Longwood Lodge Care Limited

Longwood 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?	Good

Summary of findings

Overall summary

Longwood Lodge is a 'care home'. People in care homes receive accommodation and 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. Longwood Lodge is a detached victorian property which overlooks Alexandra park in Oldham. It has been adapted and extended to provide accommodation for up to 40 people. At the time of our inspection there were 39 people living at the home.

At our last inspection in May 2016 we rated the service good overall, although we found one breach of the Health and Social Care Act. This was because the required Deprivation of Liberty Safeguards (DOLs) were not in place. At this inspection we found improvements had been made and the service was no longer in breach of the regulations. We found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Systems remained in place to help safeguard people from abuse. Staff had a good understanding of safeguarding procedures, how to identify signs of abuse and what action they would take to protect people in their care. Risk assessments had been completed to show how people should be supported with everyday risks, such as risks with their mobility.

Recruitment checks had been carried out on all staff to ensure that they were suitable to work in a care setting with vulnerable people. There were sufficient numbers of appropriately trained staff on duty to respond to people's needs promptly. Staff received regular supervision which ensured that the standard of their work was monitored.

The home was well-maintained, clean and decorated to a good standard. There were effective infection control and prevention measures within the service. Checks and servicing of equipment, such as for the gas, electricity and hoists were up-to-date.

Medicines were safely administered by staff who had received appropriate training. The service had recently introduced an electronic medicines management system which enabled the management team to have clear oversight of how staff administered medicines and helped easily identify medicines errors.

The service was working within the principles of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS).

Staff interacted with people in a warm and caring way and respected people's privacy and dignity when supporting them. Staff worked closely with health and social care professionals to ensure people were supported to maintain good health. People were supported to eat a well-balanced diet and were offered choice and variety. Meals were provided by an external catering company and cooked on site by the kitchen

staff.

The service operated an electronic care documentation system. Care plans and risk assessments were person-centred, and reflected the needs of each individual.

The service had a formal process for handling complaints and concerns. We saw that complaints had been dealt with appropriately.

There was strong, committed leadership from the registered manager and home owners and staff told us they felt supported by the management team. Audits and quality checks were undertaken on a regular basis to ensure standards were maintained and any issues or concerns addressed with appropriate actions.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service remains good.

Is the service effective?

Good

The service was effective.

Staff had received regular training in a variety of subjects which enabled them to carry out their roles effectively. Staff received regular supervision.

Staff worked within the principles of the Mental Capacity Act (2005). Deprivation of Liberty Safeguards (DoLS) were, where appropriate, in place.

People were provided with a choice of food and drink and this ensured that their nutritional needs were met.

Is the service caring?

Good

The service remains good.

Is the service responsive?

Good

The service remains good.

Is the service well-led?

Good

The service remains good.

Longwood Lodge 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.

This was an unannounced inspection which took place on 5 June 2018. The inspection was carried out by two adult social care inspectors.

Before the inspection we reviewed information we held about the service. This included the statutory notifications the CQC had received from the provider and the Provider Information Return (PIR). Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay. A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Prior to the inspection we contacted the local authority and Healthwatch Oldham to ask if they had any concerns about the service, which they did not. Healthwatch is the national independent champion for consumers and users of health and social care in England.

During our visit we spoke with one of the home owners, the registered manager, deputy manager, two care assistants, a team leader, the activities coordinator, a cook, four people who used the service and two relatives. We also spoke on the telephone with three relatives two days after our inspection site visit. We looked around the home, checking on the condition of the communal areas, toilets and bathrooms and the kitchen. We looked in several bedrooms after we had received permission to enter them. We spent time observing the lunchtime meal and the administration of medicines.

As part of the inspection we reviewed the electronic care documentation system; looking in detail at two

care records. The records included their care plans and risk assessments. We reviewed other information about the service, including training and supervision records, three staff personnel files, audits and maintenance and servicing records.

Good

Is the service safe?

Our findings

Staff received annual training in 'safeguarding vulnerable adults'. Records we saw showed that all staff were up-to-date with this training. Staff we spoke with had a good understanding of safe- guarding matters and were able to describe different types of abuse and how they would report any concerns they had. They were also aware how to escalate their concerns if the response they initially received was not satisfactory. All four people who used the service who we spoke with told us they felt safe at Longwood Lodge.

