

Shankar Leicester Limited

# Longcliffe Nursing Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

We inspected Longcliffe Nursing home on 6 June 2016. This was an unannounced inspection. This meant that the staff and provider did not know that we would be visiting.

Longcliffe Nursing Home provides both personal and nursing care for up to 42 people who are aged over 65 and who may also have a physical disability. The home is located on two floors with lift access to both floors. The home has a variety of communal rooms and areas where people can relax. At the time of the inspection 25 people were using the service.

We carried out an unannounced comprehensive inspection of this service on 14 and 15 December 2016. Breaches of legal requirements were found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to a breach of Regulation 12 safe care and treatment, and a breach of Regulation 17 good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Longcliffe Nursing Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

The home does not have a registered manager in place. 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. A manager was appointed in June 2015 and was in the process of making an application to the Care Quality Commission for registration.

At the last inspection we carried out on 14 and 15 December 2016 we found the provider had not met the regulations relating to the safe care and treatment of people who used the service and good governance. At this inspection we found the provider had made some of the required improvements.

We were concerned that records relating to peoples care were not always fully completed. We saw that records did not show all care that had been given and showed large gaps where people may not have received any care. We found that checks that had been implemented to monitor this after the last inspection had not been continued and the records were still not recording care that people had received.

People were protected from most risks relating to their health and safety. Risks had been assessed and people were now protected from the potential risks of hot radiators and hot water. Radiator covers had been put in place and checks were being carried out on the temperature of the water. We found that risk assessments had been reviewed monthly. However, we found that risks associated with Legionella had not been assessed. Actions that had been identified had not been put in place. Tests that can reduce the risk of

Legionella had been carried out but had not been recorded. We found that the provider had not had the water tested for Legionella.

People had most of their needs assessed when they moved to the service. Risk assessments had been completed around the risk of someone falling and control measures were put in place very soon after the person had started to use the service. A checklist had been implemented to make sure that appropriate assessments were completed. However, we found that needs in the case of an evacuation had not been assessed. We also found that people's care needs had not been fully assessed and they did not have a care plan that told staff how to support the person with all of their identified needs.

We found that where healthcare equipment was used it was being cleaned regularly in line with guidelines for the equipment and this had been recorded.

We found that medicine to be returned to the pharmacy had not been stored safely and had been stored in an unlocked room. This meant that anyone had access to this medicine.

We found that audits were generally being completed on a scheduled basis. These had identified areas for improvement and we saw that this work had been completed.

We found one continuing breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not consistently safe.

We found that action had been taken to improve safety.

Radiator covers had been put in place and checks were taking place on water temperatures. However, although a risk assessment had been completed around the risk of Legionella, actions identified in this had not been put in place.

Risks associated with people's care had been assessed when they moved to the service. However, risks associated with people's needs in the case of an evacuation had not been assessed for a period of time when they were using the service.

We found that where healthcare equipment was used it was being cleaned regularly in line with guidelines for the equipment.

We could not improve the rating safe from Requires Improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

### Is the service well-led?

**Requires Improvement** ●

The service was not consistently well led.

We found that action had been taken to improve the governance within the service.

Systems were in place for monitoring the quality of care and support provided. Most of these were being completed on a scheduled basis. Actions had been identified and were completed.

People's care needs had not been fully assessed and they did not have a care plan that told staff how to support the person with all of their identified needs.

Records were not an accurate, complete or contemporaneous. People were put at risk of not receiving care or treatment they

required.

We could not improve the rating safe from Requires Improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

# Longcliffe Nursing 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. 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.'

We undertook an unannounced inspection of Longcliffe Nursing Home on 6 June 2016. This inspection was done to check that improvements to meet legal requirements planned by the provider after our 14 and 15 December 2015 inspection had been made. The team inspected the service against two of the five questions we ask about services: is the service safe and well led. This is because the service was not meeting some legal requirements.

