

# West Northamptonshire Council

# Longlands

## Inspection report

London Road  
Daventry  
Northamptonshire  
NN11 4DY

Tel: 01604362880  
Website: [www.westnorthants.gov.uk](http://www.westnorthants.gov.uk)

Date of inspection visit:  
31 October 2022  
03 November 2022

Date of publication:  
06 December 2022

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

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

Longlands Care Home provides personal and nursing care for up to 51 people in one purpose-built facility. The service provides support to younger and older people and people with sensory impairments, physical disabilities and dementia. At the time of inspection, 41 people were using the service.

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

Systems and processes to ensure good oversight of the service were not always effective in identifying concerns or rectifying issues.

We have made a recommendation to review staff training and understanding in the principles of the Mental Capacity Act. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. However, the policies and systems in the service did not support this practice.

Risks assessments required additional information to ensure staff understood the risks, and mitigating strategies were followed. Records of tasks completed to mitigate risks were not consistently recorded.

Care plans required improving to ensure all of the information was detailed and up to date. Records of support offered was not consistently completed to evidence staff had followed care plans. Actions from health appointments or health concerns were not consistently recorded.

People, staff and relatives told us they were not always asked for feedback on the service. We received mixed views on information sharing.

The provider was in the process of recruiting new staff. However, people, relatives and staff had concerns over the number of temporary (agency) staff used. The use of agency staff impacted on the recording of support offered to people, information being shared with relatives and how well staff knew people.

People lived in a homely, clean environment. Bedrooms were personalised and people had access to multiple communal rooms. People were able to choose to take part in activities, stay in their room or go into a communal room for company.

People were supported to access their medicines safely. Staff were trained and understood the best practice guidance on administering medicines. Medicine records were appropriately completed.

People were protected against abuse. Staff were trained and understood how to recognise and report any potential abuse. Injuries were recorded and actions taken when appropriate.

People were supported by staff who showed a genuine interest in them. People told us staff were kind and

caring. Staff promoted people's privacy, dignity and independence.

People were supported with any communication needs they have. Care plans included how a person communicated and any aids that were required to facilitate effective communication.

People were supported to stay in contact with significant people in their lives. Visitors were welcomed into the home.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 10 October 2020 and this is the first inspection.

The last rating for the service under the previous provider was rated good (published 10 April 2020)

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can see what action we have asked the provider to take at the end of this full report.

#### Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to oversight of the service at this inspection.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### 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** ●

# Longlands

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was completed by two inspectors.

#### Service and service type

Longlands is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Longlands is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since they registered. We sought feedback from the local authority who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 5 people who used the service and 5 relatives about their experience of the care provided. We spoke with 11 members of staff including the registered manager, deputy managers, nurses, kitchen staff, domestic staff and care workers.

We reviewed a range of records. This included 6 people's care records and multiple medication records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- Risks were not consistently recorded with identified strategies in place. For example, we found one person had no risk assessment to identify signs and symptoms of anxiety or depression to support staff in understanding and mitigating any risks. Another person had no clear strategies recorded to reduce the known risk of falls. However, we found no evidence of harm as staff understood what they needed to do to reduce these risks.
- Risk strategies were not always recorded as completed. For example, when people were unable to use a call bell (to summon support when needed) the mitigating strategy was for staff to complete hour or two hourly safety checks. However, we found staff had not consistently recorded these checks had been completed within the timeframes specified. Staff told us; regular checks were completed.
- People were at potential risk of choking. When people required their fluids to be thickened to mitigate risks, the records were not consistent to evidence when and how much thickener was given. However, staff knew how much thickener a person required and told us this was consistently added to all drinks.
- People were protected from risks associated with skin pressure damage. Records clearly evidenced people were supported to reposition within specified timeframes.
- People were protected from environmental risks and risks from fire. Any actions from fire risk assessments had been completed and environmental checks were completed daily, and actions identified.

### Staffing and recruitment

- Rota's evidenced there were sufficient numbers of staff on each shift. However, due to the amount of temporary staff (agency staff) used, people and staff told us there was often an impact on people being supported. One person said, "We receive good care unless there are too many agency staff on. Some agency staff don't know how to move me safely, so I have to wait." The provider was in the process of recruiting new staff.
- Staff told us, temporary staff did not always have time to read people's care plans. This impacted on the recording of support offered, how long people waited for support and how well staff knew people.
- Staff were recruited safely. The provider completed pre-employment checks such as references and Disclosure and Barring Service (DBS) checks. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

### Using medicines safely

- People received their medicines safely, by staff who had received adequate training and understood best practices to administer medicines to people.

- Records were kept to evidence when a medicine was given, the reason for administration and which staff member administered it. Staff had sufficient information to understand how, when and why a medicine was prescribed to a person.

