

## Longview Care Home Limited

# Longview Care Home

### Inspection report

Rosehill, Goonhavern, Truro. Cornwall TR4 9JX  
Tel: 01872 573378  
Website: Not applicable

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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 

### Overall summary

Longview is a care home which provides accommodation for up to 28 people who require personal care. At the time of the inspection 28 people were using the service. People who lived at Longview needed care and support due to dementia and / or other mental health needs. Some people who used the service had a physical disability.

There was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

We inspected Longview on 19 and 20 October 2015. The inspection was unannounced. The service was last inspected in July 2014 when it was found not to be meeting the requirements of the regulations. A requirement was made in regard to documentation about people consenting to treatment. Since the previous inspection the registered manager has introduced comprehensive documentation in this area.

People told us they felt safe at the service and with the staff who supported them. One person told us: "Yes, it is safe here." Relatives told us: "Yes, it is first class, I cannot praise them enough. I am so grateful for the quality of care."

# Summary of findings

Staff had been suitably trained to recognise potential signs of abuse. They had confidence to report concerns to management and / or outside organisations such as the local authority. Staff received other suitable training to carry out their roles. This included training about health and safety issues such as moving and handling, and about the needs of the people living at Longview, such as dementia awareness. Recruitment processes were satisfactory as pre-employment checks had been completed to help ensure people's safety. This included two written references and an enhanced Disclosure and Barring Service check, which helped find out if a person was suitable to work with vulnerable adults.

The medicines system was well organised, and people said they received their medicines on time. People had access to medical professionals such as a general practitioner, dentist, chiropodist and an optician. Records showed people received suitable support from these professionals.

There were enough staff on duty and people said they received timely support from staff when it was needed. For example people said call bells were answered promptly. We observed staff being attentive to people's needs.

We received many reports from people who used the service, family members and external professionals that people were well cared for, staff were kind and compassionate, and people were not rushed. For example a relative told us "Before (relative) moved to Longview they were very aggressive. There has been a tremendous improvement....I feel this is down to staff going 'the extra mile.'"

The service had a programme of organised activities provided each day by a variety of external entertainers. These activities included a wide range of musicians, a gentle exercise session, a befriender, arts activities and gentle exercises.

Care files contained suitable information such as a care plan and these were regularly reviewed. Systems were in place for ensuring people's capacity to consent to care and treatment. People's capacity was assessed in line with legislation and guidance, for example using the Mental Capacity Act (2005).

Most people said they enjoyed the food and everyone said there was plenty to eat. People were offered regular hot drinks and snacks.

Nobody we met raised any concerns about their care. Everyone we spoke with said if they did have concerns, they would feel confident discussing these with staff or with management. They were sure suitable action would be taken if they made a complaint.

People felt the service was well managed. For example, we were told by a health professional the registered manager was "One of the most powerful advocates for his clients I have met. Nothing is too much for him to do for his clients." The registered manager owned the home, and was actively involved in its day to day running. There were satisfactory systems in place to monitor the quality of the service.

# 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

There were satisfactory numbers of suitably qualified staff on duty to keep people safe and meet their needs.

Staff knew how to recognise and report the signs of abuse.

People were supported with their medicines in a safe way by staff that had been appropriately trained.

Good



### Is the service effective?

The service was effective.

Staff supported people to maintain a balanced diet appropriate to their dietary needs and preferences.

Staff received on-going training so they had the skills and knowledge to provide effective care to people.

People had access to doctors and other external medical support.

Good



### Is the service caring?

The service was caring.

Staff were kind and compassionate and treated people with dignity and respect.

People's privacy was respected. People were encouraged to make choices about how they lived their lives.

Visitors told us they felt welcome and could visit at any time.

Good



### Is the service responsive?

The service was responsive.

People received personalised care and support which was responsive to their changing needs.

People told us if they had any concerns or complaints they would be happy to speak to staff or the manager of the service. People felt any concerns or complaints would be addressed.

There was a suitable programme of activities available to people who used the service.

Good



### Is the service well-led?

The service was well-led.

People and staff said management ran the home well, and were approachable and supportive.

There were systems in place to monitor the quality of the service.

The home had a positive caring culture which put caring at the centre of the service's ethos.

Good



# Longview 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.

We visited Longview on 19 and 20 October 2015. The inspection was carried out by one inspector. The inspection was unannounced.

