Shaw Healthcare (Group) Limited

Longlands Specialist Care Centre

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?	Requires Improvement
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on the 31 August and 4 September 2017 and was unannounced.

Longlands provides accommodation for older people requiring support with their personal care and nursing needs. The service can accommodate up to 51 people. At the time of our inspection there were 37 people using the service. The home is divided into three distinct areas which are situated over the two floors of the home. On the first floor there was Pippin area which provided care for older people with complex nursing needs, Minstrel which provided residential care for older people and Jay which provided respite care for older people. On the ground floor Primrose and Kingfisher areas provided residential care for people living with dementia and in Siskin and Harlequin areas respite care was available for people living with dementia. People live in the area that is best suited to their assessed needs.

At the last inspection September 2016 the service was rated as Requires Improvement; at this inspection we found that improvements had been made.

The service had a registered manager. 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.

People felt safe and there were risk assessments in place which ensured that measures were put in place to mitigate the risk. People could be assured that they were protected from any avoidable harm or abuse. Staff knew how to protect people and recruitment practices ensured that people were cared for by staff that were suitable and safe to support them.

People were cared for by staff that were kind, friendly and attentive to people's needs. However, at times interaction with people in parts of the home was task focussed. Staff understood people's needs and preferences. They ensured that people were treated with respect and protected their privacy and dignity.

There were sufficient staff to meet people's needs and people received their medicines on time. There was a system in place to ensure that medicines were safely administered, stored and disposed of when no longer required.

People were involved in decisions about the way in which their care and support was provided. Staff understood the need to undertake specific assessments where people lacked capacity to consent to their care and / or their day to day routines.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Care plans detailed people's preferences, likes and dislikes and the plans were regularly reviewed to ensure they remained relevant to meeting people's needs.

People were encouraged to follow their interests and there was a variety of activities that people could take part in if they wished. Families were welcomed and encouraged to take part in activities with their loved ones.

People's nutritional needs were being met and people were given a choice as to what they ate and where they ate. Support was available if needed and staff sat with people to help encourage people to eat.

Relatives spoke positively about the care their loved one received. People's health needs were carefully considered and relevant health care professionals were appropriately involved in people's care.

Staff were supported through regular supervisions and undertook training which helped them to understand the needs of the people they were supporting. Quality assurance systems and audits were in place which helped to monitor the quality and safety of the service.

There were opportunities for people and their families to share their experience of the home. The registered manager and deputy manager were visible and open to feedback, actively looking at ways to improve the service.

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 was safe.

People said they were safe and there were sufficient staff to meet people's needs in a safe and timely way.

Risk assessments were in place to ensure people's safety and mitigate identified risks. People received their medicines on time.

There were appropriate recruitment practices in place which ensured people were safeguarded against the risk of being cared for by unsuitable staff.

Is the service effective?

Good

The service was effective.

People received support from staff that had the skills and experience to meet their needs and who received regular supervision and support.

People were involved in decisions about the way their support was delivered; staff understood their roles and responsibilities in relation to assessing people's capacity to make decisions about their care.

People were supported to access a healthy balanced diet and their health care needs were regularly monitored.

Is the service caring?

Requires Improvement

The service was not always caring.

People received care form staff that were kind and caring but in some areas of the home their interaction with staff was task focussed.

People's right to privacy and dignity was respected.

People were encouraged to express their views and to make choices.

Visitors were welcome at any time.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed before they came to live at the home to ensure that all their individual needs could be met.

People were encouraged to follow their interests and join in any activities being offered.

People were aware that they could raise a concern about their care and there was written information provided on how to make a complaint.

Is the service well-led?

Good

The service was well-led.

There was a culture of openness and a desire to continually improve to provide the best possible person centred care and experience for people and their families.

People and their families were encouraged to share their experience of the home to help drive improvements.

Quality assurance audits were regularly undertaken to ensure that standards were maintained and action taken to address any shortfalls.

Longlands Specialist Care Centre

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 unannounced inspection took place on 31 August and 4 September 2017 and was undertaken by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. In this instance our expert-by-experience had a relative living in a care home, supported other older relatives and worked with groups who supported older people.