The home was secure. The front door was kept locked and people could not enter the building without being let in by a member of staff. There was a 'signing in' book for visitors. This ensured staff were aware of who was in the building at any one time. Storerooms which contained substances which might be hazardous to people who used the service were kept locked with a key pad entry system.

The home was well-maintained, clean and free from any unpleasant odours. There were several communal rooms which were decorated to a high standard and provided pleasant environments for people to relax in. Steps had been taken to minimise risks to people from the environment. For example, the majority of radiators were covered, which meant people could not burn themselves if they touched or fell against them. Some radiators on the first floor were uncovered. However, the registered manager assured us they did not reach a high temperature. All servicing of equipment, such as the passenger lift, hoists and hoist slings were up-to-date.

There were systems were in place to prevent and control the spread of infection. Toilets and bathrooms had adequate supplies of liquid soap and paper towels and personal protective equipment, such as disposable aprons and gloves was used appropriately by staff. For example, while serving food or carrying out personal care. The kitchen had achieved a rating of five stars at a food standards agency inspection in January 2018. This meant food ordering, storage and preparation were classed as 'very good'.

Fire safety procedures were in place to protect people from the risk of fire. These included weekly fire alarm checks and a monthly fire evacuation simulation. The service had recently been inspected by an independent fire safety company who had identified that the emergency lighting needed replacing. This work had been completed. Fire extinguishers and the fire alarm had all been serviced and the fire exits were clear. Everyone living at the home had a personal evacuation escape plan (PEEP). PEEPs explain how each person would be evacuated from the building in the event of an emergency.

Staff were recruited safely and full employment checks were carried out before staff started work at the service. We looked at three staff files. They contained the required documentation including an application form, interview questions and answers, references which had been validated and a Disclosure and Barring Service (DBS) check. DBS checks help employers make safe recruitment decisions as they identify if a person has had any criminal convictions or cautions.

Medicines were managed safely. All medicines were stored correctly and were administered by senior care assistants who had been trained in this area. The service had recently started using an electronic medicines

administration system. We observed the lunchtime administration of medicines and saw that the system was comprehensive, easy to use and had several safety features which ensured that medicines were only given as prescribed. The system also had the facility to enable the registered manager to monitor and check that medicines had been given correctly and identify medicines errors.

Risks to people's health, such as from falls, had been assessed. These were reviewed regularly to ensure they remained up-to-date. Accidents and incidents were managed correctly. Following an accident/incident, staff completed a form and recorded the nature of the incident, who had been involved and what immediate action had been taken, such as first aid and post-fall observations. All accident/incidents were analysed to look for trends. This enabled action to be taken to prevent reoccurrence.

There were sufficient staff to keep people safe and meet their needs. As well as the registered manager and deputy manager, the service employed senior care assistants, care assistants, a maintenance person, housekeepers, an activities coordinator and a cook. The service did not use agency staff and gaps in the weekly rotas due to sickness or staff leave were filled by the regular care team. One care assistant we spoke with commented that they were, "Always chasing their tail and trying to catch up.'' However, they could not give any specific examples of how low staffing levels had impacted on care provision. The service used a dependency tool which gave an indication of the complexity and level of need of each person who used the service. This was used to help plan staff rotas. The registered manager told us that staff numbers were increased if, for example, a person new to the service needed extra help while they settled in to the home.

Three people who used the service commented that they felt there there were not enough staff and that care could feel rushed. However, they told us that staff were quick to respond when they were needed. We did not receive any negative comments about staffing levels from the relatives we spoke with.

Good

Is the service effective?

Our findings

People were supported by staff who had the appropriate skills and knowledge. A programme of yearly, two yearly and three yearly mandatory training was provided at the service, with the majority of this completed through e learning. Face to face training was provided for more practical subjects, such as moving and handling and medicines management. Some staff were 'champions' of different subject areas, for example of dementia and pressure sore prevention. This meant they had a special interest in the subject and shared their knowledge with others.

All new staff received an induction to the service. We saw evidence of completed induction forms for recently appointed care assistants. Staff received regular supervision and an annual appraisal. Supervision is important as it provides staff with an opportunity to discuss their progress and any learning and development needs they may have. The registered manager carried out 'spot checks' of day and night staff. These provided her with an opportunity to observe how staff interacted with, and care for, people who used the service.

