

Hill Care Limited

Longmoor Lodge Care Home

Inspection report

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Ratings

Overall rating for this service	Good	
Is the service safe?	Good	
Is the service effective?	Good	
Is the service caring?	Good	
Is the service responsive?	Good	
Is the service well-led?	Requires improvement	

Overall summary

This inspection took place on 3 November 2015 and it was unannounced. The service was registered to provide accommodation for up to 46 people. People who used the service had physical health needs and/or were living with dementia. At the time of our inspection 41 people were using the service.

The service had systems in place for auditing the quality of the care, however the care records lacked a personal element to support people's experience and individual care needs.

The service did not have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The provider had recruited a manager our records confirm they were apply to register with us.

Summary of findings

People felt safe in the service and the staff knew how to respond to incidents to protect people from the risk of abuse. There was sufficient staff available to support people's needs throughout the day and night. The staff had received a wide range of training which provided them with the appropriate knowledge and skills to provide safe and individualised care. Medicines were administered and stored appropriately to support people's requirements around pain relief and medical conditions.

People were supported to make decisions. Where there was a lack of capacity to make certain decisions, people

were protected under the Mental Capacity Act 2005. The manager understood the requirements under the legislation relating to Deprivation of Liberty safeguards and had made appropriate referrals to the local authority.

People were provided with choices to meet their nutritional needs. We saw staff were kind and caring when supporting people. Individuals were treated with dignity and respect and had their choices acted on. The activities which were available provided a range of stimulation which people told us they enjoyed.

People knew how to complain and there was a process in place to respond efficiently to resolve any concerns.

Summary of findings

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 safe

People's risks were assessed and managed to protect them from harm and staff understood how to keep people safe. Medicines were managed and administered safely and staffing levels were sufficient to meet people's needs.

Good



Is the service effective?

People were supported to eat and drink enough to maintain a healthy diet. Staff were suitably trained and people were supported to access healthcare services when required. People consented to their care and staff knew how to support people to make a decision in their best interest if this was required.

Good



Is the service caring?

Staff knew people well and had positive, caring relationships with people. People were given the support they needed to make choices and were encouraged to maintain important relationships. People's privacy and dignity was respected.

Good



Is the service responsive?

People told us they received care and support in accordance with their wishes. There were activities to stimulate people. People knew how to complain and systems were in place to respond to these efficiently.

Good



Is the service well-led?

The manager was not registered with us. The provider did not have care records which reflected individual's needs and preferences to ensure people received the care they needed. There was a positive culture and the staff felt well supported by the manager.

Requires improvement



Longmoor Lodge Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. Our inspection was unannounced and team consisted of two inspectors and a specialist advisor who specialised with people living with dementia.

We checked the information we held about the service and the provider. This included notifications that the provider had sent to us about incidents at the service and information we had received from the public. We also spoke with the local authority who provided us with current monitoring information. We used this information to formulate our inspection plan.

We spoke with five people who used the service and four relatives. Some people were unable to tell us their

experience of their life in the home, so we observed how the staff interacted with people in communal areas. Many of the people living at the home were not able to tell us, in detail, about how they were cared for and supported because of their complex needs. However, we used the short observational framework tool (SOFI) to help us to assess if people's needs were appropriately met and they experienced good standards of care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with five members of care staff, the cook, two domestic staff and the manager. We looked at care records for seven people and other records relating to the management of the service.

On this occasion, we had not asked the provider to send us a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. However, we offered the provider the opportunity to share information they felt relevant with us.

Is the service safe?

Our findings

People told us they felt safe living at the service. One person said, "I have a nice room, its quiet and I feel safe." Relatives we spoke with told us they felt their relative was safe. One relative told us, "[Name], uses their call bell and staff are always there to support." Staff knew how to keep people safe and how to report any concerns. One staff member said, "It's about protecting vulnerable people in all aspects of their life to make things safe." Information relating to safeguarding and how to raise a concern was available on the notice board. The provider had a policy for staff to follow on 'whistleblowing'. One staff member said, "I feel confident I could raise a concern and it would be acted on." This meant the staff had an awareness and understanding of safeguarding.

We saw that risk assessments and reviews of risks had been completed and care was delivered in line with these plans. For example one person required regular pressure relief. This was provided in line with the plan and recorded to ensure the person maintained a comfortable position at regular intervals. We saw two people support another person to move safely using equipment; the staff provided guidance on the steps they were taking to give reassurance to the person.

