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Longmead House

Inspection report

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Longmead House is a care home providing personal care and support for a maximum of 23 people. Accommodation is set over three floors all of which have access via stairs or a lift. The service provides support to older people, some of whom were living with dementia. At the time of our inspection there were 15 people using the service.

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

Risk assessments and support plans were not always in place to help staff to deliver safe care to people. Some risks had not been identified, managed and mitigated. We witnessed an unsafe moving and handling practice which put a person at risk of avoidable harm. People did not always receive their medicines safely and as prescribed.

Incidents and accidents were not always recorded appropriately, analysed or reviewed. There was no evidence lessons were learned from incidents and accidents.

People were not always protected from the risk of infection and cross contamination. On the day of our inspection, there was a malodour which persisted throughout the day. Furthermore, most areas of the home were dusty and unclean.

Although there was a fire assessment in place and records of fire safety checks, a person's fire door was being propped open by an object. This put the person at risk of harm, should there be a fire.

Recruitment checks were not always carried out. One staff member's file did not contain the necessary documents to help ensure they were fit to deliver care to people. There were no regular staff meetings or meetings for people who used the service.

People were not always treated in a kind and dignified manner. Some practices were task-centred and did not recognise people's individual needs.

There were few activities taking place on the day of our inspection, and the activities on offer did not meet people's needs. People told us they were bored. The environment and the activities had not been developed to meet the needs of people living with dementia.

Care plans were developed from the initial assessments and contained information for staff to know how to meet people's needs. However, these had not been reviewed for several months. This meant we could not be sure people's current needs were met.

The provider's quality monitoring systems were infrequent and had failed to identify the shortfalls we found

during our inspection. The provider had not carried out regular audits and checks of the service for several months. The service failed to demonstrate they were providing care and support that was safe, caring or responsive. This put people at risk of harm.

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

Rating at last inspection

The last rating for this service was good (published 6 June 2018). At this inspection the rating had changed to inadequate.

Why we inspected

The inspection was prompted in part due to a safeguarding concern. A decision was made for us to inspect and examine this risk. This report only covers our findings in relation to the Key Questions Safe, Caring, Responsive and Well-led which contain those requirements. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to inadequate. This is based on the findings at this inspection.

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.

We have found evidence that the provider needs to make improvements. Please see the safe, caring, responsive and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement and Recommendations

We have identified breaches in relation to safe care and treatment, fit and proper person employed, person-centred care and good governance.

Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

Is the service caring?

Requires Improvement ●

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-led findings below.

Longmead House

Detailed findings

Background to this inspection

The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 2 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Longmead House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Longmead House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

The provider is registered as an individual and as such is not required to have a registered manager in place. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided. 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.

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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 7 people who used the service and 1 visitor about their experience of the care provided. We spoke with 6 members of staff including the owner. We also spoke with the consultant/trainer involved the running of the home.

We reviewed a range of records. This included 5 people's care records and the medicines records for all the people using the service. We looked at 5 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including incidents and accidents records, audits and safety checks. Policies and procedures were reviewed. After the inspection, we continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We contacted 3 professionals who regularly visit the service and received a reply from 1.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to inadequate.

This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Lessons were not always learned when things went wrong. Accidents and incidents were recorded, but did not always include what actions were taken, analysis or management reviews, or any management plan in place to prevent re-occurrence.
- Not all risks to people's safety and wellbeing were assessed and recorded, and there were not always guidelines for staff. For example, we witnessed 2 staff members undertaking an unsafe moving and handling manoeuvre with a person. The person's risk assessment did not specify how to support the person to mobilise, only describing they 'required support to go from A to B'. We have informed the local authority's safeguarding team of this. Furthermore, most people's risk assessments were not regularly reviewed and updated. This placed people at risk of avoidable harm.
- People's monitoring charts such as weight charts were not up to date. One person's monthly charts indicated they were last weighed in April 2023, and there had been a slight weight loss in March and April 2023. This meant there was a risk that any further weight loss would not be identified.
- Although there were regular fire safety checks, these had not identified that one person's fire door was propped open by an object as the doorstop was not working. This meant there was a risk to the person's safety should a fire break out.
- There was a lift for people to use so they could access the upstairs bedrooms. This had recently broken down which meant people who could not use the stairs and had to sleep downstairs on chairs and makeshift beds. Although the lift was in working order at the time of our visit, a visitor told us the lift regularly broke down and there was no back-up plan.

