

Longwood Lodge Care Limited

# Longwood Lodge Care Home

## Inspection report

61-63 Queens Road  
Oldham  
Lancashire  
OL8 2BA

Tel: 01616275868

Date of inspection visit:  
05 May 2016  
06 May 2016

Date of publication:  
13 July 2016

## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

Say when the inspection took place and whether the inspection was announced or unannounced. Where relevant, describe any breaches of legal requirements at your last inspection, and if so whether improvements have been made to meet the relevant requirement(s).

Provide a brief overview of the service (e.g. Type of care provided, size, facilities, number of people using it, whether there is or should be a registered manager etc).

N.B. If there is or should be a registered manager include this statement to describe what a registered manager is:

'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.'

Give a summary of your findings for the service, highlighting what the service does well and drawing attention to areas where improvements could be made. Where a breach of regulation has been identified, summarise, in plain English, how the provider was not meeting the requirements of the law and state 'You can see what action we told the provider to take at the back of the full version of the report.' Please note that the summary section will be used to populate the CQC website. Providers will be asked to share this section with the people who use their service and the staff that work at there.

## 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.

Arrangements were in place to ensure that medication was administered safely.

Staffing levels were appropriate to meet people's needs.

There were recruitment procedures and checks in place to ensure that staff were suitable to care for vulnerable adults.

Prevention and control of infection were well managed.

Arrangements were in place to safeguard people from harm and abuse.

### Is the service effective?

Requires Improvement ●

The service was not always effective.

Where people were being deprived of their liberty the necessary safeguards were not always in place.

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

Systems were in place to provide staff with regular support and supervision.

People who used the service received the appropriate support to ensure their health and nutritional needs were met.

### Is the service caring?

Good ●

The service was caring.

People who used the service spoke positively about the staff and told us they were kind and caring.

People's dignity and privacy were respected.

Staff encouraged people to make choices about their daily life

style.

### Is the service responsive?

Good ●

The service was responsive.

People had support plans and risk assessments that were detailed and personalised to their particular needs and were reviewed regularly.

People had the opportunity to participate in a range of appropriate activities.

Systems were in place for receiving and responding appropriately to complaints and concerns.

### Is the service well-led?

Good ●

The service was well led.

The home had a registered manager

People we spoke with told us the management team were approachable and supportive.

There were systems in place to monitor the quality of care provided to people who used the service.

People who used the service and their families were provided with information about the service and were given regular opportunities to comment on the quality of service delivered.

# Longwood Lodge Care Home

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider was 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.

The inspection took place on 5 and 6 May 2016. Our visit on 5 May was unannounced.

The inspection team on the first day was made up of an adult social care inspector and an expert by experience. On the second day the inspection was carried out by an adult social care inspector. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Prior to the inspection we reviewed information we held about the service, including the notifications the CQC had received from the provider. Notifications are changes, events or incidents that the provider is legally obliged to send to us within a required timescale. We also reviewed the inspection report from the previous inspection and contacted the Local authority (LA) to ask them if they had any concerns about the service, which they did not.

On this occasion we did not ask the provider to complete a provider information return (PIR) before our visit. A PIR is a document that asks the provider to give us some key information about the service, what the service does well and any improvements they are planning to make.

Some of the people living at the home were unable to give their verbal opinion about the care and support they received. Therefore we examined people's care records and observed the care and support being provided to them in communal areas to capture their experiences.

During our inspection we spoke with seven people who used the service, five relatives, the registered manager, the owners, three care staff, two visiting healthcare professionals, the cook and the activities

coordinator.

We looked around the building, observed how staff cared for and supported people, reviewed records and looked at other information which helped us assess how people's care needs were met. We spent time observing the lunchtime meal and watched the administration of medication to check that this was done safely.

As part of the inspection we reviewed the care records of three people living in the home, which included their support plans and risk assessments. We looked at three staff files, which included their recruitment checks. We also reviewed other information about the service, such as quality assurance records, staff rotas, accidents and incidents and policies.

