Mr Keith London-Webb

Long Close Retirement 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?	Good

Summary of findings

Overall summary

Long Close is a care home without nursing for up to 17 older people. There were 14 people staying or living there during the inspection. People have individual bedrooms that are located on the ground and first floors of a converted house. There is a staircase and a passenger lift connecting both floors.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained good.

The service met all of the fundamental standards.

The service worked safely. Risks to people were assessed and managed so that people were supported to remain safe with the fewest possible restrictions on their freedom. People were safeguarded from abuse. Medicines were stored securely and managed properly. Infection prevention and control measures were in place. The premises underwent regular maintenance, were kept clean and smelt fresh. Equipment was regularly serviced. Accidents and incidents did not happen often, but there were systems for learning from them and bringing about improvement. There were checks on new staff before they started work to ensure they were suitable to work in a care setting.

There were sufficient staff on duty to ensure people remained safe and had the support they needed. Staff had the skills and knowledge to provide effective care and people spoke highly of them. They were supported through training, supervision and appraisal.

The service looked and felt very homely. There were adaptations in the house and garden for people with impaired mobility.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were as involved in decisions about their care as they wished to be. Their views were listened to and their preferences were respected.

People were treated with kindness, respect and compassion. Their privacy, dignity and independence were respected and promoted. They were encouraged to feel they mattered and staff got to know them well, understanding what mattered to them and how they liked their care to be delivered. People valued the family feel of the service. Visitors were welcome at any time.

People's care promoted a good quality of life and was in line with current legislation and good practice.

People and, where appropriate, their relatives were involved in planning and reviewing care. People's care was personalised and was responsive to their needs. Staff had a good understanding of the care people needed. Organised activities were provided for people if they wanted these. Community links had developed and, where possible, people were encouraged to use facilities outside the home. Staff liaised with GPs and district nurses as people approached the end of their lives, to help ensure a dignified and comfortable death.

People had enough to eat and drink and were supported to maintain a balanced diet. Food was freshly prepared and was appetising. Dietary needs and preferences were catered for. People were also supported to manage their health and had access to the healthcare services they needed. Staff communicated effectively with other organisations so that people received effective care and treatment.

There was a complaints process, although no formal complaints had been received since 2011. People's concerns were taken seriously and acted upon. People and relatives felt the registered manager and provider were approachable.

The service was well led. There was a culture of person-centredness, valuing people and staff, and open communication. The registered manager was well established, understood her responsibilities and met her legal responsibilities. There were organised systems of delegation between the registered manager, deputy manager and provider that kept the home running smoothly and ensured a high standard of care. This was reflected in good staff morale and strong team work. The registered manager and provider maintained oversight of the service and regularly monitored its quality. There was work in partnership with other agencies, such as commissioners, to support the provision of care.

Further information is in the detailed findings below.

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 remains good.	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service remains good.	**Good**

Long Close Retirement 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.

This comprehensive inspection took place on 10 and 13 December 2018 and was unannounced. It was undertaken by an adult social care inspector and a dental inspector.

This service was selected to be part of our national review, looking at the quality of oral health care support for people living in care homes. The dental inspector looked in detail at how well the service supported people with their oral health. This includes support with oral hygiene and access to dentists. We will publish our national report of our findings and recommendations in 2019.

The inspection was informed by notifications from the service and information from stakeholders, including a commissioner and the local authority safeguarding team. A notification is information about important events that the service is required to send us by law.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with five people and three relatives. We also spoke with five members of staff, the registered manager and the provider. We observed care and support in communal areas and looked at records. These included three people's care records, medicines administration records, two staff files, quality assurance records and other records relating to the management of the service.

Good

Is the service safe?

Our findings

Risks to people were assessed and managed so that people were supported to remain safe in the least restrictive way possible. A person who was prone to falls explained how staff checked on them regularly: "They don't leave me for long". They had a call bell but were reluctant to use it, so staff checked on them every hour. People had assessments for risks commonly associated with caring for older people, such as malnutrition, pressure sores, falls and moving and handling. These were reviewed monthly or as people's needs changed, and were taken into account in people's care plans so that care was delivered as safely as possible.

People were safeguarded from abuse. A person commented how they felt safe with everyone at Long Close: "There isn't anybody comes through that [bedroom] door and I groan." The registered manager and staff all had initial and refresher training in safeguarding adults. They knew how to report suspected abuse.

