

Hill Care Limited

Longmoor Lodge Care Home

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?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection visit was unannounced and took place on 17 July 2017. At our last inspection visit on 3 November 2015 we asked the provider to make improvements in relation to audits and how these reflect changes to the home. At this inspection, we found improvements had been made. The service was registered to provide accommodation for up to 46 people. People who used the service had physical health needs and/or were living with dementia. At the time of our inspection 42 people were using the service.

There was a registered manager in post. 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.

The provider and registered manager had developed a range of audits which reflected the running of the home and we saw how they had been used to drive improvements. Staff had received training in a range of areas to support their role and staff had been encouraged to develop skills to share with other staff and cascade the learning. People who used the service felt safe and staff understood their role in ensuring people were protected from harm. Staff recruited to the home had received the appropriate checks to ensure they were safe to work with people. Risk assessments were in place to ensure people's safety and the safety of the environment. There was sufficient staff to support people's needs and this was under constant review to ensure the staffing levels reflected people's needs.

The registered manager understood their responsibilities when people lacked capacity. We saw best interest decisions and assessments had been completed in line with guidance. Where people were being restricted of their liberty, the appropriate authorisations had been applied for. Staff sought people's consent before care was provided.

We saw and people told us there had been improvements to the home and these had enhanced people's experience of care. People had established relationships with the staff felt their decisions were respected. Staff provided a kind and friendly approach to the care they delivered. People had the opportunity to engage in activities and entertainment was provided.

Medicines were managed safely and in accordance with good practice. People enjoyed the meals and had the opportunity to choose the food they ate. Some people required meals to maintain their nutritional needs and good health and this was promoted. Staff made referrals to healthcare professionals in a timely manner to maintain people's health and wellbeing.

People felt relaxed in the atmosphere of the home and there was continued improvements made to the environment. People felt confident they could raise any concerns with the provider and manager. There were processes in place for people to express their views and opinions about the home.

We saw that the previous rating was displayed in the reception of the home as required. The manager understood their responsibility of registration with us and notified us of important events that occurred at the service; this meant we could check appropriate action had been taken.

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 were protected from harm and any risks had been identified and managed to keep them safe. There was sufficient staff to support people's needs and any they were suitably recruited to ensure they were safe to work with people. People received their medicine as prescribed and to support any health needs.

Is the service effective?

Good ●

The service was effective

Staff received training to support their role and in enhancing the support they are able to provide to people. Staff understood how to support people to make decisions about their care and if they did not have capacity to do this then assessments were completed to ensure decisions were made in the person's best interest. People enjoyed the meals on offer and were supported to maintain a balanced diet. Individual's healthcare was monitored and referrals made to support people's wellbeing.

Is the service caring?

Good ●

The service was caring

Staff developed caring, respectful relationships with the people they supported. People were encouraged to remain independent and make their own choices. Their privacy and dignity were respected. Relatives and friends were welcomed to the home and able to visit anytime.

Is the service responsive?

Good ●

The service was responsive

People received care which reflected their needs and preferences. Care plans reflected any changes in care needs and staff had a system to ensure changes were cascaded and reported. Opportunities to engage in activities were available and people had been encouraged to continue their interests. People felt able to raise any concerns and these were addressed in a timely manner.

Is the service well-led?

Good ●

The service was wellled

People, relatives and professionals were encouraged to share their opinion to identify where improvements were needed. Staff understood their roles and responsibilities and was given guidance and support by the management team. Systems were in place to monitor the quality of the service provided and make improvements.

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Detailed findings

Background to this inspection

We carried out this inspection visit 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. Our inspection was unannounced and the team consisted of 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.

We checked the information we held about the service and the provider. This included notifications that the provider had sent to us about incidents at the service and information that we had received from the public. We also spoke with the local authority who provided us with their current monitoring information. We used this information to formulate our inspection plan.

On this occasion, we had not asked the provider to send us 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. However, we offered the provider the opportunity to share information they felt relevant with us at the inspection visit.

We spoke with six people who used the service and seven relatives. Some people were unable to tell us their experience of their life in the home, so we observed how the staff interacted with people in communal areas.

We also spoke with three members of care staff, the activities coordinator, the cook, three visiting professionals, the registered manager and the acting regional manager. We looked at the training records to see how staff were trained and supported to deliver care appropriate to meet each person's needs We

looked at the care records for five people to see if they were accurate and up to date. We looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement.

Is the service safe?

