

Sandstone Care North West Limited

Longridge Hall and Lodge

Inspection report

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Longridge
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Tel: 01772786106

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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

Longridge Hall and Lodge is a residential care home registered to accommodate up to 60 people in need of personal care. Accommodation is provided over two floors. All rooms have en-suite facilities. On the days of the inspection there were 55 people living at the home.

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

Recruitment processes needed reviewing as some pre-employment checks were missing. We have made a recommendation about this in the 'Safe' section of this report. The provider acted during and immediately after the inspection to address any risks we found in this area.

Staff understood how to protect people from abuse and there were enough staff to meet people's needs and to ensure their safety. The provider's safeguarding processes were robust. Staff told us they had received training and support relevant to their roles and when they started employment. People told us they felt safe and were happy with the service they received. People received safe care from kind and caring staff. People were protected from the risk of harm and staff supported them to maintain their safety and wellbeing. People received their medicines as prescribed from staff who had been trained in medicines and had their competencies checked by managers.

People received high-quality person-centred care because the provider and managers had maintained effective oversight of the quality of care practice and records. Staff were committed to providing high-quality care and felt they were supported in their role by the registered manager and provider. 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.

Quality assurance systems, audits and checks were robust and embedded within the service. The home, the environment and the equipment in use was clean and tidy. We did not find any shortfalls around care planning and record keeping. This assisted in ensuring people received proper and safe care. Staff felt valued and enjoyed working at the home. They also said the new provider had provided a good degree of stability and improvements to the home. They praised the support the registered manager provided.

People were supported to live healthy lives and had access to health and social care professionals. The home worked well with other organisations to provide effective and consistent care and healthcare professionals particularly praised the service in this area. People also had a good choice of meals. Drinks were available at any time of day and night. There was an activities programme on both floors of the home with dedicated activity coordinators. People said they particularly enjoyed the range of activities. People's views and opinions of the service were sought and acted on. People's rights were protected and their equality and diversity needs were respected.

People were confident in the management team at the home and praised how approachable they were. Relatives were similarly pleased with the way the home was managed. They felt confident their relations were safe and praised the friendly and caring attitudes of staff and managers. We noted good interactions between people, management and staff. The service made appropriate notifications to CQC and other authorities of safety incidents to ensure these incidents received appropriate oversight. Infection prevention control measures were robust.

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 under the previous provider was requires improvement, published on 27 February 2019.

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.

You can read the report from our last comprehensive inspection under the previous provider, by selecting the 'all reports' link for Longridge Hall and Lodge on our website at www.cqc.org.uk

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 effective 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 effective findings below.

Is the service responsive?

Good 

The service was responsive.

Details are in our effective findings below.

Is the service well-led?

Good 

The service was well-led.

Details are in our effective findings below.

Longridge Hall and Lodge

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

On the first day of the inspection an inspector and an Expert by Experience visited the home. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The inspector returned alone on the second day and provided feedback in a video call on the third day.

Service and service type

Longridge Hall and Lodge 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. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

This inspection was unannounced.

Inspection activity started on 4 April 2023 and ended on 6 April 2023.

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, commissioners and professionals who work with the service. We also looked at information we had received and held on our system about the service, this included notifications sent to us by the provider and information passed to us by members of the public. We used all this information to plan our inspection.

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 improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with 9 people who used the service. We spoke with 5 relatives about their experience. We spoke with members of staff including the registered manager, deputy manager, an area manager (provider representative) and care workers and a member of the domestic staff. We also spoke with 4 external health and social care professionals and received their feedback of the quality of the service. We looked at a variety of records to gather information and assess the level of care and support provided to people. We reviewed in detail 4 care records. We looked at staff rotas, risk assessments, multiple medicine records and 5 recruitment files. We also considered a variety of records relating to the management and governance of the service, including policies and procedures.

We looked around the home in both communal and private areas to establish if it met the needs of people who lived there and if it was safe.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- Some safe recruitment procedures were not always followed and this could lead to the employment of unsuitable staff. On occasions, checks into an applicant's background had not been thorough enough. For example, some checks with previous employers in health and social care had not been made in some of the recruitment files we considered.
- Checks such as those into identity, right to work and criminal records had been completed.
- There was no evidence anyone had been harmed because of the omissions. We raised these issues with the registered manager and provider representative who implemented further measures during and after the inspection to ensure the whole staff team continued to be safe to work with vulnerable people.