There were sufficient staff on duty to ensure people remained safe and had the support they needed. People told us staff were prompt to respond when needed and that their call bells were answered quickly. Staff confirmed that staffing levels were sufficient for them to work effectively. They said that in general there was little usage of agency staff as they covered any gaps in the rota themselves.

The recruitment process ensured new staff were suitable to work in a care setting. This included criminal record checks with the Disclosure and Barring Service and taking up references before candidates started work. The application form did not specify that a full employment history should be provided. We highlighted this to the registered manager, who agreed this was an area for improvement.

Medicines were stored securely and managed safely. People told us they had their medicines as needed; for example, someone said how they had their medicines "at the right time". Most staff were trained to administer medicines and only did so if they had been trained and were assessed as competent. Competence was checked at least annually. The deputy manager kept oversight of medicines to ensure there were always sufficient in stock. There were also regular checks to ensure medicines were recorded properly and that the quantities held could be accounted for. Every so often there were audits by the supplying pharmacist to ensure the system was working properly and to identify possible improvements. People were assessed as to whether they could self-medicate; some people were administering some of their own medicines, such as eye drops or creams, and had lockable storage facilities in their rooms for these.

The premises and equipment underwent regular servicing and maintenance. People's rooms and communal areas were comfortably warm. The risk of fire had been assessed earlier in the year. Fire safety equipment was checked regularly, including inspection and servicing by specialist contractors at the required intervals. There had been a timed fire drill including residents in August 2018. There was current Gas Safe, electrical wiring and lifting equipment certification. The risk of legionella (bacteria that can cause serious illness) in the water system had been assessed and precautions were in place to minimise the risk of this. Radiators in areas accessible to people were covered, or were risk-assessed as to why not.

People were protected through the prevention and control of infection. The premises were kept clean and smelt fresh. The registered manager frequently walked around the service monitoring the standard of cleanliness and there were monthly audits of cleaning. Personal protective equipment, such as disposable gloves and aprons, were readily available. Someone with MRSA had previously stayed at the service and staff followed appropriate precautions to help prevent this spreading. The laundry facilities were in good order. Sheets and towels were washed on a hot wash to kill germs, with soiled laundry being placed in red dissolvable bags to help prevent contamination. The service had been awarded the maximum score in a food hygiene inspection in February 2018.

There were systems for learning from accidents and incidents and bringing about improvement. However, accidents and incidents did not happen often. The registered manager tracked them to identify any trends, such as whether particular people were involved and the nature of the accident. They spoke daily with staff, addressing anything that had arisen and discussing whether changes were needed as a result.

Good

Is the service effective?

Our findings

People's care promoted a good quality of life and was in line with current legislation and good practice. Before someone moved in their needs and preferences were assessed to ensure the service was suitable for them. When they moved in their needs were assessed in more depth and a care plan developed, in consultation with the person and where appropriate their relative. Assessments and care plans were comprehensive but concise, giving clear and straightforward direction to staff.

People had been provided with the specialist equipment they needed, such as air mattresses for people who were assessed as being at risk of developing pressure sores. Air mattresses were checked at least daily to ensure they were functioning properly and were correctly adjusted for the person's weight, although the checks were not routinely documented. The air mattresses we saw were working and were correctly set.

Staff had the skills and knowledge to provide effective care and people spoke highly of them. A person told us, "The staff are absolutely wonderful. I can't praise them enough." A relative described the staff as "absolutely willing" and said their family member was very happy at Long Close. Staff said there was no problem getting the training they needed. This was delivered face-to-face rather than online. All staff had core training, such as moving and handling, health and safety, food safety, fire safety, basic life support, infection prevention and control and fire drills. The registered manager also booked additional training that was relevant to the service, such as training in oral health and prevention of broken hips.

Staff said they felt well supported through individual supervision and appraisal meetings, as well as through informal conversation with their colleagues and the registered manager. A member of staff commented on how supervision "makes you think about what you're doing".

