Roseberry Care Centres GB Limited

Long Meadow

Inspection report

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Ratings

Overall rating for this service	Inadequate

Is the service safe?	**Inadequate**
Is the service effective?	**Requires Improvement**
Is the service well-led?	**Inadequate**

Summary of findings

Overall summary

About the service
Long Meadow is a residential care home providing personal care to up to 41 people. The service provides support to older people and younger adults. At the time of our inspection there were 34 people using the service

People's experience of using this service and what we found
Systems to help protect people from abuse had not always been operated effectively. Not all relevant care plans and risk assessments required to help keep people safe were in place. Monitoring and assessment of people's behaviours that challenged was not always consistent or effective. Equipment had not always been provided to ensure people received safe care. Accident and incident reporting and monitoring of behaviours that challenge were not always operated effectively.

Measures to prevent and control infection were not always effective as there was not always enough housekeeping staff to complete planned cleaning tasks. Staff had not always been deployed to ensure people received the care that was planned and needed. Not all agency staff had received appropriate support when they first started at the service. Other staff had completed training relevant to people's healthcare needs.

Not all assurances were in place to show people received suitable food and people were not always offered meal choices.

Records were not always complete and accurate and the provider had not always followed their own safeguarding policy. Systems to help improve the safety and quality of services and reduce risks were not always effective. The provider had not always been able to provide a person-centred care care experience for people.

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not always support this practice.

People's healthcare assessments had been regularly updated. People saw other healthcare professionals when needed and had access to healthcare services. The home had been adapted to meet people's needs and the provider had ongoing plans in place to refurbish parts of the home.

Policies were in place for the management of infections and outbreak such as Covid-19. Other actions had been taken since our last inspection to secure windows and ensure action plans were followed to ensure fire safety was maintained. Visitors were able to freely visit people living at Long Meadow. Recruitment processes were followed to help the provider recruit staff safely. Medicines were managed safely.

A new manager was in post and they intended to register with the CQC. Meetings were planned with staff and relatives to help keep them informed of relevant information and involve them in the running of the service. The provider understood and acted on their duty of candour to be open and honest when things had gone wrong.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection and update
The last rating for this service was requires improvement (published 30 December 2022).

At our last inspection we found breaches of the regulations in relation to the systems used to ensure people received good quality care, are protected from abuse and receive safe care. The provider completed an action plan after the last inspection to tell us what they would do and by when to improve.

At this inspection, we found the provider remained in breach of regulations.

Why we inspected
We received concerns in relation to people's safe care, the use of equipment, staff competence, staffing levels and management of the service. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

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

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

We have found evidence that the provider needs to make improvements. 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.

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

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.

Enforcement
We have found breaches in relation to safe care, safeguarding, staffing and governance at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

The overall rating for this service is inadequate and the service is therefore in special measures. This means we will keep the service under review and will re-inspect within six months of the date we published this

report to check for significant improvements.

If the registered provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question, we will take action in line with our enforcement procedures. This usually means we will start processes that will prevent the provider from continuing to operate the service.

For adult social care services, the maximum time for being in special measures will usually be 12 months. If the service has shown improvements when we inspect it, and it is no longer rated inadequate for any of the five key questions, it will no longer be in special measures.

Follow up
We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority 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 safe. Details are in our safe findings below.	**Inadequate**
Is the service effective? The service was not effective. Details are in our effective findings below.	**Requires Improvement**
Is the service well-led? The service was not well-led. Details are in our well-led findings below.	**Inadequate**

Long Meadow

Detailed findings

Background to this inspection

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

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

Inspection team
The inspection was carried out by 1 inspector.

Service and service type
Long Meadow 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 we looked at both during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was not a registered manager in post.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We used the information the provider sent us in the provider information return. 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. We used all of this information to plan our inspection.

During the inspection
Inspection activity started on 3 October 2023 and ended on 13 October 2023. We visited the service location on 3 and 9 October 2023. We made phone calls to relatives on 12 October 2023.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with 5 people who lived at the service, 3 relatives and 1 visiting healthcare professional.

We spoke with 13 staff including the manager, regional manager, 2 senior carers, 3 carers, 2 housekeepers, 2 kitchen staff, 1 activity and 1 maintenance staff member.

We reviewed the relevant parts of 13 people's care plans and multiple medicines records. We looked at other records such as staff training records, recruitment files, policies and audits.

Inadequate

Is the service safe?

Our findings

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

At our last inspection we rated this key question inadequate. The rating for this key question has remained inadequate. This meant people were not safe and were at risk of avoidable harm.