During our inspection we looked around the home to see how it was decorated and furnished and to check if it had been suitably adapted for the people living there. The registered manager told us that they had consulted a specialist designer to provide them with guidance on making the environment more suitable for people living with dementia. An area of the downstairs corridor had recently been redecorated so that it resembled a 'village square' and 'little sweet shop' and there was large, colourful, picture signage on doors. Bedroom doors had been painted so that they resembled front doors. The home had two lounges which were bright and airy. Doors from a conservatory opened out onto a secure patio which contained garden furniture. This was part of the large garden with shrubs and a lawned area. During our inspection we saw that people spent time in the garden enjoying the warm weather.

Since our last inspection the service had discontinued preparing meals at the home. Meals were pre-prepared by a professional catering company, and delivered frozen to the home where they were cooked by the kitchen staff. Culturally appropriate foods could be ordered for those people who required them and meals for people with special dietary needs, such as gluten free or pureed meals, were available. The registered manager told us that they had held 'taster' sessions so that people who lived at the home could comment on the types of meals provided and make suggestions about the type of meals they preferred. The majority of comments we received about the standard of food were positive.

We observed lunch in the two spacious dining areas. Tables were laid with crockery and cutlery, a flower decoration and salt and pepper. The atmosphere during the meal was calm and well-organised with sufficient staff to attend to people's needs. We observed staff were friendly and supportive throughout the meal. People were given a choice of main meal and dessert and were given plenty of time to finish their food. Snacks and drinks were provided between meals.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At our last inspection in May 2016 we found a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. This was because the service did not have the required DoLS in place. At this inspection we found that where people met the criteria for a DoLS the service had taken the necessary steps to apply to the local authority for a DoLS authorisation. This meant the service was no longer in breach of this regulation.

Although care staff had received training in the MCA and DoLS, those we spoke with had only limited knowledge and understanding of the subject. However, we found that this did not impact on the way staff treated people or provided care. From reviewing the care records we saw that assessments for people's capacity had been completed. Where people lacked capacity best interest meetings had been held when important decisions needed to be made, such as for the use of specialist equipment. For example, we saw that the appropriate discussion had taken place around the use of a wheelchair strap, when a person needed to be secured in their wheelchair for their own safety.

Staff worked with other healthcare professionals to ensure people's health needs were met. We saw from the care records we viewed that, where needed, people were referred to health professionals for specialist support, for example to the district nursing service or to their GP.

Good

Is the service caring?

Our findings

All the people who used the service who we talked to spoke highly of the staff and told us they were kind and caring. One relative told us, "The atmosphere, staff and quality are a head and shoulders above anything else.'' Another relative said "I know my Mum is happy here.''

We read many 'thank you' cards which expressed positive and complimentary comments about Longwood Lodge. These included; "We would like to express our sincere thanks to senior staff and all the excellent and caring staff who loved and cared for our Mum''; "Everyone went the extra mile'' and "I am overwhelmed by the dedication you give to your job.''

People's dignity and privacy was respected. The staff we spoke with were able to give examples of how they promoted dignity when caring for people and how they promoted people's independence. For example, encouraging people to undertake tasks that they could manage themselves and offering assistance only when it was required. People who used the service confirmed that they were always treated with dignity and respect by staff and a relative told us "They give them their dignity here.'' We saw a thank you card which said," Thank you for all the wonderful care, compassion and dignity you have all shown and given (name)''.

During our inspection we saw many examples of kind and patient interactions between staff and people who used the service. For example, we overheard a care assistant talking to a person who had just arrived at the home. During their conversation she asked the person whether they preferred tea or coffee to drink. She said, "Which do you prefer, so I can let everyone know." It was clear from their conversation that she was aware the person might be feeling anxious and through her actions she had tried to reassure them.

There was a warm and welcoming atmosphere at the service and there were no restrictions on visiting. Staff had developed caring relationships with families, as well as with people who lived at the home. We saw a comment made in a thank you card which said, "Thank you for all the care and support you showed to us also.''

Good

Is the service responsive?