# Is the service safe?

## Our findings

People we spoke with told us they felt their relatives were well cared for and kept safe. One 'thank you card' we saw said "I appreciate all the care and hard work you all did to keep him safe and cared for". A relative we spoke with said "I thought the previous home was very good till I found this one. What has made it better is there are more carers here and the manager mixes with residents, feeding them. This gives me confidence".

We looked at three staff personnel files to see if there was a safe system in place for the recruitment of staff. The files contained all the relevant documentation, including reference checks and confirmation of identification. All staff had Disclosure and Barring (DBS) criminal record checks in place. These help the service provider to make an informed decision about the person's suitability to work with vulnerable people, as they identify if a person has had any criminal convictions or cautions.

The service had a safeguarding adults policy and all staff received annual mandatory training in safeguarding vulnerable adults. Staff we spoke with had a good understanding of safeguarding issues and were able to describe different types of abuse, such as emotional and physical abuse. Staff were able to explain their responsibilities to protect people who used the service, through reporting any bad practice that they observed to the registered manager. One carer said "I'd go to the office first, and then go to the providers". Another carer told us "I'd go to the manager, then safeguarding if I didn't get anywhere".

We inspected the home and saw that it was recently decorated and was well-maintained. The home had undergone a major refurbishment in 2012 when the current owners acquired ownership. The registered manager told us that when rooms became vacant they were redecorated and this helped to maintain the standard of décor in the home. We saw evidence that safety and maintenance checks for the building were all up-to-date. There were systems in place to protect people who used the service and staff from the risk of fire and all people who used the service had a personal evacuation plan (PEEP) easily available, which explained how each person would be evacuated from the building in the event of an emergency.

We looked around all areas of the home and saw the bedrooms, toilets and bathrooms and communal areas were clean and free from unpleasant odours. A comment from a recent survey said 'the home is kept looking very clean and tidy'. We inspected the kitchen and saw that food was prepared and stored safely, fridge and freezer temperatures were monitored daily and that the kitchen cleaning schedule was up-to-date. A 'Food Standards Agency' inspection had been carried out in April 2015 and the home had been awarded a rating of 5, which is the highest rating.

Bathrooms and toilets contained adequate supplies of soap and paper towels and displayed posters detailing safe handwashing techniques, which helped to minimise the risk of the spread of infection between staff and people using the service. Staff we spoke with were able to describe infection control measures, such as the use of disposable vinyl gloves and plastic aprons, and all staff undertook mandatory yearly infection control training to ensure their knowledge of this subject was up-to-date.

People we spoke with felt there were sufficient staff on duty to meet the needs of those living at Longwood Lodge and our observations confirmed this. One person commented "they respond quickly to my call bell". During our inspection we observed someone summon help with their call bell and they were responded to by a carer within a few minutes. The registered manager told us that they used a computerised dependency tool to help calculate a dependency score for each person who used the service. This score was used as a guide to ensure that there were a sufficient number of staff available to meet everyone's needs. Staff informed the registered manager of their availability to work extra shifts, so that in the event of staff sickness the work could be covered by regular carers, rather than by agency staff, who were only used occasionally.

We looked at the systems in place for the storage and management of medicines. Medicines were stored in two trolleys which were kept locked in the treatment rooms. One of the treatment rooms contained a locked fridge for the storage of temperature controlled medicines. We saw that the fridge temperature had been recorded at above the maximum recommended temperature of 8 degrees Celsius for several days. In addition, the temperature of the treatment room itself was 26 degrees Celsius, which is one degree higher than the maximum recommended temperature in which medicines should be stored. If medicines are stored at the wrong temperature their potency can deteriorate. We brought these matters to the attention of the registered manager and owner who told us they would take immediate steps to provide ventilation into the treatment room and replace the fridge if it proved to be faulty. Subsequent to our inspection we were informed that the treatment room fan had been repaired and the room temperature was now within the recommended range. In addition the fridge had been repaired and was now registering the correct temperature.

The home used a local pharmacy for the delivery of all medication and the pharmacy was able to provide a 24hour service, which meant that requests for emergency medication were delivered to the home without delay.