Before visiting the home we reviewed previous inspection reports and other information we held about the home and notifications of incidents. A notification is information about important events which the service is required to send us by law.

During the two days of the inspection we spoke with nine people who used the service and seven relatives. We also spoke with the registered manager and three members of staff. Before the inspection we had written contact with six external professionals including GP's, social workers and specialist nurses who visited the service regularly. We inspected the premises and observed care practices on both days of our visit. We looked at four records which related to people's individual care. We also looked at five staff files and other records in relation to the running of the home.

We used the Short Observational Framework Inspection (SOFI) over the lunch time period of the first day of the inspection. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

# Is the service safe?

## Our findings

People told us they felt safe. Comments we received from people included; “Staff are very good,” and “Yes, it is safe here.” Relatives told us; “Yes, it is first class, I cannot praise them enough. I am so grateful for the quality of care.” and “We know she is safe here.”

The service had a satisfactory safeguarding adult’s policy. All staff had a record of receiving training in safeguarding adults. Staff demonstrated they understood how to safeguard people against abuse. Staff told us they thought any allegations would be fully investigated and satisfactory action taken to ensure people were safe. Senior staff informed us there had been no safeguarding concerns since the last inspection. Staff told us “People are well looked after and safe.”

Satisfactory risk assessments were in place for each person. For example to prevent poor nutrition and hydration, falls and pressure sores. Risk assessments were reviewed and updated as necessary. Staff were observed assisting people from the lounge to the dining room. Where appropriate staff used moving and handling equipment to help people to transfer from wheel chairs to seating. Staff did this safely, and did not rush people. The service had a range of moving and handling equipment such hoists, stand aids and a passenger lift.

Incidents and accidents which took place were recorded by staff in people’s records. Events were audited by the registered manager to identify any patterns or trends which could be addressed. Where necessary action was taken to reduce any apparent risks. Staff worked with relevant external professionals if; individuals had repeated falls, a person’s health needs had changed, or additional equipment was needed.

No monies or personal possessions were kept on behalf of people. The registered manager said, on a monthly basis, the service invoiced people’s representatives for any items, such as toiletries or clothing.

There were enough staff on duty to meet people’s needs. For example, rotas showed four care staff on duty during the morning shift (six staff for the first hour), four staff in the afternoon and evening, and two staff on waking duty overnight, with one person on call (available but not on site.) Ancillary staff such as kitchen and cleaning staff were also employed. People told us staff would assist them

promptly, if they needed help, and there were enough staff on duty to meet their needs. A Community Psychiatric Nurse told us “During my visits I have been able to see the way staff interact with residents and have found that they do this in a caring manner....There are always staff members visible in the communal areas whenever I visit and I have never had difficulty in finding a member of staff.”

Recruitment checks were in place and demonstrated that people employed had satisfactory skills needed to care for people. Staff files contained appropriate checks, such as two references and a Disclosure and Barring Service (DBS) check. This showed staff were suitable and safe to work in a care environment.

Medicines were stored and administered safely by staff. At the time of the inspection nobody self-administered their own medicines. Medicines were stored in appropriate cupboards and trolleys. Medicine Administration Records (MAR) were completed correctly. There was a system in place to return and dispose of medicine. Medicines which needed refrigeration were appropriately stored, and the temperature of the refrigerator was checked daily. Training records showed that staff who administered medicine had received appropriate training. These staff had also been trained to administer insulin for people who had insulin controlled diabetes. A pharmacist had checked the system, and their report said it was being used satisfactorily. Before the inspection, we contacted the pharmacist. We were told staff were knowledgeable about medication, and would appropriately contact the pharmacist if they had any queries or concerns. People said their medicine was administered on time and there was always satisfactory stocks of their medicines.

The environment was clean and well maintained. Appropriate cleaning schedules were used. Laundry procedures were in place, for example there was a system to deal with heavily soiled laundry. The service employed enough cleaning and laundry staff to carry out these duties.

The boiler, electrical systems, gas appliances and water supply had been tested to ensure they were safe to use. There were records that showed passenger lifts, specialist beds, and manual handling equipment had been serviced. There was a system of health and safety risk assessment. There was a policy and system in place to minimise the risk of Legionnaires’ disease. There were smoke detectors and fire extinguishers on each floor. Fire alarms and evacuation

## Is the service safe?

procedures were checked by staff, the fire authority and external contractors, to ensure they worked. There was a record of fire drills. Therefore health and safety precautions were suitable.

