. We spoke with local authority safeguarding, contracts and commissioning teams to gain their views of the service.

During the inspection we observed how staff interacted with people who used the service throughout the day and at mealtimes. We spoke with the registered manager and the deputy manager, three care staff the cook and a member of domestic staff. We also spoke with a visiting healthcare professional.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. Some of the people who used the service had limited communication but we spoke with four people who used the service and one person's relative.

We looked at three care files which belonged to people who used the service. We also looked at other important documentation relating to people who used the service such as medication administration

records (MARs) and monitoring charts for food, fluid and pressure relief. We looked at how the service used the Mental Capacity Act 2005 to ensure that when people were assessed as lacking capacity to make their own decisions, best interest meetings were held in order to make important decisions on their behalf.

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

We completed a tour of the service to check the general maintenance and infection prevention control practices.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe living at Lowfield House. One person said, "Yes, I am safe." Another person commented, "I have lived here for 20 years, I'm very safe and well looked after." A relative we spoke with told us, "[Name of the person who used the service] is safe; she has lived there for years. We are confident she is safe gets a good level of care."

People who used the service were protected from abuse and avoidable harm. The registered provider had policies and procedures in place to guide staff in how to protect vulnerable people from the risk of harm or abuse. During conversations with staff it was clear they were aware of the different types of abuse that may occur and what action to take if they witnessed abuse or poor care. One member of staff said, "I would report anything I saw to the manager straight away, I know she would take action." Another member of staff said, "I wouldn't be afraid to the blow the whistle (tell someone) if I witnessed abuse."

We saw that accidents, incidents and falls were recorded and reviewed on a monthly basis to enable patterns and trends to be identified. Records showed the service gained the support of relevant professionals, such as the falls team and mental health team when required to ensure appropriate action was taken to prevent their reoccurrence. Specific incidents were reported to the local authority safeguarding team so that they could be investigated when required.

People who used the service were supported by suitable numbers of staff. At the time of our inspection the 17 people who used the service were supported by six care staff and one nurse between 8am and 2pm. This reduced to five care staff and one nurse between 2pm and 8pm. One member of care staff and one nurse worked through the night. Ancillary staff were also deployed each day including activities coordinator, domestic staff and a cook. The registered manager split their time across two services but was supernumerary to the staffing numbers when working at Lowfield House. The registered manager said, "I try and do two and a half days at each service but it depends what is going on, if I'm needed here, I am here and if I'm needed there (the other service they are the registered manager for) I am there."

We reviewed five staff files and saw that suitable checks had been completed before prospective staff commenced working within the service. The files we saw contained application forms, interview questions and responses, two references and Disclosure and Barring Service (DBS) checks. The DBS complete backgrounds checks and enable organisations to make safer recruitment decisions. This helped to ensure people were not supported by staff who had been deemed unsuitable to work with vulnerable adults.

Risks to people's health and welfare were recorded and mitigated whenever possible. Risk assessments had been created in a number of areas including medicines, pressure care, continence, mobility and falls. This helped to ensure staff understood how to keep people safe without impinging on their freedom and choices.

The environment was safe and equipment was checked, serviced and maintained. We saw current electrical hardwiring and gas safety certificates. Water temperatures, legionella tests, the nurse call and fire alarm

system as well as moving and handling equipment such as the lift and hoists were completed when required.

Personal emergency evacuation plans (PEEPs) had been created for each person who used the service that detailed the level of support and the number of staff they required to evacuate the service safely. A business continuity plan was in place that covered a range of foreseeable emergencies which were categorised in relation to the level of risk.

People received their medicines as prescribed. We observed people being supported to take their medicines by a trained nurse. Each person had individual routines for how they preferred to take their medicines which were clearly recorded in their care plans. Protocols had been developed to ensure when PRN [as required] medicines were administered this was done consistently and only when a marked threshold had passed. The Medication Administration Records (MARs) we saw had been completed accurately without omission.

We saw that suitable arrangements were in place for the storage of medicines which included a dedicated medicines room, medicines trolley, medicines fridge and controlled drug cabinet. The supplying pharmacy had recently completed an audit of the service's practice and we noted their recommendations had been actioned promptly.