The records confirmed and we saw assessments in place relating to people who had behaviours that challenge. These contained details about the behaviour, possible triggers and ways to manage the behaviour. Staff told us these assessments helped them to support people. One staff member said, "When [name] becomes anxious we just need to guide them to their room and chat quietly." This meant the staff used the plans to support the care they provided.

We saw there was sufficient staff to support people. People and relatives told us there were enough staff to support people with their needs. One person said, "There is always someone to support me." One relative told us, "Staff are always available and always good." The manager kept staffing level under review, reflecting people's needs and the building layout. Staff numbers had been increased in the morning recently. Staff we spoke with said this had improved the staffing levels. One staff member said, "The balance is correct." Another staff member said, "The recent addition in the mornings has made a difference."

Staff we spoke with confirmed they received support from the senior care staff as part of their induction. One staff member said, "The senior went through all the residents and their care needs with me." We saw the manager had an effective recruitment process in place. This included a DBS check to ensure staff were safe and suitable along with training before a new member of staff starting working at the service. A DBS provides a check relating to any previous criminal records. Staff confirmed they had requested a DBS check and they had provided the appropriate references before commencing work at the home.

We looked at the storage and administration of medicines. We found medicines were stored safely and there were systems in place to monitor stock levels and accuracy of administration. We observed staff provided explanations when supporting people to take their medicine. There was a protocol in place to support people's pain relief. For example one person expressed they were in pain. The senior asked if the person required some pain relief and then this was given promptly. This showed us that people received their medicine when needed.

Is the service effective?

Our findings

We saw people enjoyed the food and they had a choice. One person said, “The meat is nice and I get a choice.” Another person said, “I like it here, the food is good.” Relatives we spoke with told us the food was good. One relative said, “My relative has put weight on in the time they have been here.” We observed people being given choices. For example one person had requested a different meal to that on the menu and an alternative was offered and we observed this was given.

People were able to choose where they eat their lunch and one person who attended an appointment was provided with a packed lunch. We observed people being offered drinks during the meal and, drinks and snacks throughout the day. This meant that people were supported to maintain their nutritional needs.

People and relatives told us their health and wellbeing needs were met and monitored. One person told us, “I am on antibiotics now, if these don’t work, staff are taking me for an x-ray.” Relatives told us they were kept informed. One relative said, “Even though I am here often, staff will contact me if there is a problem or concern.” Records confirmed people had been referred to a range of health professionals when required. Care records show that weight was monitored and action taken to manage people’s risk of weight loss. During our inspection a health care professional attended the service to assess a person’s needs. This person said, “Staff are always available to support me and they follow our recommendations.”

The Mental Capacity Act 2005 (MCA) provides the 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 capacity to take particular decisions, any made on their behalf must be in their best interests and least restrictive as possible. Staff had received training and demonstrated their understanding of the act. We saw that people were asked for their consent before being supported. For example we saw a staff member ask, “Can I put this cushion behind you, it will support your shoulder?” The staff member took their time to explain and enable the person to make an informed choice about the support on offer.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the MCA, and whether any conditions or authorisations to deprive a person of their liberty were being met. The care records confirmed that capacity assessments had been completed when needed. For example we saw one assessment showed the person was able to make some decisions; however complex decisions were made in the person’s best interest. Another best interest assessment had been completed with regard to the use of a sensor mat, following the person having had a fall.

Staff told us they had received training to support them in their role. One staff member said, “There is lots of training, I didn’t know half the things from the food training, it was really good.” Another staff member said, “We covered managing challenging behaviours in the dementia training, it was really useful.” We saw the training was available on a rolling programme to ensure staff kept up to date with current practices. The provider had their own company trainer and we saw them delivering training on the day.

Is the service caring?

Our findings

People told us and we saw they were treated with kindness and compassion. One person said, “Staff are kind, they help me with my cream as I get in a mess.” Another person told us they felt supported by the staff and that staff know what they liked. For example they received their personal care at a time they had requested followed by a milky coffee. The staff were engaging with people and we saw people respond positively to the staff with a smile or touch. One staff member said, “It’s important to make people feel comfortable, make them feel they have someone.”

Relationships were encouraged. Relatives were able to visit at any time and those we spoke with told us they felt welcome. One relative said, “I come at different times and the staff are always kind and welcoming.” Another relative said, “Staff are friendly they go out of their way to inform me of my relatives situation.”