# Is the service effective?

## Our findings

People told us the service was effective at meeting their needs. One person told us, “staff are very kind and helpful.” A relative said, “My mother has severe dementia and is aggressive. ...I cannot fault them, mum is now very settled.” A health professional told us, “staff are skilled in managing the difficult or challenging behaviour (some of the people) often display.”

Staff worked in a professional manner. Another Community Psychiatric Nurse told us “Over the years I have found them to be very effective in their care. They are well known for their ability to manage people with more challenging behaviours.”

The registered manager ensured staff were equipped with appropriate information and skills to look after people. New staff had a full induction to introduce them to their role. When staff commenced employment they worked alongside experienced staff to help them to get to know people’s needs and the routines at the service. New staff were also required to complete various training courses and a comprehensive record was kept of their induction. The registered manager was currently looking at ways to incorporate national guidance about the Care Certificate induction framework, into the service’s induction processes. The Care Certificate is an identified set of national standards that health and social care workers should follow when starting work in care. The Care Certificate ensures all care staff have the same introductory skills, knowledge and behaviours to provide necessary care and support.

A Community Psychiatric Nurse (CPN) said “The staff seem knowledgeable and well trained, and seem to know the individuals very well.” Staff had received necessary training to carry out their roles. This included manual handling, fire safety, food hygiene, infection control, safeguarding, medicine administration and first aid. Staff had also received training to assist people with specific care needs for example dementia, epilepsy and insulin use. Most staff had completed a diploma or a National Vocational Qualification (NVQ’s) in care.

Staff were supported in their roles partly by receiving individual formal supervision with a manager. Supervision sessions were documented. Staff also said they felt confident approaching senior staff if they had any queries or concerns.

The Mental Capacity Act 2005 (MCA) provides the legal framework to assess people’s capacity to make specific decisions, at a specific time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. A service needs to consider the impact of any restrictions put in place for people that might need to be authorised under the Deprivation of Liberty Safeguards (DoLS). The legislation regarding DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. A provider must seek authorisation to restrict a person for the purposes of care and treatment.

People told us they did not feel restricted. However due to people’s mental health needs the front door of the home was locked, and people needed some degree of observation to help keep them safe. People’s capacity to consent to care and treatment was assessed in line with legislation and guidance.

There was evidence of systems in place to assess people’s mental capacity in line with the requirements of the MCA. The registered manager said he sought advice from the local authority whether DoLS applications were necessary, and had put in applications as appropriate. Documentation about the processes the service had followed were detailed and to a very high standard. We saw records that ‘Best interest’ meetings had occurred, where people had limited capacity, and important decisions needed to be made about a person’s wellbeing or care. A social worker commented, “The home works responsibly and lawfully in relation to the MCA and DOLS. ...They have consulted with me on elements of residents care planning to consider the least restrictive but safest options to meet people’s needs.”

Staff had received training about the Mental Capacity Act (2005). Staff we spoke with demonstrated a basic awareness of the legislation. People said they felt they had

## Is the service effective?

some involvement about making choices about how they wanted to live their life and spend their time. For example people told us staff involved them in decisions about their personal care and what they wanted to wear.

Most people said they could get up when they wanted. For example someone told us “You can please yourself.” However some people told us this choice was limited. One person said “It depends on the staff,” (When they got up), and another person told us breakfast was always served at 8am and they had to be up in time for this. We discussed this matter with the registered manager who told us there was no set routine and people could get up at any time. We were told if people wanted to get up before 7am they were encouraged to rest. Everyone told us they could go to bed when they wanted.

Most people were very happy with their meals. People said they always had enough to eat and drink. Comments received about the meals included “There is plenty of food and it is very nice,” “They do their best,” and “It is very good, no complaints.” However some people said “It’s variable, some things are nice and others not so,” and “It can be pretty bland.” People received enough support where they needed assistance with eating or drinking. For example we saw staff giving people individual assistance at lunch time, helping people to eat at their own pace, and speaking with them to make the occasion as pleasant as possible. There were delays in some people receiving their meals. This resulted in some people at a table eating their meal, while others at the same table had to wait several minutes more before being served. We discussed this matter with the registered manager. The manager told us this issue would be rectified and was due to there being a new cook, and they were getting used to the routine.

