

Hill Care Limited

Longmoor Lodge Care Home

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service

Longmoor Lodge Care Home is a residential care home providing accommodation and personal care to 37 people aged 65 and over and specialises in the care of people who are living with dementia. The service can support up to 46 people.

The purpose-built home is in a residential area. Accommodation is spread over two floors with communal facilities on the ground floor. There are two communal lounges, an activities/cinema room and two dining areas. All bedrooms are single accommodation with toilet and sink facilities. Bathing rooms are located on both floors near to bedrooms. A lift was available to access the first floor. There was an enclosed patio area to the rear of the building for outside access.

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

The provider had systems in place to effectively manage the service, however a manager was not in post at the time of inspection. Senior staff at the service led the staff team who provided care resulting in good outcomes for people. Staff worked in partnership with a variety of agencies to ensure people's health and social care needs were met. The provider used a variety of methods to assess and monitor the quality of the service. Improvements relating to communication between management and staff and consistency of leadership to improve staff morale were discussed.

Safeguarding procedures were in place to protect people from abuse. Staff understood their responsibilities to protect people and were trained to recognise and report concerns. Staff were recruited safely and sufficient numbers of staff were available to support people. Medicines were safely managed, administered and recorded by trained senior staff. There were suitable infection control systems in place and the environment was clean and tidy.

The provider ensured staff received training relevant to their work role. People were pleased with the choice and quality of the meals, drinks and snacks provided throughout the day. People received prompt referrals when health services were required. People could make decisions about their care. People were supported to have maximum choice and control of their lives and staff asked for their consent when providing care. People were supported in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People felt staff were kind, caring and treated them as individuals. People were treated with respect and were involved in care planning. People's privacy and dignity was respected by staff and people were encouraged to remain as independent as possible.

People's communication needs had been assessed and recorded. Staff understood how best to communicate with people based upon their individual needs. People had a choice of meaningful activities

to choose from and provided with sensory aids to help reduce anxiety. People were aware of how to raise concerns about the service and felt empowered to do so if required.

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

Rating at last inspection

The last rating for this service was Good (Published 1 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvements. We found no evidence during this inspection that people were at risk of harm from this concern. Please see the Well-Led section of this full report.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

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 Care Act 2014.

Inspection team

The inspection team was made up of two inspectors.

Service and service type

Longmoor Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission however this registered manager was not in daily control of the operation of the service and was based elsewhere. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. A new manager had been recruited but had not commenced their employment at the time of inspection.

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 that work with the service. The provider was not asked to

complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We used all information obtained to plan our inspection.

During the inspection

We spoke with two people who used the service and five relatives about their experience of the care provided. We spoke with ten members of staff including the nominated individual, a customer liaison manager, senior care workers, care workers, activities coordinator and maintenance personnel. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We additionally spoke with two visiting health professionals.

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.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment. We reviewed a variety of records relating to the management of the service including accident and incident files, complaints file, supervision records and staffing rotas.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We were provided with investigation outcome documents to evidence continuous learning, records of changes to the statement of purpose and information relating to notifications sent to us.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse and the risk of harm. A relative told us about how a person's risk was reduced when they came to live at the service and said, "I know [person] is now safe."
- Staff were aware of their responsibilities to report any safeguarding concerns. A staff member said, "If there was a safeguarding incident I would report it to a manager and write a statement. Safeguarding is taken very seriously here."
- Training in safeguarding was provided to all staff as part of their induction. A staff member told us, "I completed safeguarding training. If I have any concerns I can speak to the seniors. I know it would be dealt with. I have never seen anything that has concerned me."

Assessing risk, safety monitoring and management

- Risks to people had been assessed and guidance for staff was provided in care plans. As people's needs changed risk assessments had been updated to reflect their current needs. A staff member said, "Risk assessments are in people's care plans and we have time to read them. Care plans reflect people's needs."
- Staff were adaptable to changes in people's needs and acted promptly where risks were present. We saw one person climbed onto a chair to shut an upper window in a lounge. A member of staff acted quickly, and information was added into their care plan to ensure that staff were aware of the person's tendency to try to close windows.
- Health and safety checks were carried out to ensure the facilities were safe. Maintenance issues within the home were addressed and staff knew how to report concerns. Staff were aware of emergency evacuation procedures and told us they had participated in fire drills.
- Staff had access to equipment so they could care for people safely. A member of staff told us, "We have access to moving and handling equipment such as hoists, slide sheets, stand aids. The training is good and all the equipment is maintained. We have the inhouse maintenance as well as the people who come to check. We always check it to make sure it is safe to use."

