

Longfield (Care Homes) Limited

Longfield Residential Home - MD

Inspection report

Longfield
Preston New Road
Blackburn
Lancashire
BB2 6PS

Tel: 01254675532
Website: www.blackburncarehomes.co.uk

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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

Longfield Residential Home - MD provides accommodation and personal care for up to 24 older people. The service specialises in providing care for people living with a dementia. There were 18 people using the service at the time of this inspection. The home is in a residential area close to Blackburn town centre and local amenities.

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

One person told us the staff were helpful and supportive. We observed many aspects of the environment needed redecoration and refurbishment. Skirting boards were badly chipped and the wallpaper was dirty and in some areas had either been ripped or scraped off the walls. Individual risk assessments had been recorded on people's files. However, the service level risk assessments were not always reflective of the current circumstances of the home. For example, a toilet door had been removed and propped up inside the toilet. The potential risks to people's safety and privacy and dignity had not been assessed. The nominated individual removed the door to a safer location during the inspection.

The provider had arrangements to check the safety of appliances, installations and equipment. Apart from the gas safety certificate, all other certificates were complete and up to date. The nominated individual confirmed a prearranged check of the gas installations took place the day after the inspection.

There were sufficient staff on duty, and they responded to people's needs in a timely manner. However, we noted two care staff were deployed from 7pm until 7am. This meant there was the potential for people to be unsupervised. The nominated individual agreed to monitor the staffing levels. The provider had appropriate arrangements for the recruitment of new staff.

The previous registered manager had carried out monthly audits of the accidents and incidents, including falls. It was unclear how any lessons learnt were disseminated to the staff team.

The home had a satisfactory level of cleanliness and the nominated individual had implemented enhanced cleaning schedules. Staff were observed to wearing appropriate PPE and there were temperature checks for any essential visitors.

The previous registered manager had completed a series of audits, which covered all aspects of the operation of the service. We also noted a director of the company had completed several environmental checklists, which had identified shortfalls. However, the necessary work had not been carried out. The nominated individual acknowledged the shortfalls and stressed their commitment to making the required improvements.

There was limited evidence to demonstrate people, their families and staff had been consulted about the service. There were no resident meetings minutes seen and last satisfaction survey had been conducted in

June 2019.

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 outstanding (published 22 October 2018). At this inspection, the rating had deteriorated to requires improvement.

Why we inspected

We planned to look 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 coronavirus and other infection outbreaks effectively. However, on a tour of the premises we noted shortfalls with the environment and expanded the scope of the inspection. This allowed us to look at more aspects of the service and review the rating.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from outstanding to requires improvement. This is based on the findings at this inspection.

We have found evidence the provider needs to make improvement. Please see the safe and well-led sections of this full report.

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

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.

We have identified a breach in relation to the management of risks at this inspection.

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 for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 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 ●

Longfield Residential Home

- MD

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 was carried out by an inspector.

Service and service type

Longfield Residential Home - MD is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced. We gave 24 hours' notice of the inspection due to restrictions in place during the COVID pandemic.

What we did before the inspection

We looked at the information we held about the service. This information included statutory notifications the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

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 took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with two people living in the home, two staff and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We carried out a tour of the premises with a senior member of staff and reviewed a range of records. This included one persons' risk assessments on the electronic care planning system. We looked at one staff file to check the recruitment process and also reviewed a variety of records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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 deteriorated to 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; Learning lessons when things go wrong

- Environmental risk assessments had been carried out; however, the assessments were not always reflective of the current circumstances in the home. Although new flooring had been fitted in many areas, carpet tape had been placed on the vinyl flooring joint on entry to the dining room. Whilst this was a temporary measure, the risk assessment had not been updated to reflect this situation. We also noted there was no risk assessment to assess the risks to people from a toilet door, which had been removed and propped up against the internal wall of the toilet. This situation compromised people's safety and privacy.
- We observed keypad locks were fitted to the corridor doors leading to people's bedrooms. Although the provider sent us a copy of a letter from the Lancashire Fire and Rescue Service following an inspection carried out in February 2019, a risk assessment was not seen or shown to us to demonstrate the risks of this situation had been assessed in relation to the fire safety arrangements and the evacuation of these areas of the home.

