

Dwell Limited

Long Lea Residential Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Long Lea Residential Home is a care home providing personal care and accommodation for up to 35 adults living with dementia or mental health needs, physical disabilities and sensory loss. The care home is a 2-storey building with en-suite bedrooms and communal facilities. At the time of our inspection visit there were 26 people receiving care.

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

Since our previous inspection there had been changes in the management team. There had been 2 new managers and the most recent was registered with us in August 2022. Since our previous inspection, significant improvements had been made. The provider had increased their oversight of the service, which had led to improvements in quality assurance processes, risk management and care planning. However, time was needed to allow the new governance systems to become embedded due to changes in staffing. Improvements were still required in the management of some environmental risks, including infection prevention control and medicine management.

There were enough staff on duty to meet people's physical needs, but people waited for support. Continued staff vacancies meant that shifts were not always staffed with care workers who had the relevant experience to provide care. The provider had identified this and stopped admissions to the home, until vacancies were filled.

People spoke positively about the staff and the care they provided. Staff felt supported by their management team.

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; the policies and systems in the service supported this practice.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 20 November 2021) and there were 2 breaches of regulations. The service remains rated requires improvement. This service has been rated requires improvement for the last 3 consecutive inspections.

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found the provider remained in breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Why we inspected

At our last inspection of this service, breaches of legal requirements were found.

This inspection was carried out to follow up on action we told the provider to take at the last inspection, to check they had followed their action plan and to confirm they now met legal requirements. We had also received concerns in relation to poor personal care. This report only covers our findings in relation to the key questions of safe and well-led.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

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.

The overall rating for the service has remained requires improvement, based on the findings of this inspection.

We found evidence the provider has made improvements in their governance systems, but other improvements were still required. Please see the safe and well-led sections of the full report.

You can read the report from our last inspection, by selecting the 'all reports' link for Long Lea Residential Home on our website at www.cqc.org.uk.

Enforcement

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 a breach of the regulations in relation to the safety of people's care. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider, the local Integrated Care Board (ICB) and the local authority (LA), to monitor progress. 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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Long Lea Residential 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 Health and Social Care Act 2008.

This was a focussed inspection to check whether the provider had met the requirements of the Warning Notice in relation to Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Our concerns were that the provider had insufficient oversight of the service. Risks associated with people's care were not always identified and assessed and governance systems to monitor the quality and safety of the service continued to require improvement.

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 carried out by 2 inspectors and an Expert by Experience who visited the service. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Expert by Experience spoke with people and their representatives, to gather feedback on their experiences of the home.

Service and service type

Long Lea Residential Home 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. Long Lea Residential Home is a care home without 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 the information we had received about the service since the last inspection and any recurrent themes of concern. We sought feedback from the local authority and commissioners who work with the service.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection.

We looked at 13 people's care plans, 3 recruitment records and a variety of information relating to the management of the service. The inspectors spoke with 12 staff including the nominated individual, the operations manager, 2 quality managers, the deputy manager, 4 care staff including senior care staff, the catering manager, the activities coordinator and a maintenance person. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We spoke with 7 people who used the service and 2 representatives, about their experience of the care provided. We observed care and support in communal areas. We obtained feedback from a health professional who supported people at the service, about their experience of the care people received.



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 requires improvement. At this inspection this key question has remained the same. 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; Staffing and recruitment; Using medicines safely

At our last inspection we found systems and processes were not sufficient to demonstrate risk associated with people's care was effectively managed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found insufficient improvement had been made and there was a continuing breach of regulation 12.

- Staff did not always have the right mix of experience and skills to meet people's needs safely and effectively. Continued staff vacancies meant there was a heavy reliance on agency staff. Call bells were not responded to in a timely way during our inspection visit and some people told us they had to wait for assistance.
- Permanent staff told us the consistency of staff teams had greatly improved with increased recruitment. However, new staff were still receiving the appropriate training to support them with their work. This meant shifts were not always staffed with care workers who had extensive knowledge of people's individual needs, and the relevant experience to provide care without support of other staff.
- Systems were in place for the management of medicines administered through a patch applied directly to the skin. However, these systems had not consistently been followed to ensure application sites were rotated in line with the manufacturer's guidance. This meant there was a risk a patch could be reapplied in the same place and the lack of rotation could put people at risk of skin thinning and overdose in a short period of time.
- Records showed significant gaps in the application records for topical medicines that were applied directly to the skin. There was a risk people had not received their medicines as prescribed.
- On the morning of the second day of our visit, there were 165 missed action alerts on the electronic care planning system, relating to support tasks which had not been recorded as completed by care staff during the previous 10 hours. Senior staff took immediate action to ensure people were safe, however, it was not clear if people's needs were met in a timely way overnight.
- Water temperature testing did not take into account temperature ranges which encouraged the growth of bacteria in cold water and risks to prevent the development of Legionella had not been identified.
- The fire risk assessment and evacuation plan were not accurate and did not contain key information.
- We were not assured the provider was promoting safety due to the hygiene practices of the premises. Some slings were stored on the floor in a bedroom and a store cupboard and a dirty, stained pillow had not been removed from a person's bed. This put people at the risk of communicable illnesses.

This was a continuing breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities)

Regulations 2014: Safe care and treatment

Following feedback, the provider took action straight away to mitigate risks to people's safety. For example, improvements were made to the water temperature testing process and the service evacuation plan was improved.