Systems and processes to safeguard people from the risk from abuse

At our last inspection we found the provider had not always made safeguarding referrals for safeguarding concerns recorded in people's care records and had not operated effective processes to ensure people were protected from abuse. This was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found the provider remained in breach of regulations.

● Systems to protect people from the risk of abuse were not always operated effectively. We continued to find safeguarding concerns documented in people's care records that had not been referred to the local authority safeguarding team. This meant actions to help protect people from abuse had not been taken.
● One person's care plan included guidance that could place the person at risk of abuse from the practice of seclusion. A previous incident showed they had experienced a fall whilst placed in seclusion in their own bedroom. This had not been recognised by the provider following their investigation and there had been no change to the person's care plan to ensure they were not at risk of abuse from seclusion. We made a safeguarding referral to the local authority safeguarding team following our inspection for the concerns we were aware of.

Systems and processes were not always effectively operated to protect people from abuse. This was a continuing breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Records showed safeguarding referrals had been made for other concerns, for example regarding a person's skin care.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection we found the provider had not always ensured risks in the environment and health related risks, including those from medicines were safety managed. This was a breach of Regulation 12 (Safe Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found the provider had made some improvements however, other concerns were found, and the provider has remained in breach of regulations.

● Risk assessments and care plans to help manage the risk of a person leaving the premises without staff to ensure their safety were not in place. Safety procedures associated with such events, for example The

Herbert Protocol had not been considered. (The Herbert protocol is a national scheme that allows useful information to be used and shared with partner agencies in the event of a vulnerable person going missing.)
● Records intended to monitor and help assess how best to manage behaviours that challenged were not consistently completed or contained sufficient information to enable informed assessment. People were not always provided with safe and consistent care when they had behaviours that challenged.
● Equipment had not always available to ensure people were provided with safe care. One person had not had the correct bed for 8 months and staff told us they had struggled to provide safe care to them. Another person had not been provided with a chair sensor mat despite the provider identifying this was needed to help keep them safe a month earlier. 4 people required slide sheets to help them move safely. The manager was able to show us 1 slide sheet was available for people on the day of the inspection. Staff told us they struggled to locate a slide sheet when they needed one. The provider took action to provide the equipment required above by the end of our inspection.
● Accident and incident forms had not always been completed when safety incidents had occurred. This meant safety incidents had not always been reviewed by managers to ensure risks were assessed and mitigated.

Preventing and controlling infection including the cleanliness of premises
● Systems to ensure the cleanliness of the premises and control infection were not always effective. Cleaning schedules showed where cleaning tasks had not been completed. The manager confirmed this was because there had not always been enough housekeeping staff to complete tasks. This meant the risks from infection had not always been effectively reduced.

Risks associated with people's health and care needs had not always been assessed. Safety monitoring and management, including for infection prevention and control and the use of equipment, was not always effective. This had placed people at risk of receiving unsafe care. This was a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment
● There had not always been enough housekeeping staff. The manager confirmed staff shortages had meant there had not always been the required number of housekeeping staff on shift to complete the planned cleaning tasks. At times, they told us care staff had been required to help cover.
● People did not always receive their planned care. One person's care plan stated they liked to have a daily shower. Their shower records showed this had not happened and they had gone between 5 or 6 days without a shower. They told us they would judge when enough staff were working and request a shower on those evenings.
● Staff told us they struggled at times to provide the care they wanted to. One staff member told us, "Some people get left more and their pads are more wet than they should be." Another staff member told us, "It's impossible to do all the work and you walk away knowing you have not done what is needed."
● Staff told us the provider tried to cover any staff shortages with agency staff however, this sometimes led to periods of staff shortages whilst cover was being arranged. For example, one staff told us, "We've had one senior off sick so [there was only 1 senior on in the morning]. They went to 2 agencies who could not cover so they had to arrange cover from another home."

Sufficient numbers of staff had not always been deployed to ensure cleaning tasks were completed and people received their care as planned. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● The provider completed pre-employment checks on staff prior to them starting work. This included

checking previous work references and completing Disclosure and Barring Service checks (DBS). These are checks that provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

● On this inspection we found the provider had taken some actions to improve following our last inspection. For example, window restrictors were in place and other actions to help ensure a safe environment such as fire safety measures had been completed.
● We were assured that the provider was meeting shielding and social distancing rules.
● We were assured that the provider was admitting people safely to the service.
● We were assured that the provider was using PPE effectively and safely.
● We were assured that the provider was accessing testing for people using the service and staff.
● We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes
● We found relatives were able to visit the home in line with the latest government guidance.