Before the inspection, the provider completed a Provider Information Return [PIR]. This 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. The provider returned the PIR and we took this into account when we inspected the service and made judgements in this report. We reviewed the completed PIR and previous inspection report before the inspection. We checked the information we held about the service including statutory notifications. A notification is information about important events which the provider is required to send us by law.

We contacted the health and social care commissioners who help place and monitor the care of people living in the home and other authorities who may have information about the quality of the service such as Healthwatch. Healthwatch is the independent national champion for health and social care services; they listen to people's experiences and share the information to help drive improvements within health and social care.

During our inspection we spoke with 11 people who used the service, 13 members of staff which included six

care staff, two nurses, three team leaders, one housekeeper and an activities co-ordinator, plus the deputy manager and the registered manager. We were also able to speak with three relatives who were visiting at the time. We undertook general observations in communal areas and during mealtimes.

We looked at the care records of people and other information related to the running of and the quality of the service. This included quality assurance audits, training information for care staff, staff duty rotas and arrangements for managing complaints.

Good

Is the service safe?

Our findings

People were safely cared for. We found that since the last inspection in September 2016 improvements had been made.

At the last inspection we found that staffing levels on the first floor were not sufficient to meet people's needs in a timely way and that the provider was reliant on deploying a high number of agency staff due the level of staff vacancies. We found at this inspection the provider had taken steps to ensure that they had sufficient staff to meet the needs of the people they cared for. There was a system in place to assess the level of dependency of each person which was then used to work out the number of staff required. The provider supported people to move on if their level of dependency was greater than the home could manage. Almost all vacant posts had been recruited to so there was less reliance on the use of agency staff. People told us that although staff were busy at times they did not experience any significant delays in receiving support. The staff were happier that there were now more permanent staff. One member of staff said "There has definitely been an improvement overall; there are more permanent staff and we do have time more in the afternoon to spend with people."

We saw that there had been improvements in the medicine administration system. At the last inspection we had found the system was not always accessible in parts of the building which had meant staff having to spend time manually recording information. This was no longer a problem and all staff that were responsible for the administration of medicines were fully trained on the system. One member of staff said "This is a great system and we can see straight away if an error has been made; we are able to keep a constant audit of people's medicines." The number of medicine errors reported to the Care Quality Commission (CQC) had reduced over the last 12 months.

People told us that they received their medicines on time. One person said "They give me my medicine and make sure I take it, they never forget." Another person said "If I am in severe pain, I could ask for extra painkillers." We saw that when medicines were being given to people they had sufficient fluid to take them with and the staff ensured they took it.

There were a range of individual risk assessments in place to identify areas where people may need additional support to manage their safety. For example, people identified as being at risk of damage to their skin due to pressure or who were at nutritional risk had been assessed; appropriate controls had been put in place to reduce and manage the risks. At the last inspection we found that care records were not being accurately kept or regularly reviewed. We saw that there had been an improvement in the level of recording and the provider had been pro-active in ensuring records were being consistently and regularly reviewed which ensured that people were not put at unnecessary risk.

People told us they were safe. One person said "I feel safe as there are fire procedures and fire extinguishers." Another said "If I felt that I wasn't safe, I would speak to my nurse." We saw that those people who were unable to communicate their feelings to us looked relaxed and happy in their surroundings and with the staff. There were call bells in each room so that people could call for assistance if they needed to.

Staff understood their roles and responsibilities in relation to keeping people safe and all knew how to report any concerns they may have which they had done. We saw from staff training records that all the staff had undertaken training in safeguarding and that this was regularly refreshed. There was an up to date policy and the contact details of the local safeguarding team were all readily available to staff. Staff told us that if they had any concerns they would speak to the registered manager or deputy manager and if they were not satisfied with what happened they would report the incident outside of the home. The provider had submitted safeguarding referrals which demonstrated their knowledge and understanding of the safeguarding process. Where safeguarding referrals had been made we saw that the issues raised had been appropriately investigated and action taken to mitigate any risks.