- Improvements had been made in managing people's individual risks since our previous visit. Where risks had been identified, there were plans in place to inform staff of the actions to take to manage those risks and minimise any potential impact. For example, in relation to catheter care, skin breakdown and the risks of people not eating and drinking enough.
- Some people had equipment in place to maintain their safety. For example, one person who was at very high risk of falls, had a sensor mat to alert staff if they stood up from their chair. We saw staff responded quickly every time the sensor mat was activated.
- Tasks to mitigate risks such as repositioning were prompted through the electronic care planning system. Managers had oversight of the system to identify if any tasks were missed.
- Records showed there were enough staff to meet the needs of the people living at the home. However, the mix of staff skills and experience did not always ensure people were consistently supported. The provider had identified this concern and stopped admissions into the home until vacancies had been filled.
- A staff presence was maintained in communal areas to monitor people and keep them safe.
- Improvements had been made to recruitment processes. The provider undertook background checks of potential staff to assure themselves of the suitability of staff to work at the home. Pre-employment recruitment checks included reference requests and Disclosure and Barring Service (DBS) checks. This helps employers make safer recruitment decisions so that only suitable people work with those who are vulnerable.
- Where people were prescribed medicines on an 'as required' basis, there were guidelines in place, so staff understood when to administer them.
- Medicines were stored securely and safely.

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

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place or had been applied for, to deprive a person of their liberty. The operations manager explained as part of their service improvement programme, some people's decision specific assessments and records of best interest decisions were being updated. Staff were able to tell us how they supported people in accordance with the MCA.

Preventing and controlling infection

- We were somewhat assured the provider was promoting safety through the layout and hygiene practices of the premises. However, we saw slings stored on the floor, a dirty, stained pillow that had not been removed from a person's bed and a mop bucket and mop stored on a table in a communal corridor. These practices did not support good infection control.

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider had reviewed their infection prevention and control policy to ensure it reflected best practice.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured that the provider was admitting people safely to the service.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the home. One person told us, "I feel safe yes. I have people around me all the time that helps."
- Staff understood their safeguarding responsibilities. One staff member told us, "If I had any concerns I would go to the senior and tell the manager too."
- The registered manager understood their responsibility to report any concerns to the local authority to ensure people's safety and welfare.

Visiting in care homes

- There were no restrictions around visiting. One person's representative told us there was, "No restrictions at present, just masks".

Learning lessons when things go wrong

- Prior to the inspection we received feedback from health professionals who were involved in people's care. Some of the feedback was not positive and we discussed this with the provider and management team. They explained how they had managed concerns that had been raised and learnt lessons to improve the care and support they provided.
- The provider had increased their oversight of any accidents, incidents, concerns and complaints received and any trends and patterns were identified to ensure people were kept safe. The provider had identified concerns related to staff consistency and experience and had acted to stop admissions to the home, to help keep people safe.
- Accidents and incidents were recorded and analysed by the registered manager to ensure action was taken to prevent reoccurrence. In the absence of the registered manager the senior management team, including the deputy manager, had taken action to mitigate any identified risks.

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 inadequate. At this inspection this key question has changed to requires improvement. This meant the service management and leadership was inconsistent.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection, the provider had failed to maintain sufficient oversight and their systems and processes to manage and monitor the quality and safety of the service were not effective. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Since our previous inspection there had been further changes in the management team and there was a new registered manager. At the time of the inspection the registered manager was absent and the management team, made up of the nominated individual, operations manager and quality assurance managers were supporting the service. Significant improvements had been made since our previous inspection. The provider had increased their oversight of the service, which had led to improvements in quality assurance processes, risk management and care planning, which was more reflective of people's individual needs.
- Although improvements had been made, time was needed to allow the new governance systems to become a robust system to support the continuous review of quality and safety at the service. For example, in respect of medicines management and infection control practices.
- The improvements needed to be embedded into the culture of the home with the new staff team to ensure they would be sustained, particularly when the provider started to admit new people into the home.

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 and management team in the manager's absence, understood their responsibilities to comply with the CQC requirements and were aware of the importance of notifying us of certain events that had occurred in the service.
- The management team were open and honest. They demonstrated their commitment to improve the service and took action straight away following feedback when concerns were shared.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There were processes in place to capture the views of people, relatives and staff, such as meetings and quality assurance questionnaires. One person told us, "They have resident's meetings every week. I do get involved, I'm happy to be involved." Relatives had been asked for their opinion about the service in June 2022 and we saw their responses had been analysed and lessons had been learnt to improve the service.
- There was regular communication with people, their relatives and staff. Newsletters were shared with people containing up to date guidance and changes within the service. Communications with staff contained refreshers of important information, to aid staff development, such as, 'Learning from safety incidents.'

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

- People spoke positively about how the home was managed. One person told us, "I'm happy here, it is well managed. If you have a complaint you tell them and they sort it out."
- Staff felt supported by the management team and spoke highly of the new deputy manager. Staff felt there was a new openness within the service because the deputy manager was very approachable and listened to their feedback. A member of staff told us, "I am proud of the teamwork and how much everybody comes together, everybody helps everybody out."
- The provider had identified staff retention was important to maintain consistent care and had taken steps to improve staff morale by introducing reward schemes.

Working in partnership with others

- The provider sought advice and guidance from other organisations to improve outcomes for people. They worked closely with commissioners of their service including the local authority, the local clinical commissioning group and infection control teams, to make improvements to the service.
- Prior to the inspection we received some negative feedback from health professionals who were involved in people's care. The provider and management team explained how concerns were being managed to improve people's care.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider did not adequately assess and protect people against risks by doing all that was practicable to identify and mitigate such risks.</p> <p>Regulation 12 (1) (2) (a)(b)(c)(g)(h)</p>