

Lutterworth Country House Care Home Limited

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Inspection report

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Date of inspection visit:
09 March 2021

Date of publication:
29 March 2021

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

Lutterworth Country House Care Home is a care home providing personal and nursing care for up to 66 people. At the time of the inspection 43 people were receiving support.

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

People and relatives told us the service was safe, and staffing levels were sufficient.

Risk assessments were in place and covered the risk present in people's lives. Regular reviews and updates took place to ensure assessments were relevant and up to date.

Medicines were stored and administered safely, and staff were trained to support people effectively. Staff felt confident in their roles.

Our inspection was prompted in part by concerns raised about infection control and falls within the service. On the day of our inspection, the service was clean, and staff were following infection control procedures. Staff wore appropriate personal protective equipment. People and staff we spoke with were satisfied the service was kept clean to a high standard.

Audits of the service were undertaken and any issues found were addressed promptly. Staff felt well supported by the management team and were motivated to provide good care to people.

Staff referred to external professionals as required and followed advice to ensure people's needs were met.

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.

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

Rating at last inspection

The last rating for the service was Requires Improvement published on 10 March 2020.

We undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

Why we inspected

The inspection was prompted in part due to concerns about the high occurrence of falls, and infection control. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. 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 coronavirus and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 well-led?

Good ●

The service was well led.
Details are in our safe 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 Care Act 2014.

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 one inspector.

Service and service type

Lutterworth Country House 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 registered with the Care Quality Commission. Registered managers and providers 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 un-announced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection, this included contacting the local authority for information and feedback. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with four people who used the service. We spoke with four members of care staff, the registered manager, the deputy manager and the area manager. We also spoke with two relatives of people who used the service by phone.

We reviewed a range of records. This included three people's care records, audits and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. The provider also sent us further documents to review in the days after the inspection.

Is the service safe?

Our findings

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

At the last inspection this key question was rated requires improvement. At this inspection this key question has improved to Good. This meant people were safe and protected from avoidable harm.

At our last inspection, medication administration was not being managed effectively or safely, and risk assessments were not always reviewed and up to date. This was a breach of regulation 12 (Safe care and treatment) 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 12.

Using medicines safely; Assessing risk, safety monitoring and management

- Improvements had been made to the way medicines were administered and how records were kept. An electronic medicine administration record (MAR) was in use. The system could be viewed remotely by managers, to ensure medicines were being administered accurately. The system alerted staff to any errors made, and ensured the correct actions were taken.
- We checked medicine stock levels against the MAR, and found them to be accurate, and signed for whenever administered.
- We saw medicine rounds within the home were conducted at the appropriate time. The system used alerted staff to the amount of time required between certain doses of medicine, ensuring appropriate time periods had passed.
- Some people were administered trans dermal patches. We saw that electronic charts were completed which showed these patches were not applied to the same area of the body repeatedly, thus ensuring they were used effectively.
- Medicines were stored and disposed of securely.
- Risk assessments and care plans were in place and were reviewed and updated as required. We saw one person at risk of falls had been given a pressure sensor mat as a result of the risk of falling. This was documented within their care plan. Managers conducted daily walkaround checks which included general environment checks as well as checking that any sensor equipment was plugged in an operating as it should. We found this equipment to be in working order during our inspection .
- Staff understood and followed risk assessments appropriately. Records showed people received timely support, according to known risks.

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 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.

Systems and processes to safeguard people from the risk of abuse

- People felt safe within the service. One person we spoke with said, "It's safe here, plenty of staff around. I'm used to it now. Good place to be." Another person said, "[The staff] are lovely. No concerns from me at all." A relative of a person living at the service told us, "It's absolutely safe and fine at the home, [name] looks well and is well looked after. [Name] looks nice when I see them."
- Staff were trained in how to keep people safe from abuse and recognised the signs that might indicate a person was being abused. They knew how to report concerns to the registered manager and were confident to do so if required.
- Systems were in place to ensure people were safeguarded from abuse including whistleblowing policies and procedures.

Staffing and recruitment

- The service was sufficiently staffed and people we spoke with confirmed this. One staff member told us, "Staffing is generally quite good. We have obviously had a few off with Covid-19, but others have covered the shifts." Rotas we saw showed that staffing levels were consistent.
- The provider continued to recruit staff in a safe manner. This meant that checks were carried out before employment to make sure staff had the right character and experience for the role.

Learning lessons when things go wrong

- Incidents and accidents were recorded and reported, where necessary, to the appropriate authorities. A system of analysis for safeguarding, and incidents and accidents such as falls, was in place to enable the provider to identify trends or themes and to facilitate the reviewing and updating of risk assessments. We saw that when incidents had taken place, actions such as referrals to health professionals, increased monitoring, or use of sensor equipment had been put in place.

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 Requires improvement. At this inspection this key question has improved to Good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection systems were either not in place or robust enough to demonstrate that effective systems and processes were in place to monitor and improve the quality and safety of the services provided. This was a breach of regulation 17(1) (Good governance) of the Health and Social Care Act 2008.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

Continuous learning and improving care

- We found that audits and checks including infection prevention and control, daily walkarounds, checks on equipment, and medicines checks regularly took place within the service. These checks were effective at identifying any shortfalls and creating actions for improvement.
- People's records were reviewed and updated as required to reflect their current needs.
- An electronic MAR system had been implemented which had improved the safety and efficiency of medicine administration and record keeping.

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

- The service had a registered manager in place. There was also regular support from a regional manager within the service. People and staff told us that support from management was good. One relative told us, "They (management) keep me informed of everything. I know the registered manager."
- The atmosphere within the service was calm, and we saw that people and staff were having positive interactions and conversation.
- The staff were committed to achieving good outcomes for people, and understood each person's wants and needs. Staff were flexible in their approach to ensure good outcomes for people.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong.

- The management fulfilled their legal obligations to notify the Care Quality Commission of serious incidents involving people living at the home, and understood the duty of candour. The duty of candour requires providers to be open and honest with people when things go wrong with their care, giving people support, and providing information.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff felt generally well supported by the management team. One staff member said, "The registered manager and deputy manager make it quite clear they are there to help on the floor if required."
- Regular audits and checks took place to ensure any problems could be rectified. Staff felt confident that people were well cared for, and that they could approach managers with any concerns which would be listened to and acted upon.

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

- People and their relatives felt they were engaged with and involved in the service. One relative told us "All the time I have contact with the managers, they are really good. They explained about Covid-19 and the need to stop visiting for a while. They email, send letters and phone for communication. They keep me updated. The staff are lovely, kind and caring. They make me feel welcome."
- Team meetings were not being held currently due to Covid-19 and the need to socially distance wherever possible. Management told us they communicated updates with staff individually to ensure staff stayed up to date. Staff confirmed they received updates from management and could approach them as required.

Working in partnership with others

- The service worked in partnership with outside agencies. The registered manager told us that meetings were regularly held with the local authority to discuss updates and any support required.
- People we spoke with confirmed they were able to receive support from outside professionals if required, and that staff could help them facilitate this.