People had enough to eat and drink and were supported to maintain a balanced diet. They were positive about the catering. A person told us food was freshly prepared every day and that they had a choice. They said, "If you don't like something, they're quite happy to get something else." They also described how staff "like to give you little treats", such as snacks and drinks. Someone else commented, "The food's fine" and said they enjoyed the variety. Meals looked and tasted appetising. There was a varied, balanced menu with a range of fruit and vegetables. The kitchen staff had up to date records of people's dietary needs and preferences. People's weights were monitored regularly and their risk of malnutrition kept under review. No-one was at risk of malnutrition at the time of the inspection, but the registered manager was aware of how to request referral to a dietitian if necessary.

People were supported to manage their health. A person told us how the registered manager would arrange for the doctor to visit if they were unwell. Care records reflected that people had access to health professionals as they needed and that doctors were called promptly if people needed or requested this. People also told us they saw the dentist regularly. Each person's oral hygiene was assessed when they moved in to Long Close and was kept under review, in line with national guidance. People who had their own teeth had toothbrushes and toothpaste.

Staff sought to communicate effectively with other organisations so that people received effective care and treatment. Staff explained to us that GPs took their concerns seriously when they rang the surgery, so people's treatment was started promptly. Care records contained an information sheet that accompanied the person if they needed to transfer between services, for example, if they went into hospital or moved to another service.

The service looked and felt very homely. People and relatives commented on the homely feel. For example, a person who lived at the service said, "I love this place. It's like having my house back, having this room." Each person had their own room and all rooms had an en-suite wet room. Rooms were redecorated when they became vacant. The garden had a patio, a lawn, raised, scented beds of flowers. People moved freely around the house and would have been invited to use the garden had the weather been warmer and more clement. There was a passenger lift between the first and ground floors; the lounge and dining room were situated downstairs. There was a bathroom adapted for use by people with mobility difficulties.

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

People's consent to their care was sought in line with the MCA. Staff had a reasonable knowledge and understanding of the MCA as they received training about it. Most people had the mental capacity to make decisions for themselves about all aspects of their lives. People we spoke with told us consent was always sought. Care records contained signed consent forms for matters such as care plans and the use of photographs. We saw files containing details of how people who no longer had capacity to consent to care had previously delegated lasting power of attorney for health and welfare. These had been registered officially so the people who held the delegated power of attorney could give consent on their loved one's behalf.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. DoLS authorisations had been granted for two people; neither of these were subject to conditions. The registered manager had a system for monitoring expiry dates of authorisations in order to make a fresh application in good time.

Good

Is the service caring?

Our findings

People were treated with kindness, respect and compassion. People who lived at the service told us, "The ethos of the place is caring", "The staff are kind", and "[Member of staff] is kindness itself". This reflected the positive, respectful interactions we observed throughout the inspection.

People were encouraged to feel they mattered and staff got to know them well. People talked about staff and the provider by name. A person commented, "They [staff] don't just do their job, they care about you." People and relatives also spoke about the family feel of the service: "It's like having a family again" and, "It's like a family. [Person] is so much happier here". One person talked about having plenty of company from the staff. Birthdays were celebrated, provided people wanted this. A relative explained how staff understood what mattered to their loved one and did things without needing to be reminded, such as charging the person's tablet computer. People's care records contained information about their routines, preferences and what was important to them, to help staff understand how they wanted to be supported.

People were as involved in decisions about their care as they wished to be. Their views were listened to and their preferences were respected. They could spend their time where they wished, whether alone or in the lounge or dining room. For example, people had their meals where they chose, whether in their room or in communal areas. Someone told us how they preferred to eat in their room and liked sitting at their table for breakfast. Staff respected these preferences, serving the person's food in just the way they liked it. For example, their tea was provided in a pot rather than ready poured. People's rooms were personalised with pictures, photographs, books and other possessions. A relative commented, "If we ask for anything, they go out of their way to get it for us."

People's privacy, dignity and independence was respected and promoted. People said staff respected their privacy and knocked before entering their rooms. Two relatives told us how their family members' mobility had improved. One described how staff encouraged their loved one to walk. The other recounted that their family member's constipation had reduced as the person was now more mobile. The person's continence had also improved, as staff sensitively prompted them to use the toilet more frequently than they had before they moved in. Assistance with personal care was offered discreetly. All personal care took place behind closed doors.

People told us they could have visitors as and when they wished. They said their visitors were made welcome and were offered meals. A relative commented that they "always get a really warm welcome".