People told us they could see a GP if requested. We were also told that other medical practitioners such as a chiropodist, dentist or an optician visited the service.

Records about medical consultations were comprehensive, and showed that people saw relevant medical professionals as needed and at a suitable frequency. We received positive feedback about the standards of the service from a number of health and social care professionals. Professionals comments included, “The team at Longview provide superb care and always put the person at the centre of any decision making....many clients have complex needs, and I have no doubt the team are managing them in a first class manner. We have an excellent relationship with the home and feel very confident in their judgements”, “Conversations with other health professionals who visit regularly have always produced a favourable response with no significant concerns being stated.” and, “Brilliant, they are very caring.”

The home had appropriate aids and adaptations for people with physical disabilities such as hand rails and passenger lifts. There was a specialist bath, designed for frail people and there was also a ‘walk in’ shower facility which could be used for someone who used a wheel chair. The home’s environment was maintained to a high standard, and the registered manager told us the environment and furnishings were updated frequently. The home was very clean and tidy, and there were no offensive odours.

We were told people could spend time either in their bedrooms, the dining room or the lounge. However, on both days of the inspection everyone was in the communal areas. Staff and the registered manager told us this was people’s choice. People told us they liked their bedrooms and these were always warm and comfortable. External doors were locked to help keep people safe. There was an enclosed garden with a seating area and we saw people using this area to relax.

**We recommend the registered provider monitors early morning routines to ensure people are given a choice when to get up and when to have breakfast**



# Is the service caring?

## Our findings

People were positive about the care they received from staff. We were told; “staff are good as gold”, “It is brilliant here, brilliant staff”, “the staff do their best” and, “they are very good.” Relatives told us; “Before my mother moved in I was very apprehensive but being here has transformed her life”, “The staff show lots of care and consideration. When [my relative] moved in they were very aggressive. There has been a tremendous improvement. I feel this is down to the staff going the extra mile and, “She is looked after 100%, absolutely beautifully. They think the world of her. Lovely people.” Health and social care professionals said; “The manager and care team appear very dedicated to providing very good care. ...the carers are warm, friendly and professional...They retain an appropriate sense of humour when supporting residents”, and “They go out of their way to ensure that clients’ needs are looked at holistically and that everything that can be done has been.”

People told us care was provided in a kind and caring manner and staff were very patient. We observed the care and support people received at lunchtime. A person, who did not want to eat, was provided with lots of encouragement and praise when they finally tried their food. People who did not want to eat their meal, were offered and provided with alternatives. Another person who did not want to sit down was asked if there was anything wrong, did they want an alternative, and when they refused was supported to return to the lounge to sit with a friend. One relative said, “staff are very tolerant. They

always deal with difficulties in a ‘mild mannered’ way.” Although the service was busy, staff were always calm, and did not rush people. The people we met were all well dressed and looked well cared for. People’s bedroom doors were always shut when care was being provided.

Care plans contained enough detailed information so staff were able to understand people’s needs, likes and dislikes. The registered manager said where possible care plans were completed and explained to people and their representatives.

People said their privacy was respected, for example, we were told staff always knocked on their doors before entering. To help people feel at home their bedrooms had been personalised with their own belongings, such as furniture, photographs and ornaments. The people we were able to speak with all said they found their bedrooms warm and comfortable.

Visitors told us they were made welcome and could visit at any time. One relative said “They treat visitors like ‘family’, and [The manager] makes us feel ‘on the inside’ and involved.” Visitors we spoke with said they had never had any concerns about people’s care. For example one relative said “It is a great relief to know [my relative] is well cared for. They are very settled and peaceful.” All the relatives we spoke with said staff communicated well with them. For example we were told; “We get a very personal service” and, “If I email [the manager] he will immediately get back with a response. They try to keep us involved for example with various celebrations and garden parties.”

# Is the service responsive?

## Our findings

Records demonstrated people had their needs assessed before they came to live at the service. This assisted the service to check it could meet the person's needs, wishes and expectations. From assessment information, a care plan was developed for each person.

Care documentation was stored in individual files which were stored securely in the office. Care plans contained appropriate information to help staff provide the person with suitable care. This included a profile outlining the person's social history. Assessments and care plans included information about the person's physical and mental health, mobility, communication, behaviour and aggression, continence and night care. Risk assessments were also completed with the aim of minimising the risk of for example, aggression and /or behaviours that challenge the service, inadequate nutrition, falls and pressure sores. Care plans were regularly reviewed and updated to show any changes in the person's needs. All the staff we spoke with were aware of each individual's care plan, and told us they could read care files at any time.