People were safeguarded against the risk of being cared for by unsuitable staff because there were appropriate recruitment practices in place. All staff had been checked for any criminal convictions and satisfactory employment references had been obtained before they started work at the home.

There were regular health and safety audits in place and fire alarm tests were carried out each week. Each person had a personal evacuation plan in place which was kept alongside clinical risk assessments held in a fire evacuation folder; this ensured that in the event of a fire information was readily available to the senior staff that may need to evacuate the building. Equipment used to support people such as hoists were stored safely and regularly maintained.

Any accidents/incidents had been recorded and appropriate notifications had been made. The registered manager collated the information around falls and accidents/incidents on a monthly basis took action as appropriate and shared the information with the provider as part of a monitoring process.

Good

Is the service effective?

Our findings

At the last inspection we found that people's mealtime experience was different dependent on which area of the home they lived in; people expressed varying views on the choice and standard of the food. At this inspection we saw that mealtimes had improved, particularly on the first floor there was more interaction between staff and people. People were given a choice as to what to eat and an alternative if they did not like any of the choices. One person said "The food is alright and I have enough to eat." The registered manager was proactive in addressing any concerns about the standard of the food with the kitchen staff. There was a comments book for staff to record any feedback from people which the kitchen staff reviewed and made any adjustments to the menu needed.

People's nutritional needs and fluid intake was being monitored and we saw from records that were there had been concerns a dietitian had been asked for advice. People were given constant encouragement to eat and were assisted when necessary.

People were supported and cared for by a staff team who had the skills and knowledge to care for them. There was a comprehensive programme of training, which included manual handling, safeguarding and health and safety. Some of the staff had worked at the home for a number of years and told us that a lot of their training was refreshed every year. One person said "The staff are very good and they know how to look after me." Another person said "I think that most of the staff know how to look after me."

All new staff undertook an induction programme which was specifically tailored to their roles. Newly recruited care staff also undertook the Care Certificate which is based on 15 standards. It aims to give employers and people who receive care the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. In addition to in- house training and on-line based training all new staff shadowed more experienced staff over a period of time until they were assessed to be competent in their role. One new member of staff told us "The induction training is good: once I have completed my manual handling training I am looking forward to getting started." New staff did not care for people independently until they had undertaken all mandatory training which included moving and handling, safeguarding and infection control.

People were supported by staff that received supervision regularly and had yearly appraisals. Staff told us that they felt well supported and confirmed with us that they did have supervision regularly as per the provider's supervision and appraisal policy. One member of staff said "I have regular supervision and have just had my appraisal."

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 decisions 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. The application procedure for this in care

homes is called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and we saw that they were. The registered manager and staff were aware of their responsibilities under the MCA and the DoLS Code of Practice. We saw that DoLS applications had been made for people who had restrictions made on their freedom. There was a system in place to monitor the progress of any applications and when an authorisation had been granted the provider was aware when the renewal date was. Any authorisations made had been notified to the Care Quality Commission.

People were able to move around the building and grounds freely. People and where appropriate their family were involved in decisions about the way their support was delivered. One person said "I make my own decision on how to spend my day." Another said "I choose what time I go to bed and what time I get up." We heard staff asking people various things such as did they want to help them with sorting out a china cabinet and asking people whether they were ready to eat.

There were systems in place to monitor people's health and well-being. People told us that if they needed to see a GP one would be contacted. One person told us "I see the doctor and chiropodist. I go to my own dentist." We saw from people's records that people had accessed a number of different health professionals such as GP, District Nurse, physiotherapist, chiropodist and optician.

Requires Improvement

Is the service caring?

Our findings

At our last inspection we found that people's experience of care differed as to where they lived within the home. Although, we saw some improvements there was still areas within the home were interaction with people remained more task focussed. This was especially on the first floor. We saw positive interactions with people as care was delivered but outside of tasks being performed staff did not interact much with people. People commented that staff spoke to them when they delivered personal care; one person said "We have a good banter and laugh." One person said "They [Staff] never have time to sit with you, they are too busy, and they are always busy." The registered manager had recognised that this was an area which still needed to improve. They were taking steps to address this through training and undertaking observations of staff to be able to identify what they were doing and how they could enhance the interaction with people.