Staffing and recruitment

- People and their relatives appreciated the efforts of staff and felt they were well-suited for their roles. A relative said of the staff, "They are proactive in a very demanding environment."
- Staff had been recruited safely with and references in place prior to starting their employment. This ensured they were suitable for their role.
- Staffing levels were suitable based upon the number of people using the service and their level of dependency. We observed suitable numbers of staff available to support people.

Using medicines safely

- Medicines were stored, administered and recorded safely. We observed safe practice where medicines were offered and administered by senior care staff.
- Senior care staff had received additional medicines management training and their competence was checked to ensure they continued to be safe when administering medicines. A member of staff said, "The training is good. I have had medicines training. I was shown how to book medicines in, do returns. I would report any errors with medicines to the manager and write a statement to explain what happened."
- People who required pain relief medicines, 'as and when' were monitored by staff. If they displayed any signs of discomfort staff would ask. A member of staff was observed to ask a person if they needed their medicine, obtained their consent and provided the medicine.

Preventing and controlling infection

- People lived in a clean and hygienic environment. There were systems in place to prevent the spread of infection or disease.
- Staff had received training in infection control and had access to personal protective equipment (PPE) such as gloves and aprons. Staff were observed to use PPE when preparing or serving food, when preparing to assist with personal care or when cleaning.
- A food hygiene inspection indicated improvements were required. Following the inspection improvements had been made to the cleaning practices in the kitchen and the chef was replaced. The kitchen was clean and tidy during our inspection and food was covered when being delivered outside of the dining room.

Learning lessons when things go wrong

- Accidents, incidents and complaints were thoroughly investigated by a senior manager. Following investigation, outcomes and learning were shared with staff to ensure learning from these situations helped to shape better practice.
- Staff were clear on what to do in the case of an accident or incident. A member of staff said, "We report all incidents. We might fill out a behavioural chart, we would report anything to the manager and family. We learn from incidents such as not sitting specific people together. This information is shared with all staff through handover and in care plans."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People received an assessment of their needs prior to moving in to the service and a support plan was developed with them. People's histories, preferences and interests were sought from relatives where people couldn't provide this information
- Staff knew people well. A staff member said, "When someone new comes to the home the person who assessed them shared the information with the staff team. As we get to know them, we develop their care plan. We get to know their likes and dislikes, their routines such as when they want to go to bed and get up."
- Staff felt there was enough time to read people's care plans to learn more about them. A member of staff said, "I like to read the 'about my life' section of the care plan and find them useful, they tend to tell me a lot about the person."
- People's care was delivered in line with best practice guidance and in a way that protected their legal rights. We observed that staff offered people choice and sought their consent in all aspects of their daily lives.

Staff support: induction, training, skills and experience

- People received effective care and treatment from competent, knowledgeable and skilled staff who had the relevant qualifications to meet their needs. Staff were supported to further their skills. A staff member told us, "Training is very good we can access the Care Certificate or other nationally-recognised qualifications in health and social care." The Care Certificate is an introductory course provided to all staff entering a caring role for the first time.
- All new staff received a standard induction which included training on all relevant topics. Staff members told us about receiving safeguarding, moving and handling, dementia care and health and safety training as examples of the topics covered.
- A supervision schedule was in place however staff had not always received their supervision within the timeframes established by the provider. This was due to a series of management changes and we discussed with the provider the need for improvement in this area.

Supporting people to eat and drink enough to maintain a balanced diet

- People were happy with the food and were offered choice. A person said, "I get plenty of choice, if I don't like something they will bring me something else."
- People's dietary needs were documented in their care plans. Where people required a special diet such as a pureed diet or a low-sugar diet staff ensured these were available. People who wished to have additional portions were offered them, to assist them to maintain a good weight.
- There were snacks and drinks available and offered to people throughout the day. A visiting health

professional said, "All nutritional needs are being met with plenty of snacks, fruit and drinks between meals."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People received the support they needed from a variety of visiting health and social care professionals. One professional told us, "Referrals are always made appropriately." They added that staff were proactive in trying to keep people physically active and mobile where possible.
- People were known by staff well and staff were able to notice subtle changes in people's presentation. A relative gave us an example where their family member didn't seem well and refused food and drink. The staff recognised this to be unusual, contacted a GP and the person was admitted to hospital with an infection. We saw staff made referrals as required to specialists. Care plans we observed showed that referrals to mental health-related services, speech and language therapists and continence nurses had been made.