#### Systems and processes to safeguard people from the risk of abuse

- People were protected against abuse. The registered manager told us if a person had an unexplained injury an investigation would be completed to identify a cause and reduce the risk of reoccurrence. Body maps were completed to identify and record any injuries a person may have.
- Staff were trained in safeguarding procedures and understood the signs of abuse and how to report any concerns. People told us they felt safe at Longlands.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- The provider followed government COVID-19 guidance on care home visiting. Visitors were given appropriate PPE.

#### Learning lessons when things go wrong

- Incidents and accidents were analysed to identify trends and patterns. For example, incidents of falls were reviewed to identify time, place and person, to put mitigating strategies in place as required.



# 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.

This is the first inspection for this newly registered service. This key question has been rated requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the 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 , whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider needed to make improvements to ensure consent was appropriate. We found records for consent had been signed by another person who did not have the legal authority to do so. However, we found no evidence of harm.
- Not all people had mental capacity assessments or best interest decisions completed for relevant decisions. We found one person had no mental capacity assessments completed, however a family member had been asked to consent on their behalf for a health decision. Another person's best interest decisions had been signed but no information had been recorded on them.
- The registered manager kept a record of everyone DoLS status and any conditions that required actions to be completed.

We recommend the provider reviews staff training and understanding in the principles of the Mental Capacity Act.

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

- Information was not always consistent to ensure staff had the required information to deliver effective care. Some care plans held conflicting or missing information within them. For example, one person had no

information recorded in their care file about the amount of thickener used in drinks. Another person had conflicting information recorded about their health concerns. The registered manager agreed to update these records immediately.

- Records did not consistently evidence people's needs and choices were being met. For example, one person wanted their hair washed twice a week, however records evidenced this task had not been completed for 27 days. Information was not clear if a person had a preference of gender of staff supporting them with personal care. However, people told us they were happy with the support offered.
- People's needs were assessed before they moved into the service. Pre-assessment paperwork was completed to identify the person's needs and to ensure staff had the skills to meet these needs.
- Assessment of people's needs, including those in relation to protected characteristics under the Equality Act were reflected in people's care plans.

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

- Details of health support required or completed required improvement. We found information was missing regarding the outcomes from health professional support. For example, one person's records stated they required a blood test. However, there was no record to evidence if this occurred or what the outcome was. Staff told us this blood test had been completed.
- People's oral health records required improvement. Records were not consistently completed to evidence support with oral hygiene.
- Referrals to healthcare professionals were made as required. For example, we saw referrals made to speech and language therapists (SALT), dietitians and district nurses. People were supported to access the doctor, optician and dentist as required.
- Care plans demonstrated people's needs had been assessed in line with best practice guidance. For example, nationally recognised best practice guidance to identify and monitor people who were at risk of developing skin pressure damage or malnutrition was used.

Staff support: induction, training, skills and experience

- Permanent staff received an induction, training and completed shadow shifts before lone working. (Shadow shifts are when an unexperienced staff member follows and observes a trained and experienced staff member)
- Staff received ongoing training in fire, health and safety, infection prevention and control, moving and handling, dementia, equality and safeguarding. Additional training was being arranged to ensure all staff had training in oral healthcare, mental health and end of life care.
- Staff were supported within their roles. Staff told us and records evidenced staff were offered regular supervisions.

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

- During the inspection there were no signs present to support people to navigate and orientate themselves within the home. The registered manager assured us these had only just been removed and they were in the process of putting them back up.
- The environment was homely and well presented. There were multiple communal areas for people to access.
- People's bedrooms were personalised and decorated to individual preferences.

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

- People were supported to eat and drink in order to maintain a balanced diet.
- People's dietary and fluid needs were assessed and monitored. For example, when people were at risk of

dehydration or malnutrition records evidenced that staff monitored and offered enough food and/or fluids.

- People told us they had choices for meals. One person said, "I have the choice of two meals, however, if I want something different I will tell them [staff] and 9 times out of 10 it will be sorted and I get what I asked for."

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- People told us the staff supporting them were kind and caring. One person said, "Staff are really pleasant."
- Throughout our inspection we saw positive interactions between people and staff.
- People's care plans contained information about the person including their likes and dislikes, and religious beliefs. People had staff allocated to them as their keyworkers
- All staff received training in equality and diversity and were supported by a detailed policy.