There continued to be a warm and friendly atmosphere when you entered the home. Efforts had been made to make the home more homely with some furniture from more of the era people grew up in. This helped to particularly to reminisce with people living with dementia. People and relatives told us that the staff were very kind and caring. One person said "The staff have a caring attitude." A relative said "The staff have caring attitudes, they are attentive and caring."

People's right to privacy and dignity was respected. One person said "The staff respect me, they close the door and the curtains when administering personal care, and they also knock before entering the room." Another said "The staff always treat me with respect." We observed staff knocking on people's doors before they entered and speaking to people discreetly to ask them if they needed assistance.

Staff knew people and understood their preferences as to how they wished to be supported. One person said "The staff understand my preferences." Another person said "I choose my own clothes; the staff just help me to get dressed." We read in care records people had been asked how they would wish to be addressed and this was followed, when staff spoke to people they used their chosen name. We saw how the staff supported people living with dementia; they knew how to engage with people and how to sensitively distract people if they became unsettled or anxious. There was information in people's care plans about their life history and past hobbies and interest which helped the staff to engage with people.

People had been encouraged to personalise their rooms with pictures of their families and small items of furniture. There was a lounge which had been decorated using a 1930/40 theme with furniture and ornaments from that era. People we encouraged to spend time in it with their families and it was used to give people space and peace if they needed it. This was of particular assistance to those people living with dementia as it gave them somewhere quiet to reflect and reminisce.

Visitors were made to feel welcome and could come at any time. We saw one relative come in at lunch time to support their relative to eat. Another family had come in to celebrate their relative's birthday; they were able to use a small lounge on the ground floor. One of the relatives told us "[Name of relative] loves it here; staff are really good and we can come anytime."

There was information available about advocacy. The registered manager was aware of the need to involve an Independent Mental Capacity Advocate for people who had no family or representative and lacked the capacity to make certain decisions for them. At the time of the inspection there was no one who needed an advocate.

Good

Is the service responsive?

Our findings

At the last inspection people's experience of activities offered in the home was different. The people living on the first floor did not feel that there were as many activities available to them than in other parts of the home. We saw that at this inspection there had been improvements made. There was an activity programme which offered group activities and entertainment across the week for everyone to take part in. One person said "The staff support me with my hobbies, they take me into the lounge for activities, and they take me into the garden sometimes." A relative told us "It is a very happy atmosphere here, there is always something going on and they have asked me to come and help with the activities."

During the inspection we saw an entertainer come in and people and staff joined in singing and dancing. One member of staff said "Singing is so good for everyone." A quiz was undertaken over the lunch time period on the first floor; one of the activities co-ordinator told us that they found more people on the first floor were happy to spend more time out of their rooms and take part in the quiz. We saw that a number of people enjoyed taking part. Puzzle sheets were available to people in their rooms and the activities co-ordinators spent individual time with people when they wished.

Care plans detailed people's interests, hobbies and past interests which was particularly important to effectively support people living with dementia. Staff demonstrated their knowledge of people as they engaged in supporting them; for example we saw one member of staff spend time with a person colouring, the person was relaxed and engaged in a conversation about what they were doing and their life experience.

People chose how and where to spend their time. Meals were served in either people's own rooms or in the lounge and dining area. Some people liked to spend time in their bedrooms; others spent time in the lounge areas. People were able to move freely around the building. The people living on the first floor could access the ground floor and garden via a lift and we saw people spending time downstairs.

People's needs were assessed before they came to live at Longlands or stay for respite care. People's individual needs and expectations were discussed which enabled a decision to be made as to whether the home could offer a place to the person.

The information shared from the initial assessment was used to develop an individual care plan for each person. The care plan contained a 'Life Map' which informed the staff about a person's life, hobbies, interests and relationships prior to coming to the home. This was particularly important to effectively support people living with dementia. A relative said "I have been involved in [Relative] care plan, and I have been to reviews." Staff demonstrated their knowledge of people as they engaged in supporting them; for example staff engaged in meaningful conversation with one person about knitting, the person happily spoke about what they liked to knit and encouraged other people sitting nearby to talk about what they liked doing.