The provider had not ensured that all reasonably practicable steps were taken to mitigate risks to people and to follow good practice guidance to make sure the risk was as low as is reasonably possible to people. This is a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014.

- There were up to date fire checks undertaken and the staff received appropriate training in fire safety. A staff member described accurately what they would do if the fire alarm went off.

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

possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

- Staffing records indicated the provider did not always carry out checks on staff before they supported people to help ensure they were suitable. One staff record only contained one reference, there were no records of a criminal check, proof of ID, proof of address, interview questions or right to work in the UK.
- We raised this with the owner and consultant, who were unable to locate these. This meant there was an increased risk people were supported by unsuitable staff.

The provider had not ensured that persons employed had the qualifications, competence, skills and experience to carry out their role. This was a breach of regulation 19 Fit and proper person employed of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014.

- Following the inspection, the provider told us they were taking appropriate action to obtain new documents for the staff member.
- People thought there was enough care staff on duty to meet their needs. On the day of our visit, we saw people's needs were met in a timely manner.

Using medicines safely

- People did not always receive their medicines safely and as prescribed. We found some discrepancies during our inspection. The staff signed for each administration on medicines administration records (MARs). One person was prescribed a medicine to be given 'as required' (PRN). There had only been 1 administration from a box of 100 tablets but there were 103 tablets in the box. We discussed this with the staff who were unable to provide an explanation.
- Another person was prescribed a medicine to be given twice a day. However, the MAR was only showing this to be given only in the morning. This medicine was recorded as 'F', 'not available' for 10 July 2023 and left blank on other days. The staff told us the medicine was discontinued although there was no evidence this was the case.
- For the same person, another medicine to be given once a day had also been recorded as 'F', 'not available' from 10 July to 18 July 2023 but the staff were unable to show us any evidence this medicine had been discontinued.
- A third person's MAR's instruction stated to give the person 1 or 2 tablets. However, the staff did not record if they gave 1 or 2 tablets. The staff did not record the date of opening on medicines boxes or if any tablets were brought forward from the previous cycle. This meant it was not possible to carry out effective audits of this.
- Medicines audits were irregular and did not always identify shortfalls. One medicines audit carried was carried out in June 2023. Before this, the last audit was carried out in December 2022.

The provider had not always ensured people received their medicines safely and as prescribed. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008(Regulated

Activities) Regulations 2014.

- The medicines trolley was securely locked and kept inside a locked cabinet. The medicines cupboard's temperatures were recorded and within safe range.
- Medicines records contained clear photographs of people and basic information about them including their allergy status. Where people were prescribed PRN medicines, there were clear PRN protocols in place so the staff would understand the reason for these medicines and how to manage them.
- One person received their medicines covertly. We saw this decision had been discussed and agreed by relevant professionals and had been agreed in the person's best interests. The relevant documents were in place and completed and signed appropriately.
- One person had a transdermal patch prescribed. A transdermal patch is a medicated adhesive patch placed on the skin to deliver a specific dose of medication. This was managed well by the staff and each administration clearly recorded. The staff recorded the area of application and signed to show they had removed the previous patch. This was also signed by another member of staff to reduce the risk of an error.

Preventing and controlling infection

- We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- There was a strong malodour in most areas of the home which persisted throughout the day. Carpets were stained and worn.
- Some people's rooms were unclean. In one person's bedroom and bathroom, there was dust and dirt on pipes, plug sockets, bin and furniture. At the base of the toilet, there was an accumulation of dirt. There were cracks on the ceiling and large cobwebs.
- There was dirt and cracked tiles on the landing windowsill. Communal rooms were also unclean with food residue on the floor and an accumulation of dirt in corners.
- There were 2 damaged/torn pressure cushions being used in the dining room.