We recommend the provider reviews its recruitment processes to ensure they are compliant with legislation and best practice.

- There were enough staff employed. Our observations at inspection and staffing rotas supported this. People and their relatives also told us staff were available to support them appropriately. One person said, "I need lots of help with moving around and the staff are always there for me. I have never have to wait for help."

Using medicines safely

- The registered and deputy manager and senior staff followed safe processes to ensure people's medicines were managed safely. One person said, "They tend to give me my medicine at the same time every day. I know the manager is 'hot' on this."
- The administration and destruction of controlled drugs was consistent with guidelines. These are medicines that can be abused but the service had strict protocols around their use, storage and disposal.
- Staff were suitably trained to administer medicines and checks on their practice had been carried out.

Systems and processes to safeguard people from the risk of abuse

- The provider and registered manager ensured people were protected from the risk of abuse. Staff had access to appropriate training and understood how to raise concerns about poor practice. Staff were confident the registered manager and deputy would act quickly to keep people safe if they reported any concerns. One staff member said, "There is no way the manager would hide anything. They would be 'on it' and if I raised something, I know I would be supported by the provider as well."
- People felt safe. One person said, "Everyone here makes sure nothing happens to me that shouldn't." Another said, "Someone always checks on me day and night so I am very safe." Relatives had no concerns

about their family members' safety.

- The registered manager and staff were clear about when to report incidents and safeguarding concerns. Policies and procedures provided guidance to staff and supported the priority of keeping people safe.

Assessing risk, safety monitoring and management

- The registered and deputy manager and senior staff assessed and managed risks to people's health, safety and wellbeing. People's care records included guidance for staff about how to provide their care in a safe way.
- Accidents and incidents were being recorded and acted on. There was managerial oversight of these incidents and the registered manager said records of incidents were collated into a central folder on the provider's digital care and recording system. This helps when reviewing incidents and clarifying whether there were any trends or patterns and if appropriate action had been taken to keep people safe.
- Equipment had been serviced and maintained in accordance with manufacturers' recommendations. A range of environmental checks had been carried out, to ensure the home was safe and fit for use.
- We noted a programme of improvements to the environment were in progress. These included the home's décor. The registered manager informed us this was only partially complete and that she had applied for upgrades to some items of furniture and this had been approved. The registered manager and staff said the provider was proactive around improving the home's surroundings and quickly addressed things that needed attention.
- In 2022, the provider had consulted a recognised environmental fire safety expert who had recommended some areas of improvement around fire safety. We noted the provider had prioritised this work and some relatively minor areas were outstanding. The remaining items had been delayed due to the unavailability of parts and these were on order with the supplier.

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.
- People could visit the home freely as and when they wished unless the home had been advised to restrict visiting due to an infection outbreak.

Learning lessons when things go wrong

- The provider had systems to ensure lessons were learnt from any incidents. This included sharing the outcome of incidents with the staff team and senior staff at head-office to further improve the safety of the service and learning across the whole organisation.

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.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered and deputy manager ensured assessments of people's needs were carried out before they came to live at the home. This was to ensure they could be looked after properly. Assessments from health and social care professionals were also used to plan effective care and, where appropriate, the views of relatives were taken into account. One relative said, "I have meetings about my relative's care plans which is lovely. I still feel involved in their care."
- All staff applied their learning in line with professional guidance such as the management of nutrition, mental wellbeing, oral health and skin integrity. This supported a good quality of life for people in the home. A health care professional said, "Management and staff follow the care plan properly and consult us if there are any changes or need any further support from specialists."
- The initial care assessment supported the principles of equality and diversity and the registered manager and staff considered people's protected characteristics, such as age, disability, sexuality, religion or belief.
- Staff members used technology and equipment such as call alarms, electronic care plans, sensor mats and pressure relieving mattresses to deliver effective care and support. A relative said, "My relative came here from hospital following a fall. She has a pressure mat in her room, so if she tries to move without help, someone will come to her promptly."

Staff support: induction, training, skills and experience

- The provider made sure staff had a range of appropriate training, supervision and support to carry out their role effectively. Training compliance was monitored to ensure this was carried out in a timely way. Staff could request additional training in specialist areas and we noted a number of them had made requests in relation to autism awareness and end of life care.
- The provider provided new staff with induction training. During induction and a probationary period, staff had to complete the care certificate. This is a qualification for new employees working in health and social care. It provides staff with the fundamental skills needed in health and social care roles. All staff members were encouraged and supported to take external qualifications in health and social care after their probation.