We observed safe infection prevention and control practices were operated. The service was clean and free from unpleasant odours. Staff wore personal protective equipment when required and followed effective hand hygiene techniques. A member of domestic staff told us, "The manager has really changed things; I have cleaning schedules and we have introduced colour coding, all the rooms are labelled so it's clear what equipment to use." They went on to say, "I don't get pulled away to do care duties anymore so I can do my job to a higher standard."

Good

Is the service effective?

Our findings

People told us they received effective care that met their needs. One person said, "They [the staff] are great, they make sure I am ok." A relative we spoke with commented, "The staff are fantastic, they do such a great job."

We saw evidence that confirmed staff had completed a range of training to equip them with the skills to support people effectively. The registered provider deemed that care staff must undertake a combination of mandatory and service specific training. Mandatory topics included fire safety, infection prevention and control, safeguarding, The Mental Capacity Act 2005, Deprivation of Liberty Safeguards, moving and handling, equality and diversity, pressure care and health and safety. Service specific topics included learning disabilities, autism, peg feeding, diabetes and nutrition.

Staff told us they received appropriate levels of support and professional development and records we saw confirmed this. Their comments included, "We have regular supervisions now. We have an annual appraisal as well but can always speak to the manager or the deputy when we need to", "The support we get now is brilliant, we all know what we need to be doing, everything is really clear and it's a better place to work" and "We gets lots of support and can do courses if we want to. I have just finished an NVQ level three [in Health and Social Care]."

People who used the service received effective care from a range of healthcare professionals. When advice and guidance was provided it was recorded and used to develop people's individual care plans. We saw GPs, learning disability nurses, community nurses, social workers, chiropodists, opticians and dieticians were involved in people's care. A visiting community nurse told us, "I visit the service regularly and have seen lots of improvements. The staff are very good at following our instructions and contact us immediately if they have any concerns about people."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). The Care Quality Commission is required by law to monitor the use of Deprivation of Liberty Safeguards DoLS. DoLS are applied for when people who use the service lack capacity and the care they require to keep them safe amounts to continuous supervision and control. The registered manager was aware of their responsibilities in relation to DoLS and had made successful applications to the local authority in relation to the people who lived at the service. At the time of our inspection 15 people either had a DoLS in place or an application had been submitted to the relevant authority which provided assurance people were supported lawfully in line with relevant legislation.

During conversations with staff it was clear they had a good understanding of the principles of Mental Capacity Act 2005 (MCA). Staff told us the people who used the service had the capacity to make decisions about aspects of their daily lives and throughout the inspection we observed staff gaining people's consent before care or support was provided. A member of staff said, "Obviously there are some things people can't consent to so we have best interest decisions in place. But we try and help people to make as many decisions as possible." Another person said, "Everyone can make decisions even if it's just about where to spend their time and what they want to eat. They might not be able to say that like you or I could but they show us with facial expressions or gestures so we know what they want."

We observed people's lunchtime experience. People were supported appropriately in a calm and relaxed atmosphere. The registered manager told us, "After your last inspection we looked at the dining room and realised it was overcrowded and quite noisy. We created an overspill dining room so people have more space and it has made things so much better."

Pictorial menus were displayed within the service to support people to make choices about what to eat. We saw that two choices were offered at each meal, but were told by the cook, "We have the set menus but people can have anything they want, if someone doesn't want what is on the menu I will make them anything they fancy."

People's dietary requirements such as textured or pureed diets and allergies were known and catered for. When concerns with people's dietary intake were identified relevant professionals such as dieticians and speech and language therapists were contacted. The registered manager told us, "We always follow any advice we get and try and do things to support so people can remain independent. We have the non-slip plate mats, plate guards, drinking beakers and specialist cutlery like wide handled spoons." This helped to ensure people maintained the ability to eat and drink independently.

Good

Is the service caring?

Our findings

People who used the service told us they were supported by caring staff who knew their needs. One person said, "The staff are nice to me, they are lovely." Another person said the staff were, "Really nice." A relative we spoke with told us, "The staff are exceptionally caring" and "[Name of the person who used the service] is happy so we are happy." A visiting healthcare professional told us, "The staff are really good; you can see they genuinely care for people."

We spent time observing how care and support was provided to people who used the service. Staff's approach was caring and compassionate; we heard staff providing explanations to people before carrying out tasks and afforded people time to make choices and involved them in making decisions. It was clear staff knew the people they cared for and their preferred ways of being supported.