Adapting service, design, decoration to meet people's needs

- People's rooms were personalised with their keepsakes. Bedroom doors were brightly coloured and had name plates to aid people to identify their room. A relative commented the bedrooms offered, "Privacy with their own sink and toilet, an arm chair and TV for when they wish to stay in their room."
- Signage within the home was appropriate for people living with dementia. Pictorial boards were offered along with a sign board in the dining room to assist people to choose their meals.
- The building was accessible for people with a range of mobility requirements. Communal bathrooms were equipped with bath lifts and were spacious enough to allow for safe transfers.
- Hallways were decorated with brightly coloured displays that included postcards from around the world on a map, fashion from different decades and another with famous singers. Dementia-friendly displays were available such as a 'fiddle board' which had light switches, plugs, bolts and similar manual activities for people to engage with.

Ensuring consent to care and treatment in line with law and guidance

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 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 MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were involved in their care planning. Consent documentation was in place and signed by the person receiving care or their legal representative.
- Where people could not consent to an aspect of their care a best interest decision was made by staff, families and involved professionals on their behalf. We saw in records that these decisions were decision-specific and were carefully considered by all involved.

- Staff had received training on the MCA and DoLS. A staff member said, "I have had MCA training. We help make best interest decisions for them but assume capacity."
- Some staff were unclear on which people had a DoLS, The provider acknowledged the need for any conditions written in a DoLS to be shared with staff to ensure they were met.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- People were treated with respect, kindness and patience by staff. One person told us, "The staff are lovely, we have a laugh with them." A relative told us, "They don't try to put [Person] onto a schedule. The staff support [Person] when they are restless at night. They are given a choice and aren't forced to do anything they don't wish to do; they are respected."
- Staff treated people as individuals and recognised what was important to them. A relative told us, "The staff have been wonderful and caring to [Person]. When they returned from hospital on their birthday the staff had a birthday cake ready for them and made a fuss."
- We observed people and staff engaged in positive interaction and people remained in wellbeing throughout our time at the service. A staff member told us, "It is important to remember that you are in their home, you have to make it happen."
- People were offered choice throughout the day in things like what to wear, their meals, activities, where to have their meals. Staff respected their choices and adapted people's care and support to fit their individual schedules.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected by staff. A staff member said, "We promote dignity, we ensure people are dressed in communal areas. We provide personal care in people's bedrooms, we shut the door and keep it private."
- Staff understood their responsibility to provide dignified care and support. A staff member said, "It should be a home from home, it's about dignity and respect. We should be cheerful and provide person-centred care."
- People were supported to remain as independent as possible. Staff were on hand to support people as required but were respectful of what people preferred to do for themselves. This information was included in care plans so staff were aware of these preferences.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care and support which was personalised to them. Staff were familiar with people's likes and dislikes, their histories and their preferences around care.
- Staff knew people well and told us they had time to read people's care plans and to get to know them better.
- People's care plans included detail of how staff should work with them if they became upset or anxious. A staff member told us, "When people become emotional or present behaviours that challenge it is important to deal with these calmly and it helps if you know them well. I try to think about how they are feeling."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People with sensory disabilities were provided with options to assist them in understanding information. We saw subtitles used on televisions in the lounge to assist those with hearing difficulties to enjoy the programmes. We observed staff communicating with two people with hearing impairment using sign language.
- Sensory aids specific to people living with dementia were in place. We observed pictorial guides for meals on offer in the dining room next to the written menu boards. We overheard staff offering people who had a visual or cognitive impairment the options verbally.
- People's communication needs were outlined in their care plans. This information gave staff guidance on how best to communicate with people.
- General information posted in the corridor that included access to advocacy services and other information about the service was available in large print format.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had access to a range of activities and projects. We observed both individual and one-to-one activities going on throughout our time at the service including arts and crafts, dancing and people enjoying a jigsaw puzzle with staff.
- Staff were creative in arranging activities people would enjoy. A bird-watching project was underway and a community coffee morning had been developed to encourage visitors to come to the service. People had outings to go to the local village for fish and chips and films were shown in the cinema lounge.