Supporting people to eat and drink enough to maintain a balanced diet

- The registered and deputy manager and staff made sure people's nutritional needs and dietary preferences were met. We observed the meals served were presented well and were hot and nutritious. Meals, snacks and drink choices were offered throughout the day.
- People commented positively about the meals. One person said, "The food is great with plenty of choice. Another said, "When I came here the cook really tried to tempt me with food. My appetite was poor. I now

enjoy my food here, its lovely."

- Staff monitored and supported people if they were at risk of poor nutrition. This included staff we spoke with in the kitchen. Where appropriate, advice was sought from healthcare professional. A relative said, "My relative's health has improved since coming into the home. One of the reasons is that they are now eating a good balanced diet"

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The registered and deputy manager and staff provided people with appropriate support to meet their healthcare needs. Staff worked with other social care and healthcare professionals as well as other organisations to ensure people received a coordinated service. One healthcare professional said, "My colleagues and I can't fault the support we get when we visit." Another said, "We all work well together. It is an effective team."

- We noted the registered and deputy manager and senior staff shared appropriate information when people moved between services such as admission to hospital, other services or when people attended external health appointments.

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

- The provider had adapted parts of the home with people's needs in mind. The home was a purpose-built care home and facilities in the home helped staff support people. For example, wide corridors and large bathrooms helped in the use of specialist moving and handling equipment. Gardens were attractive and well maintained.

- Maintenance was provided by a dedicated member of staff. There was a maintenance programme in place that has been mentioned in the 'Safe' section of this report.

- People were happy with their bedrooms and the communal areas. We noted some had personalised their bedrooms with their own pictures and ornaments. A relative said, "It is a great home and always clean and tidy."

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 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. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered and deputy manager understood when an application for a DoLS authorisation should be made. They worked with the local authority and with people's authorised representatives to ensure where people were deprived of their liberty, any decisions made on people's behalf, were lawful and in their best interests.

- Staff received training and demonstrated an awareness of the MCA. They supported people to have

maximum choice and control of their lives and supported them in the least restrictive way possible. We noted staff asked for people's consent before providing care, explained what they were going to do and respected their decisions.

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.

This is the first inspection of this newly registered service. This key question has been rated 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

- Staff treated people with care, patience and kindness. We observed warmth from staff towards people and conversations were friendly and appropriate. We observed staff taking time to stop and offer kind words, encouragement and reassurance to people. It was clear management staff knew people well and had good relationships with them and their families.
- People told us they liked the staff team and registered and deputy manager. One person said, "The people here are fantastic. The home has a quiet and warm and friendly atmosphere. Always plenty going on."
- Staff knew about people's preferences and diverse needs and respected what was important to them. For example, they made sure a person wore the clothes they preferred when visiting their family. Staff were aware of people's religious, cultural and social needs and celebrated them appropriately. One relative said, "My loved one is always well presented and wears their special clothes when we go out for the day. I'm pleased staff make that extra effort and support us all with this."

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

- The registered and deputy manager and staffing team involved people in decisions about their care. We observed staff encouraging people to express their views and make everyday decisions about their care. People and relatives were asked for their views in reviews of care, and at meetings.
- Where appropriate, relatives were supported to make decisions about their loved ones' care and support. One relative said, "The care is great. We have meetings and any plans that are put in place are passed by me and my relative first. The staff could not be better."
- People had choice and control in their day to day lives. There were residents' meetings where people were encouraged to provide their views on the running of the home.
- We noted a situation where management and staff supported a relative at the end stage of their loved one's life. Thereafter, the care and support of the relative continued with regular visits to the home and help in other areas important to the relative. The relative said, "I was fully involved at the end stage of my relative's life. As a result of the friendship and bonds I made here at I have continued to visit as I just love the people and manager. They are very special to me."
- If people could not make day-to-day decisions, staff could provide information to people about advocacy services. This meant people had someone who could speak up on their behalf if other supporters, such as relatives, were unavailable.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to maintain their independence. The staff team was knowledgeable about

accessing services and ensuring people could have equipment and adaptations to keep them safe and to promote independence. A person said, "It's very hard to accept you need to be in a home needing care, but I am treated with respect and my independence is allowed where possible."

- People were dressed appropriately in suitable clothing and footwear. A healthcare professional said, "Residents always look well in this home and are clean and well presented."
- The service ensured people's care records were kept securely. The language used in daily notes and care plans was respectful and recorded in a positive manner.

