

Mr & Mrs C Grant

Longmore Nursing Home

Inspection Report

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Summary of findings

Overall summary

Longmore Nursing Home provides nursing care for up to 22 people. A registered manager was in post. At the time of our inspection 19 people used the service and the home consisted of a lounge and conservatory on the ground floor. Bedrooms were located on the ground and first floor which could be accessed by a lift.

On the day of the inspection we saw people appeared to be well cared for by staff who were kind and compassionate. People told us staff were, "Always there to listen" and "The staff respect individual needs". Staff knew how to keep people safe and recognised risks posed to people's health and well-being. They understood people's needs and care records contained information they required to provide care and support based upon people's individual preferences.

People told us they felt safe. We saw that staff understood the risks surrounding people's health and well-being. We saw there was a process in place which ensured risk assessments were kept up-to-date.

An effective management of medicines system was in place and people were protected by systems that ensured they had the correct medicine at the time it was prescribed for.

Equipment used at the service was in good working order and had been checked at the required frequency. This meant people could be confident they could access safe equipment.

The registered manager was well respected by people who lived at the home. Staff felt supported by them and any concerns they had were acted on.

Quality monitoring of the service was carried out regularly by the owners and the registered manager in order to assess the standard of care provided and implement any changes required. This ensured the service was able to respond quickly to any issues that arose.

We found the service to be meeting the requirements of the Deprivation of Liberty safeguards. People's human rights were therefore properly recognised, respected and promoted.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

People were protected from abuse. This was because Longmore Nursing Home had safeguarding policies and procedures in place. Staff had received training in knowing how to identify potential signs of abuse and how to report it.

Staff were able to tell us what risks were associated with the people they cared for and what they needed to do to keep people safe. Systems were in place that identified potential risks and how these should be managed, for example moving and handling plans and falls risk assessments.

The registered manager was aware of their responsibilities to ensure the legal requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards were adhered to. This meant that important decisions about their health and wellbeing were not made without a best interest assessment being completed.

People were protected against the risks associated with medicines because there were appropriate arrangements in place to manage medicines safely.

Are services effective?

We saw that people's care plans were clear and well documented. This meant that staff could understand how to support people. Care plans were reviewed regularly and involved people or their relatives in the review process.

We saw that arrangements were in place to request health, social and medical support when needed. People told us they were able to access doctors, chiropodist and specialist nurses when required.

Are services caring?

Staff were kind and caring. Relatives told us they were happy with the care provided by Longmore Nursing Home. We saw that staff worked professionally with people and respected their privacy and dignity at all times.

Are services responsive to people's needs?

There were enough staff to meet people's needs. One person told us staff were very busy and sometimes would have liked them to be able to sit and talk to them.

Summary of findings

Are services well-led?

People we spoke with and relatives told us they found managers to be approachable. The owners of Longmore Nursing Home visited regularly. We saw audits were carried out by them and the registered manager which ensured the home was operating effectively and safely. Where audits identified the need to take action this was followed up. This ensured on-going improvements to the service were dealt with.

Summary of findings

What people who use the service and those that matter to them say

On the day of our inspection 19 people were using the service. We spoke with a variety of people and their relatives from all areas in the home.

People we spoke with and their relatives told us they were happy at Longmore Nursing Home. One person said, "Staff here are polite and respect me". Another person said, "Staff respect me during my personal care and use equipment very carefully. They understand my limited involvement and they do respect that". The relative of one person said, "I admire the staff at this

home they bring X in the lounge every day. X doesn't know anything but I really appreciate it that X is not lonely in their room. That shows that they care individually".

People we spoke with told us they were treated with dignity and the choices they made were respected by staff. One person said, "I am a very religious person and a priest visits on Friday and I have been given the choice to stay in my room with the priest if I wish".

Longmore Nursing Home

Detailed findings

Background to this inspection

We inspected Longmore Nursing Home on 6 May 2014. 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 regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process under Wave 1.