People told us staff would always come to assist them as necessary. For example, one person said they were cold, and the staff member immediately went to the person's bedroom to get a cardigan, and assisted the person to put it on. People said if they rang their call bell at night staff would come promptly to assist them.

The service had a comprehensive schedule of organised activities. Each day there was a different external entertainer. This included musicians such as pianists, guitarists and a harpist. There were also fitness sessions twice a week, an African drumming session which people were encouraged to join in with, a reminiscence workshop, massage session and an art session. There were visits from the local church. People told us they were happy with the activities provided. A relative said, "there is amazing entertainment here. People don't sit around for ever and ever." Another relative told us there were regular events such as garden parties and celebrations and commented, "My mother has a good quality of life. ...on a day to day basis there is always something going on."

Staff told us there was a comprehensive handover meeting each day. We sat in on one of these. Each person was briefly discussed, and staff had opportunity to ask any points they needed clarified. The registered manager said he also would try to attend these meetings so he could be fully informed of important issues. Staff told us there were regular staff meetings and we inspected the minutes of the most recent meetings which had occurred.

People we spoke with said if they had any concerns or complaints they would feel confident discussing these with staff members or management, or they would ask their relative to resolve the problem. People said they felt confident appropriate action would be taken if they raised a concern. We were told there were no formal complaints on record.

# Is the service well-led?

## Our findings

People, their relatives, and the staff had confidence in the management and senior staff at the service. One person said of the registered manager: "He is alright, he is a happy man." Relatives said; "I cannot fault them [the management], they are very responsive to any request" and, "We know [My relative] is safe here. The person at the top is key [to this]." Staff told us; "[The registered manager] cares a lot about the residents," and commented that the registered manager was "approachable", "will listen to us," and was "involved." A Health and social care professional said; "[The registered manager] is one of the most powerful advocates for his clients I have met. Nothing is too much for him to do for his clients." People and their relatives said if they had any concerns they could ask to speak with senior staff or management, and they found them approachable.

People and staff said there was a positive culture at the service. A social worker said "the manager and care team are very dedicated. ....if individuals do not know the answer they will find someone who does. ....I would say this a 'high end' dementia residential care home and I have no concerns about this care provider." A CPN said, "The staff are friendly and courteous at all times, offering refreshments on arrival. They provide feedback on residents when asked. ...I am confident that I could discuss anything that did arise with the manager, and that my concerns would be listened to and addressed."

Staff we spoke with said there was a positive culture among the staff team. None of the staff we spoke with had ever witnessed any poor practice, and all said if they had they were confident this would be immediately addressed by management. One member of staff said staff will sometimes leave employment at the service, and then often come back as they realise Longview is a good place to work. All the relatives we spoke with said communication was very good. A person's relative told us, "we could not be more informed", and communication was, "fantastic."

There was a clear management structure. Staff told us the registered manager was approachable and 'hands on.' The registered manager lived in a property adjacent to the service, and said he was always available if there was a problem. On the rota, there was always a senior member of staff named for each shift. This person was responsible for ensuring the team was suitably organised and care was delivered to a high standard.

We observed the registered manager working with less senior staff in a constructive and professional manner. Staff members said morale was good within the staff team. Staff told us that if they had any minor concerns they felt confident addressing these with their colleagues. They believed any major concerns would be addressed appropriately by the registered manager.

The registered manager monitored the quality of the service by completing regular audits such as of care records, training, accidents, falls, furnishings and infection control / cleanliness. A satisfaction survey was completed on an annual basis to find out the views of relatives and external professionals. An independent quality assurance professional was also employed to complete an annual 'dignity audit' based upon observation of care practice, and finding out people's views of the service. A health and safety consultant was also employed to complete an annual health and safety audit of the service. We inspected the reports of the audits completed and these were all positive.

A registered manager had been in post since December 2010. The registered manager is also the registered provider. The registered provider has ensured CQC registration requirements, including the submission of notifications, such as deaths or serious accidents, have been reported to CQC.

We asked people, their relatives, staff and external professionals if there could be any improvements to the service. None of the people we contacted could think of any possible improvements. One member of staff said; "If there are any improvements [the registered manager] will usually think of them before we do!"