All staff who administered medication had undergone appropriate training and assessment and this training was mandatory every two years. This ensured that their knowledge on this subject was up-to-date. We observed a lunchtime medicine round during our inspection and saw that medicines were administered safely and in a calm and unhurried manner. We checked three Medication Administration Records (MAR) and saw that they had been completed correctly. Each MAR sheet contained a photograph of the person, which helped minimise the risk of the medication being given to the wrong person.

The registered manager recorded and reviewed accidents and incidents and identified actions that needed to be taken to make sure that risks to people were minimised. We looked at recent incidents and saw that they had been managed appropriately.



## Is the service effective?

### Our findings

During the inspection we observed that staff sought consent from people and offered them the opportunity to make choices before any care and support was given. We saw evidence that support plans reflected the need to offer choice and included comments such as "ask (the person) which clothes they want to wear and meals they would like". Staff had received training in the Mental Capacity Act (MCA) (2005) and we saw that this training was mandatory every two years.

People can only be deprived of their liberty in order to receive care and treatment when this is in their best interests and legally authorised under the MCA. The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. When we inspected Longwood Lodge there was only one person who used the service who was subject to an authorised DoLS even though there were twenty people with a diagnosis of dementia. We saw evidence from the incident log that one person with dementia had recently tried to leave the premises through the garden gate, when she would not have been safe to do so. No urgent DoLS authorisation had been requested from the local authority.

Failings to put the appropriate DoLS authorisations in place meant there was a breach of Regulation 13 (5) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. A service user must not be deprived of their liberty for the purpose of receiving care or treatment without lawful authority.

All newly recruited staff received a thorough induction programme and were expected to complete an induction booklet to confirm that they understood the information they had received and the topics they had studied. As part of the induction programme staff completed their yearly mandatory training on moving and handling techniques, fire safety awareness, infection control, safeguarding vulnerable adults and health and safety. They also spent time 'shadowing' other members of staff which enabled them to become familiar with their role and with people who used the service before they were assessed as being competent to care for people, without supervision. One person who used the service commented "new members shadow experienced staff so everyone knows what they are doing".

A training matrix displayed in the registered manager's office showed that staff were up-to-date with mandatory training. The home used a computer system which had the facility to automatically notify the registered manager when training was due. This enabled her to plan ahead and schedule training sessions when needed. Staff had undertaken a variety of on-line and face to face training, which enabled them to carry out their roles effectively. This included dementia awareness, MCA training and training in the management of challenging behaviour. All senior carers had undertaken training in the management of medication which provided them with the knowledge to administer medicines safely.

Staff received formal supervision twice a year and prior to each session were expected to complete a self-assessment of their performance which helped them identify any problems or training needs. Staff we spoke with told us that the registered manager spent time assisting people who used the service at mealtimes and our observations confirmed this. This enabled her to observe practice and provide 'on the job' guidance to

staff. Supervision and observation of staff enabled the registered manager to monitor the quality of care staff provided and identify any problems they might be experiencing

People who used the service told us they were happy with the quality of the food. One person said "it looks and smells good always". The home operated a four-weekly menu plan, which provided people with a variety of freshly prepared food. For breakfast people were offered a choice of a cooked breakfast, cereal, fruit juice, prunes and toast and for lunch there was a choice of two hot meals and a choice of dessert. A lighter meal was served at teatime, followed by a supper of cheese and biscuits, or bread and butter accompanied by hot drinks.

We observed lunch being served in the two dining rooms, where the tables were attractively laid with mats, napkins, condiments and table decorations. We saw that portion sizes were good and that the food looked hot and appetising. Staff serving the meals offered a choice of vegetables at the table and one person who did not like either choice of hot meal was offered sandwiches instead. There was a calm and unrushed atmosphere during the meal and sufficient staff were available to serve the food and assist those people who needed support with eating.

We saw that people were weighed every month or more frequently if a person was identified as being at high risk of malnutrition. The registered manager kept a close check on those people who were deemed at high risk and appropriate referrals had been made to the dietician for help with weight management.

