

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 well-led?	Good ●

Summary of findings

Overall summary

About the service

Longmoor Lodge is a residential care home providing accommodation and personal care to up to 46 people. The service provides support to older people, specialising in dementia care. At the time of our inspection there were 29 people using the service. The care home is split over two floors with a number of communal lounges, quiet spaces and dining areas for people to use.

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

Safeguarding processes were robust and ensured people were protected from the potential risk of abuse. There were enough suitably trained staff to meet the needs of people using the service, which included taking time to meet people's emotional and social interaction needs. Risks to people were assessed and person-centred guidance was in place for staff to support people safely. The home was clean and well maintained. People received their medicines as prescribed. Accidents and incidents were reported, analysed and action taken to mitigate risk to people using the service.

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.

There were comprehensive quality assurance systems in place to monitor the quality of the service. A range of checks were completed by the registered manager and provider to ensure risks were identified and action was taken to mitigate them. The service actively sought feedback from all relevant stakeholders and used feedback to drive improvements. People were complimentary about the care they received and had positive relationships with staff. The service worked in partnership with a range of professionals, seeking and following recommendations where appropriate.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 9 March 2021) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

The inspection was prompted in part due to safeguarding concerns which had been raised by the provider. As a result, we undertook a focused inspection to review the key questions safe and well-led only. During this inspection we found the provider had taken necessary action to keep people safe.

The overall rating for the service has changed from requires improvement to good based on the findings of

this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Longmoor Lodge on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Longmoor Lodge 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 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

This inspection was carried out by 2 inspectors and a specialist nurse advisor.

Service and service type

Longmoor Lodge Care Home 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. Longmoor Lodge Care Home 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

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.

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 4 people who use the service and 3 relatives of people. We spoke with 8 staff, including the registered manager, regional manager, deputy manager, care workers and domestic staff. We spoke with 1 visiting healthcare professional. We reviewed a range of records including 7 people's care records, medicine administration records and some records relating to the management of the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

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 requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were protected from the risk of abuse. Safeguarding information was visible around the service for people to refer to. People we spoke with told us they felt safe, however would know who to talk to if they did not.
- The service worked with the local authority to investigate safeguarding concerns. They also initiated their own internal investigations, to ensure immediate action could be taken to keep people safe if any concerns about abuse were raised.
- Staff were trained and knew how to recognise and respond to suspected or witnessed abuse. Staff demonstrated an understanding of the provider's safeguarding policy. One member of staff told us, "If something didn't feel right, I would report it straight away."
- Action was taken to improve safety and all staff were encouraged to participate in learning. For example, following an investigation into a safeguarding concern a staff meeting was held and the provider re-issued their safeguarding and whistleblowing policy to all staff to refresh their knowledge and understanding in this area.
- Systems and processes were in place to learn and improve people's care following an accident or incident. Accidents and incidents were consistently reported, investigated and analysed. Themes and trends to minimise the risk of re-occurrence were identified, such as where referrals to relevant professionals were needed.

Assessing risk, safety monitoring and management

- Risks to people were identified and assessed. Appropriate guidance was in place for staff on how to support people safely, considering their diverse needs. For example, a moving and handling risk assessment explored how a person's mental health may impact on their mobility and how staff should support them.
- Staff demonstrated good understanding of people's risks and the guidance provided. For example, we observed safe moving and handling of people who required hoisting by two staff. Other examples included staff understanding what support looked like for those who required specialist diets or needed additional support to maintain skin integrity.
- Risk assessments were effectively used to mitigate risk. One person's falls risk assessment had been completed following a fall, action was taken to implement specialist equipment which staff told us had helped to reduce the number of falls.
- Regular maintenance checks were completed to ensure the environment was safe. Fire safety checks were completed and Personalised Emergency Evacuation Plans (PEEP's) had been undertaken for each person to ensure safe evacuation in the event of an emergency.