Before we inspected the service we checked the information we held about the service and the provider. No recent concerns had been raised. We saw that the service had been inspected in 2013 and at this inspection breaches of the Regulations we inspected against were identified. These related to respecting and involving people who use services, care and welfare of people who use services, management of medicines, safety, availability and suitability of equipment and staffing. We looked at these areas at this inspection.

During our inspection we informally observed how the staff interacted with the people who used the service. We also observed how people were supported during their lunch and during individual tasks and activities. We were taken round the home on a tour and saw people's bedrooms, kitchen and laundry.

The inspection was undertaken by two inspectors for adult social care and an expert by experience who had personal experience of caring for someone with Alzheimer's type dementia and was a mental health practitioner.

We spoke with eight people used the service and the relatives of two people who used the service. We also spoke with the owners, registered manager, deputy and three other members of care staff.

We looked at two people's care records to see if their records were accurate and up to date. We also looked at records relating to the management of the home. These included audits and minutes of meetings.

Are services safe?

Our findings

People we spoke with and their relatives told us they felt safe at Longmore Nursing Home. People moved around the home without any restrictions. One person said, "I feel safe here and no one can break in". When we arrived at the home we used the front door bell and our identity was checked. This meant no unwanted visitors could gain access to the home and people were kept safe.

The service had policies and procedures for safeguarding vulnerable adults. We saw the safeguarding policies along with the service whistle blowing information were available and accessible to staff. We saw the contact numbers for the local safeguarding authority to make referrals to or to obtain advice from was available to staff.

People's rights to make important decisions about their care were protected because the registered manager responsible for care planning understood the legal requirements that were in place that ensured this. The Mental Capacity Act 2005 and the Deprivation of Liberty safeguards (DoLS) set out these requirements. The registered manager demonstrated they understood the principles of the act. They confirmed to us and our observations were that there were no people having their liberty restricted at the time of our inspection.

Effective systems were in place which ensured any concerns about a person's safety were appropriately identified and reported to the registered manager. People we spoke with told us that they felt safe with staff and in their home. All of the staff we spoke with said they had received training in safeguarding vulnerable adults. We saw confirmation of this in staff training records. Staff were confident to recognise signs of possible abuse and told us they had not observed any poor practice at Longmore Nursing Home. Staff were aware of the procedure to report and record abuse. This demonstrated they understood how to identify and report potential abuse.

People's needs were assessed prior to moving into the home and risks were identified in people's care records. For example we saw that one person required a moving and handling risk assessment because of their poor mobility. We saw there was clear guidance about the type of hoist, sling and number of staff to safely use the equipment. This

meant the person was better protected from injury. Risks had been reviewed regularly. Staff we spoke with were aware of individual risks to people and how to keep people safe.

We looked at the arrangements for the management of people's medicines. Medicines were stored securely in a locked room. We saw a staff member give one person their medicines without them observing that it had been taken. We asked the staff member why this had been done in this way. They told us, "They always take it". This was rectified immediately by the deputy manager who acknowledged that medicines should not be administered in this way.

We looked at medicines and found them to be in date. We looked at samples of people's medicines and counted how many tablets were left. We found that the number of tablets remaining matched what we saw on the Medicines Administration Record (MAR) chart. This meant that the medicines in stock matched the recorded number on the MAR chart.

We looked at records of medicines for two people who lived at the home and found that people had received their medicines as prescribed by their doctor. Where appropriate any medicines that had been disposed of had been stored appropriately and collected by the dispensing pharmacy.

This meant that medicines had been disposed of appropriately.

The registered manager told us that they completed monthly audits of the medicines. We saw records of the monthly audit and looked at the actions taken where an issue had been found. This meant medicines records were regularly audited and any issues had been addressed.