The inspection was carried out 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 service. The expert had experience of caring for someone who used care services.

Before the inspection we reviewed information we held about the service and information we had received about the service from people who had contacted us. We contacted the local authority that had funding responsibility for the some of the people who used the service.

We met people who used the service and we spoke with 10 people who used the service and two relatives. We observed staff communicating with people who used the service and supporting them throughout the day. We spoke with the manager, the proprietor, one nurse and one care staff.

We looked at the care records of four people who used the service and other documentation about how the home was managed. This included policies and procedures and records associated with quality assurance processes.

# Is the service safe?

## Our findings

At our previous inspection carried out on 14 and 15 December 2015 we found that people were not always receiving safe care and treatment. This was because people were not consistently protected from risks relating to their health and safety. Risks had not always been assessed. This was a breach of Regulation 12 (2) (a), (b) & (e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Safe Care and Treatment. We required the provider to make improvements and they submitted an action plan setting out what they were going to do. At this inspection we found that the provider had made most of the required improvements.

We found that when someone moved to the service for a short stay or as a permanent move a checklist had been implemented to record that all required assessments had been completed. This included carrying out falls risk assessments at the point of admission into the home. This meant that the risk of people falling had been assessed and control measures put in place as soon as they came to the home. However, we found that people's risk and needs in the case of an evacuation had not been assessed when they first moved to the service. We found that one person had been at the service for two months before this assessment had been completed and another person had been at the service for two weeks at the time of the inspection and had not been assessed. We discussed this with the manager and the proprietor. They agreed that they would add this assessment to the checklist when people moved in to ensure that the plan was completed as soon as people moved in so that staff knew how to support people in the case of an emergency.

We found that risk assessments had been reviewed monthly when care plans had been reviewed. This was important to make sure that information was current and was based on people's actual needs. We saw that some risk assessments were not dated but they had been reviewed recently.

We found that radiator covers had been added to all radiators. This meant that people were protected from the risk of burning themselves on the radiators. Water temperatures had been taken monthly and were within the agreed levels. This meant that people were protected from the risk of scalding hot water.

A Legionella risk assessment had been completed and had identified that the service was a high risk. Suggested actions in the assessment had not been completed. Legionella testing had not been carried out. We found that descaling of showerheads and taps had not been recorded. Checks to ensure that water is not left standing had not been recorded. We discussed this with the proprietor. They advised that they had only recently received the risk assessment and would implement an action plan to meet all of the identified actions and have the testing completed. They told us that the descaling had been completed by the cleaners on a regular basis but this had not been recorded. The proprietor told us that the cleaners were regularly putting the taps on in rooms where they were not being used on a regular basis to reduce the risk of standing water. They said that this was also not being recorded. We discussed this with the proprietor. The proprietor agreed to make sure that all these tests were recorded.

We saw that charts were in place to record that all healthcare equipment was being cleaned regularly and instructions on how to clean each item. This had been completed each week and the equipment looked

clean on inspection. One staff member told us, "We make sure that these are cleaned each week."

We found that medicine had not been stored safely. Medicine that had been identified to be returned to the pharmacy was stored in an unlocked room that could be easily accessed. We discussed this with the manager who told us that the medication room was being moved and that the medicine had only been placed there briefly on the day of inspection. They told us that all medicines would be stored safely and appropriately in the new medicines room.

## Is the service well-led?

### Our findings

At our previous inspection carried out on 14 and 15 December 2015 we found that systems and processes in place were failing to assess, monitor and improve the quality of the service. We found that the systems and processes were failing to mitigate risks relating to people's health, safety and welfare. They did not identify areas for improvements or when tasks had not been completed. We found that there was no system in place to evidence that all Health and Safety checks had been completed. We also found that an accurate, complete and contemporaneous record for each person who used the service was not being kept. This was because audits that had been completed were not completed consistently. We saw that records had not been completed to record all care that had been given. We also found that assessments of people's needs were not always completed when people moved to the service.