Supporting people to express their views and be involved in making decisions about their care

- People told us they were able to express their views and felt they would be listened to. One person said, "I tell them [staff] if something is wrong and they listen. I speak my mind." Another person told us, "I go to meetings and voice my opinion, I get heard."
- No one being supported currently required the support of an advocate. An advocate is someone that helps people to speak up about their care. However, the provider would support people to access advocacy services should they need to.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy. Staff worked in a way that promoted people's dignity. Knocking on doors before entering and speaking discreetly to people when offering personal care. One person told us, "Staff support me to have private [phone] calls whenever I want."
- People were encouraged to be as independent as they were able. One person said, "I have access to everything I need which may be different to what I want. They [staff] let me do things myself."
- Care plans included information on what people were able to do themselves and what they required support with. This enabled staff to support people with their independence. One person told us of their job helping staff in the office.
- Records were stored safely maintaining the confidentiality of the information recorded.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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

- Not all care plans contained details of the person's personal history such as family, previous careers and their interests and hobbies. However, care plans did include their likes and dislikes and religion. The registered manager said this information would be included and agreed to update care plans.
- People's care was personalised. People said staff always communicated and chatted to them, so they felt they were recognised and respected. We observed staff talking to people in a person-centred way.
- People told us they had choice and control over the care provided. People told us, they got up and went to bed when it suited them, and that staff gave them choices over clothes, food, drinks, activities and what tasks they wanted to complete themselves. When people refused care, staff respected this right but encouraged alternative options.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's care plans had information regarding their communication needs including information regarding any visual or hearing aids required and if a person was able to communicate verbally.
- Staff used a variety of communication methods to support effective communication. For example, one person had a white board always present to support them to communicate with staff.
- The registered manager was able to explain the alternative formats available for written communication, such as large print, easy read or translating into another language.

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 were supported to engage in activities that were meaningful to them.
- We observed activities being offered throughout the day. People told us they enjoyed the activities. One person told us, "[Activity staff] will arrange stuff for me, I then decide if I want to do it."
- People were supported to stay in contact with significant people and communities. The registered manager had arranged for the local church to complete a service for people.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place and people, relatives and staff knew how to complain.
- We found complaints were well managed and people were responded to appropriately.

#### End of life care and support

- At the time of the inspection, the service was not supporting anyone who required end of life support.
- People had end of life support documentation in place. However, some end of life plans required additional information. For example, not all plans identified people's individual preferences at the time of death. For example, who would be there, if they wanted any music or sounds playing or if they if they wanted a priest or minister to deliver their last rites.
- Not all staff had received end of life training. The registered manager was in the process of arranging training.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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

- Systems and processes were not effective in ensuring documentation was in place and kept up to date. We found concerns with recordings of fluid thickener, health appointments and strategies to keep people safe. The registered manager agreed to implement systems to ensure records were audited regularly.
- Systems and processes were not effective in ensuring care plans and risk assessments contained sufficient information. We found some had missing and conflicting information regarding risks and health concerns. The registered manager agreed to update these immediately.
- Systems and processes to ensure any health and safety concerns were identified and mitigated were not always effective. Water temperatures were at times recorded as too hot and therefore presented a scalding risk. We found hot water temperature checks had no actions or mitigation recorded when the temperature was above the health and safety executive recommended temperature. The registered manager contacted the maintenance team during the inspection to rectify any concerns.
- Systems and processes to ensure the MCA was understood and followed were not effective. Mental capacity assessments were not consistently in place, consent was not always appropriately sought and not all best interest decisions had been appropriately recorded.

The provider had failed to ensure adequate and effective systems and processes were in place to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This was a breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Systems and processes were effective in ensuring equipment used to support people was regularly checked to ensure it was in good working order. For example, bedrails, wheelchairs and hoist slings.
- Systems and processes were effective in identifying and mitigating any risks associated with injuries. This included unexplained injuries, skin pressure damage and injuries from incidents and accidents.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- We received mixed views from relatives regarding feedback being requested. During the inspection we saw 12 relatives had responded to feedback surveys sent. However, 5 relatives told us they had never been asked to feedback on the service. One relative said, "We have never been asked, no feedback [has been] requested, no calls [have been made] to ask and no surveys sent."

- Relatives told us they did not feel involved in the service and information sharing was not consistent. One relative said, "You don't hear from them [staff] if [person] isn't well you can never get through to them [staff] on the phone." Another relative told us, "I get no updates on appointments [person] might have had, I have to phone them [staff] I would like more updates, if [person's] having a bad day we would like to know about it."
- People were supported to have their say through meetings. However, the provider did not have systems in place to support people to raise any concerns anonymously. The registered manager was in the process of investigating feedback forms that were accessible to all.
- Staff did not feel they had been asked for their feedback on the service. Staff had meetings and supervisions to discuss any concerns but stated they had not been specifically asked to feedback on the service as a whole. However, staff did feel supported by the registered manager and felt able to raise concerns they may have.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was clear about their responsibility to be open and transparent in line with their duty or candour responsibility. We saw evidence of duty of candour and outcome letters being completed.

Continuous learning and improving care

- The registered manager was engaged with the inspection process and remained open and transparent throughout. The registered manager listened to the feedback given and made changes to improve the service.



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider had failed to ensure adequate and effective systems and processes were in place to assess, monitor and mitigate risks to the health, safety and welfare of people using the service.