At our last inspection we identified that the refrigerator for storing medicines that required refrigeration was not working. At this inspection we saw that the refrigerator had been replaced with a new one. Staff were checking the temperatures daily which ensured that these did not exceed the maximum and minimum range. This meant medicines that required refrigeration were stored at the correct temperature.

At our last inspection we identified that a set of weighing scales was not in working order and a suction machine was out of date. We saw at this inspection a spare suction

Are services safe?

machine had been purchased and the weighing scales were now in good working order. This meant that people had access to equipment that was working and suitable to meet their needs.

Are services effective?

(for example, treatment is effective)

Our findings

People's care and support was planned and delivered in a way that ensured people's safety and welfare. Staff we spoke with considered they had sufficient information to effectively support the people in their care and to meet their individual needs.

Staff told us they had received training in dementia, end of life, medication and swallowing. Staff demonstrated that they understood how to deliver care which ensured people were treated with respect. One staff member told us, "It's a lovely job to be in. If I can make one person smile during the day I think that's worth everything".

Care plans we looked at were personal to each individual and included information about people's likes and dislikes, diet, mobility, pressure areas and activities. We saw people's needs had been reviewed with them and people close to them. 'Do not attempt resuscitation' (DNAR) agreements had not been reviewed for some time. This

meant that there was a risk that people would not be resuscitated when this may not have been in accordance with their wishes. We discussed the importance of reviewing (DNAR) with the registered manager.

We saw that regular drinks trolleys came round to people and found that people's nutritional risk was assessed. Staff kept up to date records for people who required their fluids monitoring. This ensured people were monitored closely. Staff could identify easily if they needed to contact other healthcare professionals if they identified a concern. For example fluid intake was totalled at the end of each day to identify if people had reached the required daily target. This meant people were monitored closely. Weights were taken regularly of those individuals identified as being at risk. Again this meant staff could identify if other healthcare professionals needed to be consulted in order to ensure people received on-going healthcare support.

People's records showed that staff sought advice and guidance from health professionals promptly if people became unwell or their needs had changed. One person told us that they had complained of feeling unwell and the staff had called the doctor for them on the same day.

Are services caring?

Our findings

People and their families and friends told us they were happy with the care and support provided at Longmore Nursing Home. They told us, "Staff here are polite and respect me". "I admire the staff at this home they bring X in the lounge every day. X doesn't know anything but I really appreciate it that X is not lonely in their room. That shows that they care individually".

Staff responded to people's needs in a timely manner. We saw call bells were answered promptly and assistance was given as requested by those people that required support. We saw staff involved people in conversations as they went about their work. People who lived at the home were seen to enjoy the interaction between themselves and the staff.

We saw that staff treated people with respect. For example they knocked on bedroom doors and waited to be invited in. The service had four shared rooms. We saw that where people shared there was a privacy curtain in place between the beds so that people maintained their dignity when they were being supported with their personal care. One person told us they preferred to stay in their room and that staff respected their choice.

During the inspection we saw people being spoken to in a caring and compassionate way. It was a hot day on the day we visited. We saw staff checking if people were not too hot and if they remained comfortable. People were offered frequent drinks. This meant people did not become dehydrated.

We saw at the lunch time meal that staff gave choices to people. They were offered choices in their main meal and dessert. We saw staff were respectful and polite to people during lunch time. They discreetly offered assistance to those people that required it. Staff responded to one person by giving them a plate guard which meant they could eat their meal independently.

We saw staff were happy and positive when they engaged with people who used the service. One person told us, "Every other Thursday someone comes from outside to do exercises with us. Unfortunately many residents are physically restricted to participate yet they are able to enjoy themselves with the group by having a laugh".

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We saw that people were given information they needed about the home. This ensured that people had information about the service available to them.

Care plans we saw contained a personalised plan of the care and treatment to meet individual needs. We saw that the plans were regularly reviewed and had been signed by people or their relatives if they were unable to consent. The staff we spoke with had an understanding of the Mental Capacity Act 2005. They knew that if a person's capacity to understand a particular decision about their care was in doubt, they must follow the best interest's decision process. We saw examples in the care files we looked at that recorded when best interests decision process had been used, and who had been involved in that decision.