The provider had failed to protect people from the risk of infection and cross contamination. This is a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- 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 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 were supported to receive visitors whenever they wished and confirmed their relatives were always welcome.

Systems and processes to safeguard people from the risk of abuse

- There was a safeguarding policy and procedures in place and staff were aware of these. The provider sent notifications to the local authority when there was a safeguarding concern and worked with them to investigate and put systems in place for the protection of people who used the service.
- Staff received training in safeguarding adults and understood how to report abuse. A staff member told us,

"If I saw a resident being abused, I would stop it. We are here to care for [people]. Then I will report to the manager."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement.

This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity

- People were not always well treated and supported. Although we saw some kind interactions between staff and people who used the service, the lack of management oversight had meant the staff did not always support people safely and appropriately. This is explained further in the key question safe.
- A visitor told us the regular staff were 'very kind and caring', but added, "Some agency staff are just a little heavy handed with the residents." We fed this back to the provider who said they would look into this.
- Notwithstanding the above, people we spoke with told us the staff treated them kindly and with respect. Their comments included, "The staff are very kind and look after me very well", "The staff are very good and kind, I see the same faces and there are enough people to help me" and "The staff are very good and always very friendly."
- People's religious and cultural needs were recorded in their care plans. There were arrangements for people to attend religious services of their choice.
- The provider had an equality and diversity policy in place. The provider told us they were not aware of anyone belonging to the Lesbian, Gay, Bisexual and Transgender (LGBT+) community at present.

Respecting and promoting people's privacy, dignity and independence

- Although people told us they were well cared for, we found a concern which indicated people were not always treated with dignity.
- People were supported to use the toilet according to a chart described as 'toileting programme' on the notice board which listed the times staff needed to support people. It also stated, 'Always toilet residents before bed and first thing in the morning'. We raised this with the owner, who removed this.
- Notwithstanding the above, people told us the staff respected their privacy and dignity, and we saw evidence of this on the day of our inspection. The staff respected people's privacy and knocked on people's doors before entering. People told us their wishes were respected.

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

- People were not always involved to express their views and make decisions about their care.
- People's needs were not reviewed regularly. This meant if their needs, wishes and choices had changed, there was a risk these would not be met.
- There were no meetings organised with people and their relatives. This meant we could not be sure people had regular opportunities to raise any concerns and be involved in the service development.

- People were given an opportunity to express their views of the service via a yearly questionnaire. We viewed the most recent survey which showed people were generally happy at the service.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement.

This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's needs were recorded in their care plans, but the information was not always correct and did not always reflect people's needs. For example, one person's care plan stated on one page, 'Ensure that I am provided with lots of coffee throughout the day as I love coffee' and on the following page, 'I will have lots of tea during the day, as it is my favourite drink'.
- Another person's care passport stated, 'Mostly pleasant, mood changes are unpredictable, [Person] is often aggressive and abusive towards staff.' However, there was nothing recorded in the person's care plan about this, or any risk assessments in place. There were also no records of any particular episodes of aggression, what may have triggered these or any guidance on how to manage situations and support the person.
- People's needs were discussed, and we saw evidence healthcare professionals were regularly involved in people's care. However, because people's care plans and risk assessments were not regularly reviewed, there was a risk the staff would not have up to date information and people's needs might not always be met.
- Some people told us they were bored. Their comments included, "I get bored. We have to make our own amusement. Last Saturday one of the staff put some music on and we had a bit of a dance which was fun. I get very frustrated with nothing to do except read my book", "I just long for Sundays because that's the only day I get out when I go to church. There is not much else to do" and "I do think they could do something to keep people active – maybe something like chair exercises because then everyone could try it and just do what they were able to do but would still be joining in."
- The TV was on most of the day with the sound off, and several people were asleep. One person walked up and down the ground floor, but nobody attempted to undertake an activity with them.
- We asked a member of staff if there was going to be an activity and was shown the activity programme which said the activity for the morning was 'News Headlines' but the member of staff did not seem to know what this was or who was going to organise it.