The provider had failed to ensure current risks to people's health, safety and well-being were appropriately assessed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, we were assured by the provider and by Lancashire Fire and Rescue Service that the home met the current fire safety regulations. The nominated individual also informed us they were reviewing the locks to ensure people could freely go to their rooms.

- We noted safety checks had been carried out on the installations and equipment, however, the gas safety certificate had expired. We were informed following the inspection, a gas safety check had been arranged in good time, but this had been postponed by the contractor due to the pandemic. We received confirmation a prearranged check was carried out the day following the inspection. The provider had made arrangements for routine maintenance and repairs.
- The staff assessed and managed risks to people's health, safety and wellbeing. People's care records included guidance for staff about how to provide their care in a safe and consistent way.
- The previous registered manager had carried out a monthly analysis of accidents and incidents to identify any patterns or trends. However, it was unclear how lessons learned had been discussed with the staff team. This was because the last staff meeting minutes were dated September 2020 and there were no formal handover meetings. The nominated individual explained she intended to reinstate handover meetings as soon as possible.

Staffing and recruitment

- We observed there were sufficient staff on duty on the day of the visit. However, we noted two care staff were deployed between 7pm and 7am on a daily basis. There was a minimum of four people who required the support of two staff for personal care needs, which meant when the staff were caring for these people the other people were left unsupervised. The nominated individual agreed to review the staffing levels.
- One person told us they had not been offered the opportunity to participate in activities and we saw no activities on the day of inspection. The nominated individual informed us after the inspection they intended to recruit an activities coordinator.
- The provider had implemented a recruitment and selection system to protect people from the employment of unsuitable staff. We looked at one staff file and found appropriate checks were carried out prior to employment.

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections. The nominated individual ensured staff were using personal protective equipment (PPE) effectively and safely and the service was meeting shielding and social distancing rules. All staff were observed to be wearing appropriate PPE during our visit.
- Staff were provided with infection control training on induction and through mandatory training programmes.
- The provider participated in a testing programme for people living in the home and staff. The provider was promoting safety through the layout and hygiene practices of the premises and was making sure any infection outbreaks could be effectively prevented or managed. Whilst the home was subject to restrictions on visitors, an enclosed pod had been built in the dining area, which had external access.

Systems and processes to safeguard people from the risk of abuse

- The provider had established systems and processes to safeguard people from abuse. One person told us, "The staff do things for me and try to help." Staff knew they could report any concerns about people's welfare to other authorities including the police, social services and CQC.
- Staff had completed training and had access to a safeguarding policy and procedure which set out actions to take in the event of a safeguarding concern.

Using medicines safely

- Medicines were stored and managed safely. Staff administering medicines received training and regular stock checks had been carried out.
- There were appropriate arrangements for the storage, administration and recording for controlled drugs.

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 outstanding. 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; Continuous learning and improving care

- The registered manager had left the service in January 2021 and the provider was actively recruiting a new manager. As an interim measure the senior staff were managing the home on daily basis with oversight by the nominated individual.
- The previous registered manager had completed a series of audits, which covered all aspects of the operation of the service. We also noted a director of the company had completed several environmental checklists, which had identified shortfalls. However, the necessary work had not been carried out and many areas of the home required refurbishment and redecoration. For example, the skirting boards were badly chipped and wallpaper was dirty and in some areas, had been ripped or scraped off the wall.
- The nominated individual acknowledged the shortfalls and told us they were working on a refurbishment plan and a full service audit. We noted there had been no audits carried out since December 2020, to demonstrate continuous learning and development.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 nominated individual and staff were committed to delivering a person-centred service which achieved positive outcomes for people. However, they recognised the environment did not promote people's rights to respect, privacy and dignity. In addition; to the environmental issues we observed some people's photographs were either not in place on the bedroom door or were on the wrong door. Some memory boxes outside bedroom doors had also not been filled.
- Apart from one staff meeting, held in September 2020, we saw no evidence to demonstrate staff had received appropriate supervision and guidance.
- The nominated individual understood the duty of candour and their responsibility to be open and honest when something went wrong.

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

- We looked at how people were consulted and involved in the service. We found there was no evidence to demonstrate people had been given the opportunity to attend residents' meetings and the last customer satisfaction survey had been carried out in June 2019.

- The nominated individual confirmed the staff had good working relationships with other social care and health care professionals.

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 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to ensure current risks to people's health and safety were appropriately assessed. (Regulation 12 (2) (a) (b)).