

Lowmoor Nursing Home Limited

# Lowmoor Carehome

## Inspection report

Lowmoor Road  
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## Ratings

Overall rating for this service

Good ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Good** ●

# Summary of findings

## Overall summary

### About the service

Lowmoor Nursing Home is a nursing home providing personal and nursing care for up to 42 people. There were 37 people living at the home at the time of our inspection. The service provides support to older people with a range of support needs including complex health conditions and dementia.

The service is a large adapted property and managed as three units each with its own lounge and dining facilities.

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

Risks associated with people's care and support and the environment were monitored and managed. There was a new manager in post who had begun to make improvements to the way the service audited different areas within the home. Medicines were managed safely, and the manager had implemented effective auditing processes for different aspects of the service.

There were enough staff to meet people's needs and safe recruitment practices were followed.

The home was clean throughout and domestic staff knew the importance of regular cleaning of touch points.

People were supported with their health needs and had access to healthcare services. People were supported by staff who had the training and support required to provide effective care.

People were supported well by staff who cared for them and treated them with dignity and respect. Family members spoke highly of the staff team and felt people were well looked after and kept safe.

The manager had started to make improvements to systems and processes. We discussed various aspects of improvement and the manager told us how they were going to work to make the improvements required.

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 good (Published 13 November 2019).

### Why we inspected

The inspection was prompted in part due to concerns received about staff recruitment and training, also management and monitoring of accidents and incidents. A decision was made for us to inspect and examine those risks.

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.

#### Follow up

We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The overall rating for this service is Good

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always Safe.

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was Well-Led.

Details are in our Well-Led findings below.

**Good** ●

# Lowmoor Carehome

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

This was a focused inspection and was prompted in part due to anonymous information of concern received by CQC related to safe recruitment and staff training, also management of accidents and incidents.

#### Inspection team

This inspection was carried out by two inspectors.

#### Service and service type

Lowmoor Care Home is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager who was in the process of registering with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

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

#### During the inspection

We spoke with two people who used the service and two relatives about their experience of the care provided. We spoke with six members of staff including a nurse, care staff, domestic, laundry, the manager and the provider.

We reviewed a range of records. This included eight people's care records and multiple medicines records. We looked at three staff files in relation to their recruitment and supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We requested further documents to support the evidence. We spoke with three relatives by telephone to ask about their experience of the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this had deteriorated to requires improvement. This meant that people were not always kept safe from avoidable harm.

### Assessing risk, safety monitoring and management

- Risks were not always assessed, monitored and managed effectively.
- Three members of staff were not wearing masks and reported they were exempt for medical reasons. This risk had not been assessed and posed a risk to people using the service, particularly with regard to preventing the spread of infection such as COVID-19. We mentioned this to the manager who took immediate action, however, the risk had not been assessed and mitigated until the inspection. This posed a further risk to the staff concerned as we saw no information on underlying health conditions. The job roles of the staff concerned meant that they were in contact with people throughout the home and requesting to be exempt would suggest they were more vulnerable.
- The manager had implemented a range of tools which supported managing risk and monitoring accidents and incidents including falls. We could see this was working well and there was a clear audit trail of how things were followed through and reported to healthcare professionals where necessary.
- People were protected from environmental risk; communal areas were tidy and free from obstruction. Care equipment was safely stored when not in use.
- Servicing of equipment and checks on the building including, legionella, fire risk and electrical testing were carried out regularly.

### Learning lessons when things go wrong

- We found the manager had been proactive in analysing information from incidents, accidents. They had also encouraged feedback from families and people using the service regarding all aspects of their care. They used this information to inform improvements.
- The manager had recently been appointed, having previously been the deputy but had constantly reviewed actions taken during the COVID-19 pandemic. By observing what was working well and reviewing systems and ways of working including environmental zoning and cohorting, they achieved a safe way of working to prevent the spread of infection.

### Using medicines safely

- Medicines were managed safely.
- Body maps were used for pain patches to ensure that they were cited in a different position each time and for topical creams to show where the cream was to be applied. The documents were accurate and kept updated.
- There were detailed written protocols for medicines which were to be given only 'when required'. They included information on why, when and the maximum amount of medicines to be given for people's safety.
- Staff who administered medication told us that they had been trained and assessed to do so.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse and avoidable harm.
- Staff had received training in safeguarding and told us they knew how to spot the signs of abuse and who to report it to.

Staffing and recruitment

- Safe recruitment practices were followed. We could see staff had all relevant documents prior to commencing employment, these included references, proof of identity and check on criminal records. Staff also had a good induction and training plan. This included mandatory training and shadowing other staff members.
- There were enough staff employed to enable people to receive care when they needed it. Staffing levels were based on a dependency assessment which clearly laid out people's needs and staffing hours required.
- Staff told us that they had received lots of training to carry out their role and that they enjoyed working at the service and felt that they were supported.

Preventing and controlling infection

S5

- 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 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.
- We have also signposted the provider to resources to develop their approach.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection the service has remained the same. This meant people were safe and protected from avoidable harm.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care;

- There was a new manager in post who had been working hard to put processes in place to better monitor and manage the home.
- Governance and oversight was effective and the provider and manager ensured that they supported staff and carried out regular checks of the environment.
- With regard to the staff who were exempt from wearing a face covering, the manager believed they were following national guidance and that once situation specific guidance was obtained they acted quick to implement this and ensure that they had face masks which were suitable for their health condition.
- Systems to check the safety and quality of the service had been implemented. The manager explained how these were followed through to ensure that any improvement actions had been carried out.
- Systems to learn from incidents and accidents had been implemented which were robust and picked up any patterns and trends to refer on to health professionals where necessary.

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

- The manager told us how they planned to make further service improvement and what would be done to bring about change and deliver person centred care to meet people's needs.
- There were also plans to engage more with people and give them the opportunity to be consulted with about things which affect them and their environment. We found the culture to be positive and relatives spoke highly of the service and the care their relatives received.
- Notifications had been submitted to CQC regarding events the provider is required to notify us of by law.

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

- People told us that they were consulted on choices within the home and that they would feedback to the manager if they had any concerns.
- Staff meetings were held and staff told us that they were well supported by management and could go to them if they had any concerns.

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 manager understood their duty to be open and honest with people. They were developing relationships with people and their relatives and keeping them informed of any plans and changes which

they were considering.

#### Working in partnership with others

- The management team told us they worked in partnership with external health and social care professionals. Care plans demonstrated where people had been referred on to specialist services such as speech and language specialist or the falls team when needed.