We found no evidence that people had been harmed, however the support people received did not always meet their care needs. This placed people at risk of harm. This was a breach of regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communications needs were assessed, recorded and met. Care plans specified people's mode of communication and how staff should meet these.
- All the people using the service were able to communicate verbally and read and spoke English.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place and people knew how to complain if they had any concerns. One person told us, "I do not have any complaints but if I did I know exactly who I would talk to and that they would do something about it."
- We did not see any recent recorded complaints, but the owner told us they listened to people and addressed any complaint they may have without delay.

End of life care and support

- People were consulted about their end of life wishes if they wished to discuss these.
- Some people had end of life care plans in place which detailed how they wanted to be cared for at the end of their life, and any specific wishes they may have. For example, one person's care plan stated, "Ensure my family is informed promptly if there are signs that my end of life is imminent" and "Ensure I am comfortable and can reach end of life with my dignity and privacy promoted."

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to inadequate.

This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

- Systems to monitor and improve the quality of the service had been ineffective and standards had deteriorated since the last inspection. Audits were infrequent and most had not taken place since 2022 or 2021. This meant the provider had failed to identify and address the significant concerns we found during the inspection.
- The provider's monitoring systems had failed to identify and address the shortfalls in relation to the safety and cleanliness of the home. They had failed to identify safety concerns which put people at risk of avoidable harm, such as staff not following health and safety and safe moving and handling procedures. They had also failed to identify that the environment and activities available were not always suitable for people's needs, in particular those who were living with dementia.
- Medicines audits had failed to identify that staff did not always follow the provider's medicines policy and procedure, resulting in the shortfalls we found.
- The provider's monitoring processes had failed to identify that people were not always treated with dignity and respect.
- The provider was not always involved in the running of the home and standards had slipped in the last year. Although they had some part time support from a consultant, it had not been possible to keep up to date with the running of the home.

Failure to have effective arrangements to assess, monitor and improve the quality of the service may pose a risk to people who use the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our feedback, the provider sent us an action plan telling us what actions they were taking to make the necessary improvements.
- The staff thought people received good care but lacked meaningful stimulation. One staff member told us, "It would be nice to have a few more activities. It would be nice for the residents to get out in the fresh air. Some of them do get a little bit bored. A little more interaction, doing stuff."
- Despite our findings and the marked deterioration of the service, people spoke positively of the staff and management. They felt happy and listened to and thought the atmosphere at the home was good.

- The staff were happy working for the service and felt supported by the management. Their comments included, "I have a good relationship with the manager. [They are] a listener. I like the manager." However, a staff member commented, "The manager is very approachable as I can go and talk to [them] about anything. [They] listen to my concerns but do not always take action."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Although the provider told us they met with the staff each day to discuss people and the service, these meetings were not recorded. They told us they had not carried out any full staff meetings in a while. We saw evidence there had been no meetings this year. However, a staff member told us, "The communication is good. We all work off the same sheet" and another said, "The communication is good. The manager always says we need good communication."

- Healthcare professionals found the provider responsive and said they had a good working relationship with them. The provider told us, "We work with the district nurses, community matron and GP practice. They know the home and the residents. We have a few residents under Surrey local authority. They come and visit the home and review the residents for updates."

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 owner and consultant were transparent and told us they understood how important it was to be honest and open when mistakes are made, or incidents happen. They told us, "We would provide an apology if anything had happened. We would investigate appropriately and provide support, look at any changes in practice to prevent re-occurrence."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The registered person did not do everything reasonably practicable to make sure that people who used the service received person centred care and treatment that was appropriate, met their needs and reflected their personal preferences.</p> <p>Regulation 9 (1)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The registered person had not ensured that persons employed had the qualifications, competence, skills and experience to carry out their role.</p> <p>Regulation 19 (1)</p>

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person had not ensured that all reasonably practicable steps were taken to mitigate risks to people and to follow good practice guidance to make sure the risk was as low as is reasonably possible to people.</p> <p>Regulation 12 (1)</p>

The enforcement action we took:

Warning notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person did not have effective arrangements to assess, monitor and improve the quality of the service.</p> <p>Regulation 17 (1)</p>

The enforcement action we took:

Warning notice