Our findings

People were kept safe by staff who understood how to recognise and report suspected abuse. One person said, "It is safe, there are no restrictions with what you can do unless you do something daft." One relative we spoke with said, "It's reassuring for [name] to be here, they are settled and safe."

We saw that staff had received training in safeguarding and those we spoke with had a comprehensive knowledge of the types of concerns they would raise and how to do this. One staff member said, "We need to keep people safe in any situation, sometimes there is conflict between two people and we would record that." When a safeguard had been raised we saw the registered manager had investigated following guidance from the local authority and taken action to reduce any further incidents. This meant we could be assured that people were protected from any possible harm.

We saw that risks to people's safety were proportionate and centred around the person's needs. For example, some people enjoyed a walk outside the home. Staff recorded when the people left the home and monitored the situation until their return. One of the people told us, "The staff never stop me doing things, but I will only do what my body tells me." We saw other risk assessments had been completed which related to the person's own environment and any equipment they required to support them. When equipment was used we saw staff provided guidance to the person and showed knowledge in using the equipment to make the transfer as comfortable as possible.

Some people had behaviours that put themselves and others at risk of harm. We saw that there was a clear plan and strategy of how to support them. The plan provided guidance and distraction options for staff to consider. We saw during the inspection the techniques documented had been used and were successful in managing the situation.

Risks to the environment had also been assessed to ensure that people were protected. We saw there had been a review of the fire procedures and other maintenance which resulted in improvements on the safety of the home. For example, the renewal of some door exit buttons. There were individual plans which provided guidance and levels of support people would need to be evacuated in an emergency situation. We saw there was a clear process for the reporting of jobs requiring action and that any required equipment was available to make the repairs.

People told us there was enough staff to support their needs. One person said, "If you want help the staff are always available." A relative we spoke with said, "There seems to be enough staff, I never worry about that." Another relative said, "There is enough staff and they are spread out in the different sections." We saw throughout the day that people's needs were met and any requested for support were responded to swiftly. One staff member said, "We have enough staff and we pick up any extra shifts so that we don't have to use an agency; it's better for the people as we know them." The registered manager completed a dependency tool to identify the levels of staff required to meet people's needs and to keep them safe. We saw that the staffing had recently been increased in the afternoon by one member of staff. The registered manager said, "I was delighted when this was agreed, I know have the same number of staff throughout the day and it has

made a difference." Staff we spoke with said, "The extra staff in the afternoon is a real boost, we have more time now and can spend time with people doing the fun things." Another staff member said, "It's great to have the extra person in the main lounge, especially after tea when people can become restless."

We saw that checks had been carried out to ensure that the staff who worked at the home were suitable to work with people. One staff member told us, "I had to complete all the paperwork and have it checked before I could start work here." We reviewed recruitment records which showed that checks included references and the person's identity through the disclosure and barring service (DBS). The DBS is a national agency that keeps records of criminal convictions. This demonstrated that the provider had safe recruitment practices in place.

We saw that people received their prescribed medicines safely and at the correct time. When staff administered the medicine they spent time with the person to support any discomfort. For example, the staff asked if the person was ready for their medicine and when giving it checked they felt comfortable. Some people were unaware of the importance of their medicines. For one person we saw they received their medicine concealed in their food. This is known as covert administration. Prior to this practice being used an assessment had been completed with health care professionals to ensure the decision was in the person's best interest. We saw the guidance provided was clear and detailed various techniques to consider to ensure the person had their medicine. Other people had refused their medicine, we saw this was clearly documented and when this had occurred over several days they had been seen by the visiting health care professional for advice.

Care was provided to protect people's skin. We saw that staff, recorded the use of any creams and when required health care professionals had been referred to for more detailed care to maintain people's skin integrity. A health care professional we spoke with said, "The staff are good here, they know what needs to be seen by us and they follow up the advice."

Some people required medicine on an as and when required basis to support their pain relief or medical condition. We saw that protocols were in place for this, which were placed with the person's medical records. The provider had carried out medicines audits to ensure people's medicines were stored, recorded and administered correctly. This meant people received the support they required with their medicines.

Is the service effective?