These matters were a breach of Regulation 17, (1) (2) (a) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good Governance. We required the provider to make improvements and they submitted an action plan setting out what they were going to do. At this inspection we found that the provider had made some of the required improvements.

We saw that records were not completed accurately, completely or contemporaneously. We looked at the records for turning charts for three people over the month of May and the first week of June 2016. These were in place for people who had been assessed as being at high risk of developing pressure ulcers. We saw that care plans identified that people should be repositioned every two to three hours. However, there were large periods of time where no turns had been recorded. The gaps in the records ranged from three hours and twenty five minutes to nine hours and forty five minutes. We saw that some of the time staff were repositioning people for eating or drinking however were not recording that people had changed position. This meant that when staff came to reposition the person the next time it was not clear how the person had been repositioned which made it difficult to show how long the person had been in one position. We saw that at other times the gaps in the records showed no interaction by staff and these appeared to be periods of time when people had not received any care. If staff were not turning people on a regular basis they could have been at risk of developing pressure sores. We found that none of these people had developed a pressure sore. The manager and proprietor told us that staff were providing the care but were not completing the charts correctly. The manager told us that they would implement checks on the charts to make sure that people had received the care that they needed. This check had been implemented following the last inspection however had not been maintained.

We found that accurate, complete and contemporaneous records for each person using the service were not being kept.

This constituted a continuing breach of Regulation 17, (2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good Governance.

We looked at the audits that had been completed. We saw that a range of audits were in place and had been completed on a scheduled basis. Audits had identified areas for improvement and action had been taken to

address these. For example, as a result of a maintenance audit that had been completed it had been identified that some carpets needed cleaning and some areas required additional cleaning. Although the audit did not record dates the actions were completed we saw that the environment had improved since our last inspection. One relative told us, "There have been a lot of improvements recently which can only be good."

We found that not all audits had been completed when they were scheduled to take place. For example, we saw that the audit that covered infection control should be completed six monthly and this had last been completed in August 2015. This meant that at the time of our inspection the audit was four months overdue. We discussed this with the manager who told us that they would follow this up and carry out the infection control audit.

We found previously that a person had a percutaneous endoscopic gastrostomy (PEG) in place. We saw that staff had carried out the care and maintenance of this. However, there were no records to show that this had taken place. The manager told us that no-one lived at the service who had a PEG tube in place at the time of our inspection. However, they told us that they had developed a chart to monitor that care and maintenance of this was being completed if a person who had a PEG tube moved to the service. We asked to see a copy of this but it was not provided on the day of the inspection or following the inspection.

The provider had a checklist tool that identified what assessments and paperwork needed to be completed as part of an assessment of people's needs when they first came to use the service. This included risk assessments that needed to be completed and records that needed to be put in place about people's medicines. We saw that two people had started using the service since January and risk assessments had been completed for both people on the day they came to the service. We found that people had not had a personal emergency evacuation plan completed when they started to use the service. One person had this completed two months after they started to use the service. This plan tells staff what to do in case of an emergency such as a fire to help the person to evacuate the service. This meant that if these two people had needed to be evacuated from the building in case of an emergency there was no guidance in place to tell staff how to do this safely. We discussed this with the manager who advised that they would add this to the checklist that had been completed when people moved in to ensure that it was one of the checks that had been completed as part of people moving in to the home.

People's needs had not been fully assessed when they started to use the service. We found that most assessments had taken place when people first moved in. However, one person had been at service for a number of months at the time of our inspection and did not have a care plan that told staff how to support the person with all of their identified needs. We discussed this with the manager who told us that they would make sure that people had all of their needs assessed and a complete care plan put in place as soon as possible.

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 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	There was a failure to maintain an accurate, complete and contemporaneous record, including a record of the care and treatment provided to the people who used the service.
Treatment of disease, disorder or injury	