Is the service responsive?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated 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

- People's care and support was centred around their choices and preferences. One person said, "They [staff] always help me to do what I want to do. I also need a lot of help moving around but that's not a problem here."
- The registered and deputy manager and staff understood people's needs and encouraged them to make decisions about their daily lives. Staff supported people on an individual basis whilst promoting equality and diversity and respecting individual differences and choices.
- The registered and deputy manager reviewed people's care plans regularly and updated them when people's needs changed. However, on 1 of the 4 care records we considered, the current position around support needs for a person was unclear. During inspection, the registered manager amended the records for the person to ensure they were more meaningful and provided a proper guide to staff.

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.

- The registered and deputy manager assessed people's communication needs and reviewed them regularly. People's care plans included the support they needed with communication and how staff should provide it. We observed staff taking time to communicate effectively with people and repeating information when necessary.
- The deputy and registered managers provided people with information in alternative formats in a way they could understand. We were provided with examples of where the service had complied with this legislation such as when essential documents were provided in "easy to read" formats.

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

- The service employed activities coordinators on both floors of the home. People were supported to follow their interests and take part in a range of activities. Activities were tailored to people's needs, choices and preferences. People we spoke with were happy with the activities available. The inspection occurred in early spring and people commented with enthusiasm about outdoor activities and the opportunity of using the garden with the improving weather.
- During the inspection we observed people participating in a quiz, one to one and group discussions,

watching TV and visits with their family. A person was busy knitting and said, "I can do this myself but the girls help with the wool. This is my favourite thing to do."

- Staff encouraged people to maintain relationships that were important to them. We observed visits by friends of relatives. Visitors told us they felt welcome and appreciated by management and staff. A relative said, "No restrictions on visiting. My relative would never join in with others. Since coming here, and with plenty of encouragement, she now joins in the activities and appears to enjoy herself."

Improving care quality in response to complaints or concerns

- The provider had robust processes to investigate and respond to people's complaints and concerns. A number of compliments had been made about the service. People we spoke with had no complaints about the service they received but knew how to complain or raise concerns if they were unhappy. One person said, "If I had a problem, I know it would be dealt with."

End of life care and support

- Senior staff discussed and recorded people's end of life care wishes, where appropriate, and understood what was important to them. There were arrangements in place to ensure necessary medicines and additional healthcare support was available when required.

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.

This is the first inspection of this newly registered service. This key question has been rated 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

- The registered manager's and provider's systems to monitor and oversee the quality of the care and support were effective and had been properly embedded within the fabric of the service. We noted there were a series of checks and practices that had helped in how the home was run.
- The registered and deputy manager were clear about their roles and responsibilities. Their practice, and day-to-day management of the home served to advance the best interests of people and support staff in achieving this goal.
- Everyone we spoke with told us the registered manager was visible, approachable and supportive. A health care professional said, "There has been improvements in this home. The manager is at the heart of it. The home feels better organised and staff are attentive and focused." A person who used the service said, "Staff and managers are great and all are approachable." A relative said, "She [the registered manager] is always available. Nothing is too much trouble."
- Staff understood their individual responsibilities and contributions to service delivery. They had access to guides, policies and procedures. They also knew who to contact if they required support and assistance.
- The provider appointed an area representative to visit the home regularly and conduct audits and checks. These were effective and had spotted issues that had been resolved before the inspection.

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

- People received person-centred care and support. Plans of care were well written, person-centred documents, which provided the staff team with guidance about people's needs and how these were to be best met.
- Feedback from the staff members we spoke with was positive. Staff said they enjoyed working in the home and were well supported. One said, "The new provider seems to be really good and very supportive of staff." Another said, "Things have improved in the home since the new provider took over."
- People said they felt staff and management valued their views and acted on this to provide person-centred care and support.

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 registered and deputy manager told us they were always honest with people if things went wrong and, where appropriate, would make referrals to the local authority safeguarding team. Staff also understood the

importance of reporting accidents and keeping families informed.

- Where appropriate, we noted the registered manager apologised to people and their relatives when something had not gone according to plan. The provider representative said this was something that was encouraged and they were working on strengthening policy, training and process in this area.

Working in partnership with others□

- Records showed, where appropriate, advice and guidance was sought from health and social care professionals. A health/social care professional said, "The service is great and is a pleasure to work with. When there are issues, they call on us appropriately and really work well with us in the best interests of the residents."