Using medicines safely
● Medicines safety had improved since our last inspection. Medicines storage areas were secure and clean. Records showed people received their medicines as prescribed. Guidelines were in place to help ensure people received 'as and when required' medicines in a consistent manner.
● Handwritten medicines administration record (MAR) charts had been signed by 2 members of staff. This helped to reduce the risk of any transcription errors from the prescription. We checked a number of medicines held in stock and found the quantity of these was correct.

Requires Improvement

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection we have rated this key question requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Checks had not always been made to ensure the quality and safety of food. For example, hot food serving temperatures, cooking temperatures, fridge and freezer temperatures had not been recorded as required for multiple days at a time. As such assurances were not always in place to ensure people always received suitable and nutritious food.
- We observed people were not always offered choices at mealtimes. Staff told us people could ask for alternatives however, we were concerned that some people may not realise there was a choice. One person told us, "I didn't know they had [alternative meals]; you don't get a choice at teatime."
- One person told us the quality of meals was variable depending on who was working as the chef. On inspection, kitchen staff told us there were no eggs available and as such they had needed to change the menu choices for that day. People experienced variations in food quality and meals had not always followed planned menu options due to availability of food stocks.
- The manager told us they were introducing picture menus to help people make choices. The provider told us they were waiting for a new chef to start work.

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

- Care plans had recently been updated and some, but not all contained sufficient information on people's needs and choices. Not all assessments were up to date and reflected people's current needs. One person's mobility care plan stated they were unable to mobilise independent of support and required the support of 2 staff to support them with their mobility. However, their moving and handling risk assessment still stated they were independently mobile.
- People's healthcare associated needs such as risks from malnutrition and falls were assessed using recognised assessment tools. Records showed these had been regularly updated.

Staff support, training, skills and experience

- The provider used agency staff to cover any staff absences. 1 agency carer we spoke with told us they had worked in the home on previous occasions but had not had an induction where important information could have been shared with them. For example, they told us they had not had any fire procedures explained to them nor had they been shown people's care plans and risk assessments. We saw the provider completed their induction during the day of our inspection and confirmed they had previously worked at the home. We were concerned agency staff had not always been fully supported to work effectively in the home as they had not always had an induction at the time of their first shift.
- Staff told us they completed training and had support in their job role. The provider maintained an

overview of staff training and this showed staff had completed training in areas relevant to their job role and people's health and care needs. This helped staff have the skills and support they needed.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
● People and relatives told us they saw other healthcare services and professionals when needed. For example, people told us about access to GP's and dentists. People were supported to access healthcare services and support.
●We saw people were visited by a range of visiting healthcare professionals during our inspection. People's care records showed they had been provided with the latest Covid-19 and flu vaccinations. This helped people live healthier lives.
● People had 'hospital passports' in place. These are records to help people receive consistent and effective care should they need to visit hospital.

Adapting service, design, decoration to meet people's needs
● The home had been adapted to people's needs. People and relatives told us people's bedrooms had been personalised and decorated to their personal preference. The home had a lift fitted so people could access the whole home.
● The provider had a refurbishment plan in place that included a range of planned improvements to various aspects of the service, including kitchen improvements, flooring and furniture.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.
In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

● The MCA process had not always been correctly followed. For example, one person's family member's involvement had not been documented to show if they had been invited to take part but declined or had not been asked to be involved. Multiple decisions had been included on one MCA assessment and subsequent best interests' decision making. Records showed the MCA assessment process had sometimes been applied to multiple decisions, rather than specific decisions. We were concerned as it may have been possible for the person to understand one decision but not another.
●The provider operated a system to maintain an overview of any DoLS applied for, their current status and when they were due to expire.

Inadequate

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 our last inspection we rated this key question inadequate. At this inspection we have rated this key question inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

At our last inspection we found the provider had not effectively operated systems and processes to ensure the quality and safety of services. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, not enough improvement had been made and we found the provider remained in breach of regulations.