Where appropriate the service had followed the requirements of the Mental Capacity Act 2005. We saw that the service had ensured that they appropriately communicated with a next of kin which ensured that the person's views were sought and represented about important decisions that had to be made.

Staff we spoke to knew people's preferences and how support should be provided to them. They told us about individual needs for example people who required their food to be cut up, mashed or pureed.

On the day of our inspection a meeting for people who lived at the service and their families had been arranged to enable people to feedback any issues, concerns or opinions to help improve the service provided. People were given the choice whether they wished to attend or not.

We saw end of life plans that had been written with the involvement of people who used the service and their families or representatives. These were detailed and clearly outlined their wishes. For example we saw people's wishes had been obtained and recorded in relation to their funeral arrangements. We also saw people's religion had been taken into account in these plans. This meant that people who were able to retained control of how they wished to be treated and cared for at the end of their life.

We saw that people's care plans recorded likes and dislikes including activities that people preferred to take part in. The service had a newly appointed activities co-ordinator who provided individual and group activities. People could access the hairdresser if they so wished that was provided at the service. Alternatively for those who were able to they could visit their own hairdresser in the community. This meant people had a choice and could also retain their independence by going out of Longmore Nursing Home.

Are services well-led?

Our findings

Staff we spoke with told us they received a thorough and comprehensive induction when they began working at Longmore Nursing Home which included learning about the homes philosophy and values. Staff told us they shadowed experienced staff which ensured they were given support as they settled into learning about the service and the people they supported. They told us that the registered manager was someone who they felt they could approach at any time and who "Listens and acts on concerns or ideas we may have".

At the time of the inspection we saw the home was staffed well. Staff we spoke with told us they felt there were enough staff on duty at all times to meet the needs of people who used the service. We saw staff rotas that reflected their discussions with us. People we spoke with told us whenever they required assistance staff were prompt unless they were having to deal with someone else. One person told us, "Staff here are very friendly and busy with other tasks, it would be nice if they can talk to us individually. Some of the staff have broken English and you can't understand them easily, without being offensive in any way".

The registered manager regularly sought the views of people who used the service and their relatives and we saw evidence of this on the day of our inspection.

We saw a number of thank you cards from people who had shown their gratitude in this way. Cards included the following comments, "Many many thanks for all your kindness and care in looking after X. We do appreciate all you did for X during the last part of his life", "Thank you for the care and kindness shown to X over the last three years. It made the twilight of her life a lot easier and happier than it could have been". Thank you for caring for X over the last

three years. We know X was happy and that you all loved her. You lovely people are a pleasure to have known". "I would like to say a huge thanks to you all for the love and impeccable care you showed to X while they were a resident. It was important X was able to spend their last few months in such a caring environment with such high standards of care. X always seems happy and settled there". This demonstrated people had received good care that met their needs.

We saw information about how to complain. It explained the stages of making a complaint and also included the Care Quality Commission (CQC) address. We were told and saw evidence of a complaints policy and saw that it included information about how a formal complaint would be responded to. One person told us that they could easily talk with staff as they felt staff were quite "Compassionate and kind".

We spoke to a care worker about the complaint system. They were confident in knowing what to do if someone raised a complaint with them. The registered manager confirmed that there had been no complaints about the service since our last inspection. We saw a compliments, comments and complaints box in reception.

There was a clear management structure at the service. Staff we spoke with knew who their managers were. Everyone we spoke with told us they felt supported by the registered manager.

The registered manager carried out a monthly check which included an audit on accidents, care plans, medicines, laundry, kitchen, health and safety, staff, infection control, nutrition and finances. We saw that the registered manager had noted any action if it was required and had ensured this had been completed. We saw that incidents were recorded, monitored and investigated