We spoke with two visiting healthcare professionals who were happy with the care people who used the service received. One of them said "I've no problems with it". A district nurse commented that staff acted promptly to make referrals to the district nursing service when they had concerns about someone. None of the people living at Longwood lodge had pressure sores and the district nurse told us that staff were prompt at identifying people at risk of pressure damage. These people were provided with pressure relieving equipment and if people were confined to bed, due to illness, staff regularly changed their position and completed positional charts. People who used the service had access to a range of healthcare professionals and one of the local GPs visited every week to advise on non-urgent health problems.

People who used the service were encouraged to decorate their bedrooms with personal effects, such as furniture, pictures and photographs to help them feel at home. We saw that the home had made some attempt to make the surroundings 'dementia friendly' by the use pictorial signs and displays in the corridors. One display, entitled "My Life, My Town" showed photographs of Oldham and the local area, and another display exhibited war memorabilia.

# Is the service caring?

## Our findings

People who used the service and their relatives spoke highly of the staff and of the standard of care provided by the home. One relative said "It's a relief to know she is in a good home" and another relative described it as "absolutely fantastic in every way". A person who used the service said "the staff are first class" and a 'thank you' card we read contained the comment "we have watched the carers and they are all very caring and have a lovely approach".

Longwood Lodge had a calm atmosphere and we saw that people looked well cared for, were clean and appropriately dressed. A hairdresser visited every week. We observed how staff interacted with people who used the service and saw that they were patient and kind and spoke politely to people. Staff we spoke with were able to give examples of how they would treat people with dignity and respect, for example when carrying out personal care. One person who used the service commented "they treat me as a person".

Staff told us that people's cultural and religious needs were respected. For those people who wanted to continue practising their faith there was a Church of England communion service every month and a catholic priest visited weekly. At the time of our inspection there was no one from another faith living at the home, but the registered manager told us that support for people with other faiths could be sought from the local community.

We asked the registered manager how staff cared for people approaching the end of their lives. She told us that at the appropriate time she would have a conversation with the person and their family to establish their wishes for end of life care. This meant that the person's choices and wishes for their end of life care could be carefully planned. All senior carers and the management staff had received training in 'end of life care'. One 'thank you' card we read said "I will never forget you and I am so happy that she died as she wanted to surrounded by your staff who I believe loved her too".

People were free to visit the home at any time, although visiting during meal times was discouraged to enable people who used the service to eat their meal undisturbed. We observed that visitors were greeted in a friendly manner. A comment we read in a 'thank you' card said "thank you for the kindness and friendship shown to my family and myself when visiting".

The registered manager was aware of how to access an advocate for people who did not have anyone to act on their behalf. Advocacy services help vulnerable people access information and make decisions about their lives. Longwood Lodge used the advocacy service offered by Age UK when necessary.

Staff understood the importance of confidentiality – one carer described how she would ask a person discreetly and quietly if they required assistance to go to the toilet, so as not to embarrass them or divulge personal information to other people.

## Is the service responsive?

### Our findings

We asked the registered manager how the home ensured that people received care and support that met their individual needs. She explained that people were assessed before they were admitted to the home and were encouraged to visit prior to finalising their decision. This enabled people to make an informed decision as to whether or not the service could meet their needs.

The home operated a computerised system for recording, storing and evaluating information about people who used the service. We looked at the electronic care records of three people who used the service and saw that they were comprehensive and 'person-centred' and contained detailed descriptions of each individual person's care needs and how they should be managed by staff. All care plans and risk assessments were reviewed every month by either the registered manager or deputy manager and the dates for review were automatically generated by the computer system and appeared in their electronic diaries. This helped to ensure that support plans and risk assessments were kept up-to-date. Carers had access to the electronic care plans to enable them to read them, but did not have access to edit the records. Towards the end of their shift, carers completed an electronic daily record which detailed the care they had given people who used the service. This information was entered onto one of the two 'mobile devices' that were available for staff.

We asked the owner how he ensured that the information stored on the computer system was safe and only available to the appropriate people. He explained that the system was password protected and that different levels of access were granted to differing levels of seniority within the organisation. Information was 'backed up' and he could not envisage a scenario in which staff would not be able to access the data that was stored. In addition to the information stored on the computer, vital information was also stored in a paper version, so that in the event of a failure of the computerised system staff would still have to access information about people who used the service.