We saw staff took practical action to reduce people's distress or discomfort. When a person who used the service became agitated during lunch staff responded quickly. Staff used their knowledge of the person's preferences to calm and comfort them. We watched two people being supported to eat their lunch in an adjoining dining room. The care they received was person centred and inclusive. Staff remained focused on the person they were supporting and ensured the experience was positive and uplifting.

'Getting to know you' documents had been created that captured specific information about people's lives before they moved into the service. The documents included personal details such as people's personal attributes, strengths, hobbies, likes, dislikes, family information and occupational history. A member of staff we spoke with told us that they used the information to learn about people's preferences, they said, "It can take a while to get to know what people like so they [the 'getting to know you' documents] are really useful."

People who used the service displayed differing levels of communication. Throughout the inspection we saw that staff clearly understood the different ways people communicated. We noted that staff gave people the time they needed to express themselves and it was apparent staff understood people's individual methods of communication. When staff spoke to people they gave them the time they needed to respond and interpreted their needs. A member of staff told us, "When I first started it took a while to be able to understand what people were saying but if you spend time with them it doesn't take long."

People were involved in making decisions about their care and support whenever possible. Advocacy support was available to people and we saw evidence that this was utilised when required. The registered manager explained, "We use the same advocate quite regularly, they know all of the residents and have been involved in their care for years." A member of staff commented, "We try and involve people and help them to make decisions but sometimes they need some help so we involve their families, social services and advocates."

Staff treated people respectfully and protected their dignity by speaking to them in an appropriate way, closing doors and curtains when providing personal care, knocking on bedroom doors before entering and gaining consent before delivering support. Each person had their own bedroom which meant they had a

private area to be alone should they wish it. A member of staff told us, "We do lots of things that show respect but I just make sure I think before I act and try and treat people how I would want to be treated."

People's confidentiality was maintained. We saw that private and sensitive information was stored in a locked office and access was only granted to authorised people or relevant professionals when required. Staff told us they were aware of their responsibilities to not share information, one member of staff said, "I wouldn't ever talk about what happens at work, I think we all understand what happens here is private." A second member of staff said, "I am always conscious about confidentiality and keeping things private. Whenever we can we try and get nurses to support people's in their rooms and never talk about things in the hallways or where anyone can over hear." We saw that symbols were used on care records to show that people had a Deprivation of Liberty Safeguards or Do Not Attempt Cardio-Pulmonary Resuscitation order in place which helped to maintain confidentiality.

The registered manager informed us there were no restrictions placed on visiting times, they said, "People have busy lives, we can't dictate when they come and visit. We would let family members and friends come at any time."

Good

Is the service responsive?

Our findings

People who used the service or appointed persons were involved in the initial and on-going planning of their care. A relative we spoke with said, "I come to meetings and am involved in any decisions that need to be made."

People received a personalised service that was responsive to their needs. Records showed people attended reviews of their care and were supported by members of their families or advocates when required. Reviews were held on an annual basis unless people's needs changed or deteriorated. For example, we saw that one person's needs had been assessed three times over a six month period by a community disabilities team to ensure they consistently received the most appropriate care to meet their needs.

Initial assessments and reviews captured information regarding people's needs, abilities and dependencies. This information was used to develop and update a number of personalised care plans in relation to their physical health, personal care, mental health, social inclusion, pressure care, mobility, sleeping and continence.

The care plans we saw included a clear description of people's individual needs and their preferences for how care and support should be delivered. Each care plan had a corresponding risk assessment that identified risks and stated actions staff should take to ensure people remained safe when delivering care. However, through our observations of the care and support staff delivered it was apparent that a small number of people's care plans did not accurately reflect the way they were supported. It was clear staff had an in-depth understanding of people's needs and during discussions they described the most effective way to support them. We discussed this with the registered manager who gave us their assurance that a comprehensive review of people's care plans would be undertaken to ensure they incorporated known and required information.

When concerns were identified with people's health, for example, with their nutritional intake or their risk of developing pressure related sores; monitoring tools were introduced and completed as required. A visiting healthcare professional told us, "The staff know the patients very well, they quickly identify if they are having issues and report it to us immediately" and went on to say, "They [the staff] follow our instructions and are open to any suggestions we make."

People who used the service were supported to take part in a range of activities inside the service and the local community. A member of staff told us, "We have a mini bus so can take people out at any time. We get a larger bus come once a week so lots of people can go out at once." Another member of staff told us, "We do all sorts of different things, in the winter we do more here in the service but in the summer we do a lot more, we go to the seaside, take people shopping or to feed the ducks. You name it." The registered manager told us they were in the process of recruiting activities co-ordinators to ensure people were supported to take part in activities.