We saw that where people needed specific equipment to support them this was in place. For example where it had been identified a person with limited mobility required a hoist to help them to transfer from their bed

to a wheelchair that this was in place. Pressure relief equipment was in place for people who may be at risk of pressure ulcers and we checked that airflow mattresses were set at the right level according to the care plan.

People were aware that they could raise a concern about their care. There was information available as to how people could make a complaint. People commented they would be happy to speak to any of the staff if they had a concern. One person said "I would feel comfortable raising a concern or a complaint, there is complaint information available to me. I have never had to raise a concern or complaint." We saw that when complaints had been made these had been investigated and responded to in a timely way and in accordance with the procedure in place. We were aware prior to the inspection that one family had raised a complaint about their relative's care and support, they had not been happy with the initial response so the provider had identified someone independent of the service to investigate. This showed that the provider lead an open and transparent service determined to address any issues raised in the most appropriate way. The learning from complaints was shared with staff through staff meetings.

Good

Is the service well-led?

Our findings

We found at the last inspection that the registered manager had not ensured that people's care and support needs were safely met throughout the home. There was a noticeable difference between the quality of care and support that people received on the first floor of the home in comparison to the ground floor. At this inspection we could see improvements and although there was a need to improve on the consistency of interaction with people the registered manager and provider had taken positive and effective steps to address the issues raised.

Specific attention had been taken to ensuring staffing levels met the needs of people and if people's needs became greater than the service could provide action was taken promptly to help secure a more appropriate placement for people. This meant that the provider could ensure that they provided a consistent level of care across the home. One member of staff said "We needed to take a long hard look at ourselves and be honest as to whether we were able to meet people's needs."

As part of the quality assurance audits in place the provider had also introduced 'Quality of life' audits which involved the provider undertaking observations across the home to look at what people's experience of living at Longlands was like. These were beginning to identify areas for improvement specifically around the level of interaction care staff had with people outside of undertaking care tasks.

People and their relatives knew who the registered manager and deputy manager were. One relative said "The manager is not stuck in the office all day, they are always around." On the first day of the inspection the registered manager was on holiday leaving the deputy manager in charge. The deputy manager spent a lot of time out about in the home addressing any issues they came across and supporting staff. The staff felt well supported and were confident that the changes that had been made over the last 12 months were for the benefit of everyone. One member of staff said "There has been improvements and the staff are happier; we get more time to spend with people."

People and their family were encouraged to give their feedback. There were questionnaires available in the reception area for anyone to take and complete and an annual satisfaction questionnaire was undertaken. People told us they were happy to speak to the managers and felt listened to if they had any suggestions. One relative said "The manager's door is always open and they are approachable." A person said "There are resident's meetings, I don't attend but they do ask my opinion." Minutes from the meetings were available in the reception area for anyone to read.

There were regular staff meetings which gave the staff the opportunity to share best practice and raise any concerns. Staff told us they felt listened to and that any issues raised were sorted out. The culture within the home was one of openness and staff were encouraged to suggest improvements. For example one member of staff had asked to bring in a display cabinet for one of the dining areas to make it more homely. This had been agreed and we saw it being put in place, it enhanced the dining area and did make it look more homely.

The service had policies and procedures in place which covered all aspects relevant to operating a care home including the employment of staff, whistleblowing and safeguarding. They were comprehensive and had been updated when legislation changed. Staff told us the policies and procedures were available for them to read and they were expected to read them as part of their induction and when any had been updated.

Records relating to the day-to-day management of the home were up-to-date and accurate. Improvements to the level of recording had been made and the new nursing staff had identified further areas for improvement which they were keen to address. Records relating to staff recruitment and training were organised. Training records showed that new staff had completed their induction and staff that had been employed for twelve months or more were scheduled to attend 'refresher' training. Staff were encouraged to gain further qualifications and specialised training was provided.

The last rating of the home was displayed as required and the provider, managers and staff were all working together to develop and improve the service.