We asked the registered manager if people who used the service and their relatives were involved with the review of their support plans. She explained that their level of involvement was discussed with them at the start of their stay at the home and that they were told they could read the support plans at any time. We saw that one comment made in a recent survey said "we had the option to be as involved as we wanted to be".

Each person who used the service was helped to create a 'My Life Story' book which contained information about their childhood, education and work life, family and friends and photographs and was used by staff as a reminiscence aid.

All people who used the service had a 'key worker'. This carer was responsible for helping ensure that the person had everything they needed in terms of personal toiletries and clothes and helped to keep their 'My Life Story' book up-to-date. One member of staff described the role as being 'a companion'.

Longwood Lodge employed an activities co-ordinator who worked four hours a day from Monday to Friday and encouraged people who used the service to take part in a variety of activities, such as armchair

exercises, quizzes, sing- a- longs, reminiscence time and ball games. One person who used the service described her as "brilliant". An activities calendar was displayed in the hall and on both days of our inspection we saw activities taking place. Special days in the calendar, such as Easter, St Georges' Day and St Patrick's Day were marked by celebrations and visiting groups, such as musicians provided entertainment for people who used the service. Those people who did not want to take part in organised activities were able to sit in the other communal lounges, where there was a television. Another room provided a quiet area for relaxation. Those people who wanted to read a newspaper could have one delivered to the home.

At the front of the home there was a large well-kept garden containing shrubs and trees and an enclosed wooden patio with garden furniture and parasols, to which people who used the service had access. We observed people who used the service sitting outside on the patio during the second day of our inspection. The home faces a large park and the registered manager told us that during fine weather staff took people who used the service for walks there.

Staff 'handover' meetings were held at the start of each change of shift and details such as changes to medication or health about all those who lived at the home were discussed and written in a dedicated handover book. This helped to ensure that any alterations in a person's health or care needs were properly communicated. All staff who attended the handover meetings signed the book to indicate that they understood the information given to them.

The service had a complaints policy and people who used the service were given information about the process they needed to follow to lodge a complaint. People we spoke with commented that any issues or concerns they had were always promptly responded to by the registered manager.

## Is the service well-led?

### Our findings

At the time of our inspection there was a registered manager in post. However, we were informed that she had recently been appointed as area manager and that the deputy manager would be taking over the role of the registered manager. The necessary documentation to facilitate this change of registered manager had been submitted to the CQC.

People we talked to spoke highly of the home and felt it was well led. A relative told us that they had chosen the home because it had been highly recommended to them and another person said "there's a family feel rather than an institutional feel". One person who used the service said "she's a very good manager" and a relative said "she will solve your problems with you". A member of staff commented "if you've got a problem they will listen".

People we spoke with liked the fact that the management team were 'visible' rather than being too office-based and that they frequently helped out at mealtimes, which gave them the opportunity to mix with staff and people who used the service. This helped to ensure that the management team were familiar with the needs of staff and people who used the service. One relative said "the manager knows the residents".

The owners of the home had offices on the premises and they were involved with the day-to-day running of the home, in particular with oversight of the computer system. The registered manager commented that she felt well-supported by them and that they would agree to any reasonable request for resources.

People living at the home and their relatives were provided with opportunities to comment on the service through monthly meetings and quarterly surveys, which covered topics such as approachability of staff, housekeeping, meals and entertainment.

People who used the service were given a variety of information about the home, including details of its facilities, and notice boards in the hall displayed information about local services and the 'Statement of Purpose and Service User Guide' for the home. This was available in large print format on request. People who used the service and their families were kept informed about events and changes at Longwood lodge by a monthly newsletter. We looked at the April newsletter and saw that it included a list of residents' birthdays, photographs of recent activities and information about forthcoming events in the home.

We saw that there were systems in place to regularly monitor the quality of the service provided at Longwood Lodge. Monthly audits of care plans, medication charts and a health and safety check of the building were carried out by the registered manager. In addition, there was a monthly check to ensure that these audits had been completed. The registered manager told us that she carried out 'spot checks' of the home at night to monitor the quality of care given to people who used the service by the night staff.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

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  Where people were being deprived of their liberty the necessary safeguards were not in place.