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

- There was sufficient staff with the necessary training, skills and competence to promote people's safety and wellbeing. A dependency tool was used to assess how many staff were required to meet the needs of people. Rota's showed if cover was needed, bank staff or agency staff were utilised to ensure levels remained safe.
- Staff were observed to attend to people's requests for support quickly. One person told us, "If you want something, they will find it out for you." A visiting professional told us, "There's enough staff, they have had troubles in the past, but I find they have always got someone to hand."
- Staff were recruited safely. Staff records included all required information, to evidence their suitability to work with people, which included a Disclosure and Barring Service check (DBS). Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Medicines were managed safely. Storage and disposal of medicines was in line with best practice guidance. Information about a person's medicine was recorded within their medication and care records.
- People received their medicine safely and as prescribed. This included ensuring arrangements were in place to ensure that any special administration instructions were followed. For example, one person's weight meant they could only have half of an adult dose of paracetamol. Their MAR showed that this prescription was being followed.
- People's records provided clear guidance for the use of medicine to be given as and when required. For example, one person's protocol clearly stated how their as required medicine should be administered and when not effective after 3 administrations 999 should be called.
- Medicine audits considered all aspects of safe medicine management and administration. Where issues were identified, an action plan was completed. For example, where a person had not had their medicine as they were asleep the service contacted the GP to see whether the timing of the medicine could be changed. In addition, a new protocol was implemented to ensure when medicine was not administered for 3 consecutive days, this triggered a review by the GP.

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.

Visiting in care homes

- People were supported to receive visits from loved ones in line with current government guidance with regards to COVID-19.

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 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; Continuous learning and improving care

At our last inspection systems and processes had not been established and operated effectively to ensure the quality of services was assessed, monitored and improved. This was a breach of regulation 17 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 17.

- There was a comprehensive governance programme in place. This system monitored all areas of the service and was effective in ensuring people were receiving good quality care.
- The service demonstrated a commitment to continuous learning and improvement. Following audits, a clear action plan was generated. A home improvement plan folder contained all current action plans which was regularly reviewed to ensure actions were completed.
- Action plans were effective in driving improvement. For example, an action following a care plan audit was to hold a staff meeting to discuss the findings within the audit which had identified further details were required when reviewing people's care plans. Recent care plan reviews we looked at contained more detail.
- The registered manager's oversight and monitoring of the service had brought about improvement in key areas. For example, they had made changes to the staff handover to ensure all staff understood their allocations and responsibilities for the shift.
- Governance and oversight of the service was well-embedded. The provider's quality team carried out monthly visits to the service. The audits focused on safety and quality monitoring. A report was produced of their findings, supported by action points where improvements were identified. This was monitored to ensure action had been taken.

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

- There was a warm and welcoming atmosphere within the service. People had good relationships with the staff who supported them. We observed positive interactions such as people and staff singing together, or having conversations about their interests, such as football.
- Staff showed a clear understanding of the provider's mission statement. Staff were observed to respect people's equality characteristics and treat them with dignity when they were supported. For example, staff

made frequent use of a privacy screen when supporting people to transfer or have a quick chat with a visiting nurse.

- People told us they liked living at Longmoor Lodge Care Home. One person told us, "At first I didn't want to come into a home, but I just want to say I am very happy here, and happy to stay for the rest of my life. Staff treat me like one of their own, they are so friendly. I feel happy and I feel safe."
- People were supported to achieve good outcomes. For example, records showed people had gained weight following admission to the home as they were referred to dietetics and supported to eat a fortified diet which they enjoyed.
- Staff spoke positively about the registered manager. One staff member told us, "[registered manager] is visible and very supportive." They also felt listened to, valued and felt that the registered manager had a good understanding of the service.

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 manager understood and followed their responsibilities under duty of candour. Apologies and explanations were given to people when they raised complaints.
- The registered manager submitted statutory notifications to the Care Quality Commission as per their legal responsibility to inform CQC of notifiable incidents.

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

- We received feedback that communication could be improved with relatives, so they are informed of people's day to day wellbeing. This had already been identified as an area for improvement by the registered manager who informed us a newly implemented resident of the day system would address this and ensure relatives are kept up to date.
- Family meetings were held to allow relatives to feedback. We reviewed minutes from a meeting which stated one relative was happy the service had implemented a new toaster and box to put food products in for a person who had celiac disease.
- Staff felt supported in their roles. Staff had opportunities to be involved in the running of the service, for example through regular team meetings or staff supervisions. The registered manager was implementing a 'wall of champions' for staff who wanted to take the lead in an area, such as dignity or frailty.
- The service actively sought feedback. Customer surveys were regularly sent out to people to ask them about aspects of the service such as the care, environment, food and activities. Visitors such as healthcare professionals were also provided with surveys, which asked them about the environment and staff.

Working in partnership with others

- The service had positive relationships and worked transparently with a range of external stakeholders and healthcare professionals. During our inspection a range of professionals visited the service to see people. One visiting professional told us, "We have a good relationship, they (the service) listen to us and vice versa."
- Timely referrals were made to healthcare professionals where required. Every effort was made to ensure people were seen promptly, for example the service had recently sourced a domiciliary dentist. People's care records showed recommendations from healthcare professionals was followed.