- People living with dementia were provided with sensory items to help in the reduction of anxiety. We observed the use of an electronic pet cat during a meal, which assisted a person to remain seated for a meal whilst they interacted with the cat. Other people interacted with dolls and woven activity 'twiddle muffs' with buttons, ribbons and bells for people to hold and touch.

Improving care quality in response to complaints or concerns

- People and their relatives felt confident that any concerns they had would be dealt with. A relative told us, "The care is brilliant. With that said if I had anything I wanted to see changed I'd tell the staff. I have confidence my concerns would be listened to."

- Complaints were logged, recorded, fully investigated and outcomes shared with complainants. Where improvements could be made following a complaint this information was shared with staff at handovers or staff meetings.

End of life care and support

- People were supported at the end of their lives to experience a comfortable and dignified death. All advance plans were recorded in care plans for staff to reference.

- Relatives felt comfortable their loved ones would receive a high standard of care at the end of their lives. A relative said, "We have discussed their end of life wishes. [Person] gets all the love they need from the staff there. We want no hospital or other arrangements when it is time - they will see them through."

- Staff were aware of their responsibilities as it related to end-of-life care. A staff member said, "When people need end of life support we give the care they need, we make them comfortable and make sure they are not in any pain. We would ring the nurse for extra medicines if we needed them."

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 the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There had been a lack of consistency and continuity in the management of the home during the last two years, with three different managers over this timeframe. The service had a manager registered with us, however this registered manager did not have oversight of the service and was based in a different location. We were told a new manager had been recruited to join the service soon.
- Most notifications were made to us as required, for example, a notification of a death. A required notification regarding a change in registered manager however had not been made.
- Staff felt the absence of a registered manager had a detrimental effect on team morale. One staff member told us, "Staff morale is not helped when there's no manager in post. I am happy to work here though." The provider had taken initial steps to address staff morale and had organised a staff meeting to discuss their feedback.
- Staff were clear about their roles and responsibilities. Senior care staff were available on every shift and maintained a good standard of care for people. A member of staff told us, "We have had a lot of changes in managers in the last few months but my support comes from the seniors - they are very good so I have never felt unsupported."
- Following concerns raised by the local authority, all care plans and risk assessments were reviewed and updated by the provider in the absence of a registered manager. The records we saw had been reviewed and updated by a senior manager in accordance with the recommendations made by the local authority.

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

- The provider was open and demonstrated a commitment to improve the leadership of the service and to support the staff team. Where our inspection noted areas which could be developed, they were responsive to our feedback and took action to address the points raised.
- The provider acknowledged that communication with senior care staff was important whilst there was no manager in post to ensure information regarding people's changing needs was disseminated to staff.
- Leadership was visible within the staff team. The senior care staff were observed to support staff in other roles and the entire group worked as a team to benefit people living there.
- People's needs were communicated in a timely way between staff to ensure they received the best care. A member of staff said, "We have handover and seniors tell us what has happened and what we need to do. They tell us who is working where. We discuss people's needs and who needs specific care."

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 provider acknowledged the lack of consistent leadership in the service. The provider had taken steps to ensure senior manager cover whilst a new manager was recruited and inducted.
- We observed in the complaints file, evidence where the provider investigated and provided suitable outcomes to complainants in cases where the service fell short of expectations.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

- People and their relatives were encouraged to give periodic feedback through questionnaires and surveys. Relatives felt they could approach the staff if they had any questions or concerns and felt involved in people's care. A relative said, "If I have any doubts, I can ask about things or talk to the staff. The staff listen and are happy to take suggestions from family to try."
- We saw examples where the service had been improved following feedback. A relative had complained about missing clothing when a person had a short-term stay at the service. The provider investigated and reinforced a procedure to ensure labelling of clothing and an inventory of personal belongings at each intake.
- Visiting professionals gave us positive feedback. One said, "I see no challenges as it relates to care, the staff team are brilliant." Another told us that the staff were proactive in seeking solutions to keep people active and mobile where possible and said referrals are timely.
- Staff worked in partnership with the local authority and community partners to improve their service offer. Initiatives such as a community coffee morning had been set up to offer outreach to people living alone nearby.