People were supported to maintain their independence by reasonable adjustments to the service and

through specific equipment. The service had a passenger lift, wide corridors, walk in showers and slopped floors that enabled people with mobility issues to move around the service unaided. People used modified utensils, plate guards, non-slip mats and drinking beakers so that they could eat and drink independently. A member of staff said, "We have shower trollies, bath hoists, stand aids and specialist wheel chairs. We know what people can do themselves and what they need more support with, we can use the equipment we have but I always encourage people to do the things I know they can do."

The registered provider had a complaints policy that was displayed within the service in an easy to read format. This helped to ensure it was accessible to the people who used the service. We saw that very few complaints were received and were told by the registered manager, "We don't get many but any issues that were raised would be investigated and we would try and learn from it and improve the service." A relative we spoke with said, "If I had any concerns I would just talk to the manager. [Name of the person who used the service] has lived there for eight years and we have never needed to make a complaint in all that time."

Requires Improvement

Is the service well-led?

Our findings

A person who used the service told us it was well-led, they said, "I am very happy with everything. This is a nice place to live." A relative we spoke with said, "We come to reviews and if anything happens to [Name of the person who used the service] we are contacted straight away. I think the service is well managed; they are very open and answer any questions I have." A healthcare professional commented, "The new manager listens to feedback and implements changes quickly. The service has really improved under her."

The service utilised a range of quality monitoring methods to evaluate the level of care and support people received. Audits were conducted monthly in relation to a number of subjects including accidents and incidents, safeguarding referrals, medication, care plans, weight and nutrition. The registered manager looked for patterns and trends and took action when shortfalls were identified. However, we found evidence that care plan audits failed to identify when care plans did not incorporate people's known behaviours or when the way staff supported people had changed.

The service's supplying pharmacy had audited the medication practices and highlighted areas that required attention. We saw evidence to confirm action had been taken to implement the necessary changes without delay. We cross referenced that service's medication audits with the shortfalls identified by the pharmacy audit and it was apparent that some of the areas were not covered by the registered provider's audit tool. This meant the audits used within the service required development to ensure they drove continuous improvements.

The registered provider was involved in the management of the service. Regional directors completed monthly 'work session records' that assessed the service's performance in a number of areas including quality and safety, staffing, medicines and care delivery. We saw evidence that confirmed when areas that required improvement were identified a time specific action plan was created and monitored until satisfactory changes were implemented.

Staff told us the registered manager was supportive, approachable and led the service by their example. One member of staff said, "The manager is brilliant, she really knows what she is doing. Everything is so much better with her in charge." A second member of staff said, "We are lucky the head nurse [the deputy manager] and the manager are really approachable. They never make you feel daft, you can ask them anything." Another member of staff said, "If I make a mistake or do something wrong I can talk to her [the registered manager], she listens, she doesn't tell us off. She gives constructive feedback."

Throughout the inspection we saw that the people who used the service were relaxed in the presence of the registered manager. It was clear that the registered manager had developed supportive and trusting relationships with people and was aware of their needs and how to support them effectively. We observed the registered manager delivering hands on care using their skills and experience to support people when they became anxious or unsettled.

People who used the service and their relatives were asked to provide feedback through yearly

questionnaires. People's views were listened too and used to ensure the service was delivering person centred care that met their individual needs. A relative told us, "I have completed questionnaires in the past and I think our feedback is valued."

Team meetings were held regularly which provided staff with a suitable forum to raise concerns, discuss changes to people's needs, to review activities, menus as well as training needs and best practice updates. The registered manager told us they used a number of ways to ensure the service was aware of and implemented best practice. They said, "We receive updates from NICE (the National Institute for Health and Care Excellence) guidelines, we attend regular training and subscribe to online information sites which have updates related to health care such as Compass navigating excellence, The Carer and Caring Times. We also receive updates from local authorities. Information is filtered from the quality matters team, Directors and HR team."

The service had a registered manager as required under the conditions of their registration. The registered manager was aware of and fulfilled their responsibilities to report accidents, incidents and other notifiable events that occurred within the service. This helped us carry out our regulatory duties and gain an understanding of how the service was managed.