● Records were still not complete and accurate. We found records for the quality and safety of food preparation and storage had multiple gaps and were not complete. Records to show people had been repositioned at specific times to prevent pressure damage had gaps and were not always complete.
● People's care records described events that a manager confirmed should have resulted in an incident and accident report being made, but no report form had been completed. Similarly, we found events described that should have been, but were not recorded on specific records to monitor and understand behaviours that challenged. Accident and incident reports and behaviour monitoring records were therefore not complete and did not provide an accurate overview of accidents, incidents and behaviours that challenged at the service.
● The provider had not always followed their own safeguarding procedures. Safeguarding incidents described in people's care records had still not always been raised as safeguarding referrals with the local authority or notified to CQC. We remain concerned that despite making the provider aware of safeguarding concerns, safeguarding referrals and statutory notifications were not submitted.
● Systems and processes designed to improve safety and reduce risks were not effective. Despite staff telling us they had raised concerns with management over people not having the appropriate equipment, and accident forms and pre-admission assessment identifying the need for specific equipment, until our inspection the specific equipment assessed as needed had not been provided. Management oversight and responses to processes designed to improve safety and reduce risks had not been effective.
● Systems to ensure required care plans and risk assessments were in place as needed and contained sufficient information to guide staff were not always effective.
● The was no overall risk assessment for the garden and the immediate environment should a person leave the premises without staff accompanying them for their safety. The home opens onto a main road and the garden has an area of open water. Whilst the provider told us they were planning to implement the use of technology to help reduce the risks of people at risk of leaving the premises unaccompanied by staff for their own safety, there was no further risk assessment to the general outside environment whilst this was being

implemented. Systems and processes designed to assess, monitor and mitigate risks were not always effective.

● Since our last inspection, the food hygiene rating had deteriorated from a 4-star (hygiene standards are good) to a 3-star rating (hygiene standards are generally satisfactory). Whilst the provider had an action plan in place to address the shortfalls found, we were not assured the provider had taken appropriate timely action to ensure the continued improvement in the quality and safety of services as the rating had deteriorated. Other actions taken by the provider had not resulted in improvements. For example, we saw they had identified issues with food records, but at our inspection this had not resulted in improvements in records.

● The provider completed audits to help them check on the quality and safety of services. However, we were not assured audits always identified shortfalls. For example, the infection prevention and control audit had no prompt to check cleaning records evidenced all planned cleaning had been completed. On inspection, cleaning records had gaps and a manager confirmed this was when staff shortages meant this cleaning had not been completed. Audits had not always been effective at identifying where improvements were needed.

Systems and processes designed to assess, monitor and improve the quality and safety of services and assess, monitor and reduce risks were not effectively operated. This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2008.

● There was not a registered manager in post at the time of our inspection. The new manager told us it was their intention to apply to become the registered manager.

● The provider had action plans in place for the refurbishment of the premises and for improvements to the kitchen and food hygiene rating. They also had plans in place to change onto an electronic care plan and record keeping system as a way of improving their records management.

● We found the provider had improved some of the concerns we found at our last inspection. For example, medicines safety and had reduced some risks in the environment, for example all windows now had window restrictors in place, the kitchen door was lockable and the fire risk assessment and action plan had been kept up to date.

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

● People had not always experienced person-centred care, for example, they had not always had their personal care at times and frequencies of their choosing. Staff told us they wanted to offer person-centred care, but as described in the 'Safe' section of this report, they felt they did not always have enough time to provide this as they would like. The provider had not always been able to provide a person-centred care environment for people.

● The new manager was positive about providing person-centred care for people and leading staff with an inclusive and open management style. Staff were positive about the manager and we saw staff approached them for advice during our inspection.

● Meetings were held daily to discuss relevant issues with the different staff teams and to ensure clear communication. This helped to promote staffs' involvement in the running of the service.

● Meetings with relatives had been organised. To date, they had not always been ell attended however, the manager had arranged further dates and had advertised these around the home to visiting relatives. Relatives told us they had no concerns over approaching the new manager for any updates and they found both the office staff and care staff kept them updated.

● Visiting healthcare professionals told us that whilst some improvements were required in the records of people's care, the new manager had been helpful and had worked to find the information they required. We

saw a range of healthcare professionals involved in people's care and who visited during our inspection. The service worked well with other professionals.

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

● When the provider had established something had gone wrong or had investigated a complaint and found the service fell below what was expected, it apologised to people. The provider worked with those involved to reach solutions that were acceptable to them. One relative told us, "On one occasion there was a mix up and the home rang up straight away and explained. The provider understood and acted to follow the duty of candour.

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 18 HSCA RA Regulations 2014 Staffing Sufficient numbers of staff had not always been deployed to ensure cleaning tasks were completed and people received their care as planned.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks associated with people's health and care needs had not always been assessed. Safety monitoring and management, including for infection prevention and control and the use of equipment, was not always effective. Sufficient quantities of equipment had not always been supplied to ensure people's safety.

The enforcement action we took:

We issued a warning notice.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Systems and processes were not always effectively operated to protect people from abuse.

The enforcement action we took:

We issued a warning notice.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes designed to assess, monitor and improve the quality and safety of services and assess, monitor and reduce risks were not effectively operated. records were not always complete and accurate.

The enforcement action we took:

We issued a warning notice.