Our findings

The service used an electronic care documentation system. We reviewed the electronic care records of two people who lived at the home and found they were comprehensive, detailed and person-centred. Each person had up-to-date risk assessments and care plans, which clearly showed how they were to be supported and cared for. The electronic system had functions which enabled 'alerts' to be set up. For example, the system had an alert to assist with weight monitoring. People who used the service were weighed weekly. If their weekly weight was not recorded in their electronic records, an alert was triggered, which reminded staff that this task needed to be completed. The system also produced a graph which showed the trend in a person's weight and issued an alert if it identified a person had lost weight. This helped the service monitor people's weight and respond promptly if there was a deterioration.

When a person who used the service was admitted to hospital, information from their care records, such as care plans, medical details and family contact information was printed off and sent with them. This facilitated good communication and provided hospital staff with the necessary information to enable them to care for the person in a way that was familiar to them. We read a compliment from a ward sister following a recent hospital admission from Longwood Lodge; "Dear care home manager. I would just like you to know how impressed I was with the paperwork and care plans sent. They had all the relevant information so I could admit and understand what their needs were.''

All staff attended a handover meeting at the start of their shift and, in addition, there was a daily briefing, attended by a member of staff from each department. These meetings helped promote good communication and ensured staff were kept up-to-date with all that was happening within the home.

People told us they were kept informed if there were any changes to their relative's health and that communication between staff and families was good. One person said, "If she was ill they would get the doctor out straightaway.'' Another relative said, "As her needs have increased, things have been stepped up.'' A visiting healthcare professional told us that the service was always responsive to any requests they made.

The service had a complaints procedure which was displayed in the entrance hall. This explained how to make a complaint and the timescale for receiving a reply. We reviewed one complaint the service had received during April 2018. We saw that it had been handled sensitively and a letter sent from the home owner to the person's family which explained how the complaint had been dealt with.

The service was proactive in responding to people's ideas and suggestions for improvement. A 'You said, we did' notice board was displayed in the entrance hall. We saw that one person had recently commented that they would prefer vegetables to be served separately from the main meals at lunchtime and during our inspection we saw that this suggestion had been taken up at mealtimes.

The service had a 'friends and families' mobile phone 'app' which enabled people to access photographs of their relatives and to edit their life history. This helped people maintain relationships and feel involved with

their loved ones.

The home employed an activities coordinator who supported people to take part in a varied programme of activities, including armchair exercises, sing-a-longs, musical events and outside entertainers. We saw people taking part in activities during our inspection.

Where people were receiving 'end of life' care, staff were supported by the district nursing service. From reviewing the training matrix we saw that all staff had received some basic training in end of life care.

Good

Is the service well-led?

Our findings

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. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager worked closely with the home owners and it was clear from observations during our inspection that there was a strong management team providing clear oversight of the home and committed to providing a caring and supportive environment. The service held regular staff meetings so that operational changes could be discussed and the registered manager was in regular contact with the service owners through a weekly telephone conference call. A six-monthly team building day for the registered manager of Longwood Lodge and the registered managers of the provider's other homes gave staff the opportunity to share best practice and ideas and look at ways of improving services.

All four staff we spoke with reported that there was a supportive team culture and that the registered manager was approachable and responsive. Relatives told us the management team operated an open-door policy. One person said, "They don't mind you just knocking on the door.'' Another relative told us, "The management is very good.'' They explained that if, due to personal circumstances, they were unable to speak to the registered manager in person, they were able to email them. This helped them maintain communication with the service.

There were effective systems in place to monitor and improve the service. Daily, weekly and monthly medication audits were completed. We saw that where an audit had identified a concern the appropriate action had been taken. For example, one audit had identified that a person's photograph was needed for their medicines record and this had subsequently been taken. There was a monthly 'directors audit'. This was a comprehensive check covering many areas, including health and safety, maintenance, staffing, and care planning.

The registered manager adhered to the requirements of their registration with the Care Quality Commission (CQC) and submitted notifications about key events that occurred at the service as required. The service's CQC rating from their last inspection was displayed prominently in the entrance hall and on the provider's website.

The service worked closely with other professionals from outside agencies and sought interventions when required. The registered manager attended the local authority care home partnership meetings and the home owner was a member of the local authority care home board. Partnership working enables services to share best practice and helps to improve standards.