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. Everyone we spoke with was happy that they or their loved one were getting the care they needed. A person commented, "They look after me very well, they do." The service had recently received a compliment from someone who had a respite stay: "I arrived utterly exhausted after a difficult and challenging year but I am leaving with renewed spirit and energy together with a clarity of mind". People and their relatives were involved in planning and reviewing their care. Care plans were individualised, reflecting people's physical, mental, emotional and social needs. They were kept up to date and staff understood them well.

When people's needs changed, this was managed sensitively through discussion with them and where appropriate their relatives. For example, one person had needed to move to another room that would accommodate a hospital bed. Their relative explained how the person was enabled to make a decision in their own time: "They let us get on with it, they didn't rush her". The person loved the new room.

Organised activities were provided for people if they wanted these. A person commented that when activities were going to take place, "[Deputy manager] always comes and tells me so I can decide." Another person talked about some of the activities, saying "the music man" who visited every two weeks was "excellent" and that they enjoyed "exercises sat in a chair". A further person said the hand bell ringers who had visited that day were "lovely". Some people preferred to keep themselves busy independently and we saw them occupied in their rooms reading, watching television or with crafts.

Community links were also promoted, including encouraging people to use facilities outside the home. For example, someone told us how they attended a knit and natter group in the church hall. Another person said they went out to get their hair done, whilst we met someone else having their hair done by their own visiting hairdresser. There were links with the parish church, which held communion at Long Close once a month, had invited people to its Christmas party and had arranged for carol singers to visit later in the month. There were also links with charities for which people and staff raised funds.

The service met the Accessible Information Standard. This requires health and social care providers to ensure people with an impairment or sensory loss can easily understand information provided and get the support they need to communicate effectively. Sight, hearing and communication impairments were flagged up in people's assessments and care plans. People got the support required, such as assistance to clean and use glasses and hearing aids.

Staff liaised with GPs and district nurses as people approached the end of their lives, to help ensure a dignified and comfortable death. Staff had had training in end of life care. No-one was at the end of their life during the inspection. Where people had preferences for the end of their life, such as whether they were afraid of hospitals and would prefer to die at Long Close, these were recorded in their care records.

People's concerns were taken seriously and acted upon. The complaints process was readily available for people and their relatives, but there had been no formal complaints since 2011. People and relatives said

they would feel able to approach the provider or registered manager if they were unhappy or concerned about some aspect of their care. A relative commented, "They're both very approachable." Another person said they went to the registered manager if they had any concerns, and that "she soon sorts it out".

Good

Is the service well-led?

Our findings

People, relatives and staff spoke highly of the service and its personalised ethos. For example, one person commented, "I can't fault this place at all" and "I feel so proud of it [the home]". There was a culture of person-centredness, valuing people and staff, and open communication.

The service had a registered manager, as required under the terms of its registration. 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 registered manager was well established and understood her responsibilities. People and relatives knew and liked her, referring to her by name. One of them described her as "very efficient". Legal responsibilities were met. The rating of good from the last inspection was prominently displayed in the hallway. The registered manager had notified CQC of significant events, as required in law. We use such information to monitor the service and ensure they respond appropriately to keep people safe.

There were organised systems of delegation between the registered manager, deputy manager and provider that kept the home running smoothly and ensured a high standard of care. This was reflected in good staff morale and strong team work. Staff commented, "It's a good place to work" and "We all get on incredibly well". They said the registered manager was very often around, and was available "morning, noon and night" when they needed her. They also told us that good communication meant they felt listened to and involved: "Everything that goes on here is discussed by the manager and staff together", "We all have a say", and "We have a general chat every day about what's happening." Staff knew how to blow the whistle on poor care, although they had not needed to do so, and were confident that their concerns would be taken seriously and appropriate action taken.

The registered manager and provider maintained oversight of the service and regularly monitored quality through audits, staff supervision, quality surveys and informal observation and discussion with people, relatives and staff. Audits included medicines audits, cleaning audits, call bell monitoring and health and safety checks. There was an annual residents' and relatives' survey; the results from the most recent survey were all positive. Residents' meetings provided a forum for people to discuss the service and put forward suggestions.

The service worked in partnership with other agencies, such as commissioners, to support the provision of care and to develop the service. Staff had regular contact with people's health and social care professionals. The registered manager kept abreast of developments in social care locally and nationally, through contact with commissioners and professional organisations. There were links with community resources, including charities and the local church.