Staff understood about supporting people to make choices about their care. One staff member said, “You have to talk

to people and explain things to them.” Another staff member said, “Start with the little things, clothes and food, say or do things in a way they are able to understand.” For example one person who was unable to verbalise their needs, was pointing to something on the table. Initially the staff member thought the person required a drink. This was not the case, so the staff member brought different breakfast items until it was established the person wanted.

We observed that people’s privacy and dignity was maintained. For example screens were used when a person was transferred using equipment. We heard the staff provided a person with an explanation when a health care professional visited. We saw they then supported the person and gave reassurance on the way to their bedroom.

Staff used walkie talkies to communicate with each other as the service was spread out over two floors. We observed staff did not use people’s names when using the walkie talkies. One member of staff said, “Its important people are not discussed in front of others.” This showed that people’s confidentiality was maintained.

Is the service responsive?

Our findings

The provider was responsive to people's needs. For example one person preferred to receive their breakfast in their nightwear. Staff supported the person with their breakfast and when the person indicated they were ready they were supported to get dressed.

The staff knew people's needs and routines. They were able to describe how people liked to be supported and their preferences. For example one person liked their slippers in a particular place at night. One staff member said, "It's these little things which make the difference." Relatives we spoke to told us they had been involved in the care planning and that they received regular updates. One relative told us, "I have just completed a care plan review with the senior staff." Changes in people's care needs were recorded and the information cascaded through the senior staff. This meant the care provided by staff was up to date and relevant to people's needs.

People and relatives told us there were lots of activities. One person said, "I like the singing, we had a young man

come, he was terrific." A relative said, "There are enough activities and staff work hard to engage all the residents or give them one to one sessions." We saw in the current newsletter, the provider holds regular coffee mornings and fund raising events for other charities and people are encouraged to join in. The activities coordinator offered a range of activities to suit people's preferences. For example there was a specific club for men to attend. We saw records were kept of the activities and changes made dependent on people's requests.

The home had regular relatives meetings. Information from the meetings and other aspects of the service were posted on a relatives board. One relative said, "Staff listen and act upon anything brought to their attention."

People and relatives told us if they had concerns they would raise them with the manager. Information regarding the complaints policy and how to raise a complaint was available on the notice board, located outside the staff office. One relative said, "I have no issues or complaints." We saw that complaints which had been received had been dealt with quickly and effectively.

Is the service well-led?

Our findings

The service did not have a registered manager. The provider had not notified us of these changes. However the provider had recruited a new manager and our records showed that they were progressing with their application.

We saw that there were some systems in place for auditing the quality of the care, however the care records lacked a personal element. These could be enhanced to provide more focus on the individual's preferences and needs. Staff told us it would be useful to have people's life history and backgrounds. The manager confirmed this was an area of improvement required to enhance the information and support to people in a way that reflected them as individuals.

The manager had audited the number of falls to identify if there were any patterns or trends. For example it was identified that one person following several falls required a sensor mat to maintain the person's safety. Sensor mats are used to alert staff when a person has fallen. We saw the person now had a mat in place and staff told us there had been no further injuries.

People who used the service and their relatives told us the manager was friendly and approachable. Relatives we spoke with told us they have participated in quality questionnaires and felt they could approach the manager. One relative said, "Any problems the manager will deal with it." The manager was new in post and had identified some

areas of potential improvement for the future. For example the development of the new menus and a broader range of activities within the service. Records confirm that these suggested improvements had been shared with the resident and relatives at a recent meeting to obtain their views. One relative said, "They include you in all aspects of the home."

The manager had a good overview of the service, they participated in the daily handovers with senior staff to keep up to date with people's care needs and the running of the home. Staff we spoke with understood their roles and responsibilities and told us they felt supported by the manager. One staff member said, "If I am unsure, I can go and ask the management about anything." Staff said that there was a team approach to the service. One staff member said, "We are a good team, we support each other." Staff told us they had regular supervision during which they had the opportunity to discuss their training needs and any support they required in providing their role. One staff member said, "It's a good time to discuss any issues, concerns or training needs." This meant the provider supported staff in their role and ensured staff skills through training were maintained.

The manager told us they were supported by the provider, with regular supervision. Records confirm these had taken place. The manager said, "I have been supported by the provider, we are a large group and the home managers support each other."