Our findings

People received support from staff that had been trained to do their job. One person said, "The staff know what they are doing. It's very good here and they listen to you. They're not too busy to listen." Staff we spoke with felt that the training on offer covered not only the mandatory courses, but also other training which could enhance their role. For example, one staff member had completed a course on supporting people with dementia and the course had been approved by the provider so that the person could cascade the learning to the other staff members. The staff member told us, "It was really empowering, I have already made some changes in the activities and I cannot wait to share the knowledge." Other staff told us they had been supported to complete courses which enhanced their role. For example, food production and cooking. This was provided for the cook and they told us, "It was good; I had to cook in front of an assessor. It was reassuring to be told I was doing it all correctly."

We saw that when new people commenced their role with the home, they were provided with training and to shadow experience staff. One staff member told us, "I am changing my role, so I was given some shifts with a senior staff member so I could learn the role." This showed us that staff were provided with training and support so that they could meet people's needs.

The Mental Capacity Act 2005 (MCA) provides the 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 capacity to take particular decisions, any made on their behalf must be in their best interests and 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 procedures for this in care homes and hospitals are called Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the MCA, and whether any conditions are authorisations to deprive a person of their liberty were being met.

Staff understood about people's capacity to make decisions for themselves and could describe how they supported them to do so. One staff member said, "We had someone come in and explain about capacity and how people can make some decisions, but not others." We saw that, when needed, people had mental capacity assessments in place which described what decisions they could make. For example, we saw that people had capacity assessments in relation to the use of equipment and medicines. For some people who lacked capacity to make decisions, we saw that best interest meetings had been completed and the appropriate people had been consulted. We saw that some DoLS authorisations had been granted to legally restrict the person's liberty to maintain their safety and that further applications had been made. The registered manager had a clear understanding and ensured that DoLS applications were reviewed and any outstanding applications were monitored.

People had a choice and enjoyed the food. One person said, "There is enough to eat and drink and the food is good. They would swap it for something different if you asked." A relative told us, "The food is pretty good

and there is plenty of it. The staff are always coming round with drinks, biscuits and cake." We observed the mid-day meal, the tables were laid with condiments and people could choose to sit in one of two dining areas, their room or at a small table in the lounge. We saw people received the choice they had made and any specialist diets had been catered for. Throughout the day people had been offered drinks and snacks. There was juice available and a large bowl of fruit which people could help themselves to throughout the day. We saw that people did help themselves to the fruit and they were offered support to peel it if that was necessary. Some people's weights had been monitored to ensure they maintained a healthy weight. Were people had lost weight we saw that referrals had been made to health care professionals and dietary guidance had been followed. This meant that the provider ensured that people had enough to eat and drink and maintained a balanced diet.

People were supported with their health care when needed. One person said, "We see the doctor, and dentist. We also saw the optician as my eyes needed testing as they have changed." A relative supported this by saying, "The staff are pretty good and look after [name] if they get sick or distressed." We saw that referrals had been made to a range of professional to support people's wellbeing. A health care professional said, "The seniors communicate well here and we see health improving." On the day of our inspection the home had a visit from the advance practitioner nurse (ANP); this is a weekly occurrence to monitor people's health. The ANP told us, "There is always a list ready, and the home allocates a senior to be with me so they can support people during my visit, this is a real plus as they know the person well." The registered manager told us and we saw the senior staff member was an addition to the daily staffing numbers to support the health visit. This meant people were supported with their health care needs.

Is the service caring?

Our findings

People felt positive about the care they received. One person said, "The staff are very kind and caring and they help people by suggest things." A relative said, "[Name] has been here for many years. The staff do a good job and [name] is looked after well. It's like a home here." Another relative said, "The staff are absolutely fabulous." We saw throughout the day that when people required support this was responded to in a positive way. We heard staff referring to people and their lives or about family to make them feel at ease. One staff member told us how they enjoyed their role. They said, "At some training we received, the trainer said, 'It's a home and we are working in their home' this is so true and it's important we make it nice for people."

People told us they had been encouraged to be independent and have choices about their day. For example, we saw some people assisting with laying the tables. The person told us, "I like doing jobs it makes you feel useful. I can't help in the kitchen and I wouldn't want to because it's too busy for me. I know my limitations." Another person added, "Our independence has not been taken away." We saw that people were able to walk around the home and had access to the outdoor space from different parts of the home. The outdoor spaces had places for people to sit with an umbrella to create some shade. One person said, "I like the garden." On the day of our inspection it was warm outside with the sun shining. Drinks had been places in the shade outside and when people went outside they were offered a hat and cream to protect their skin from the sun. A relative said, "[Name] is encouraged to walk more here than in hospital and they are promoting their independence."

People who mattered to the person had been encouraged and welcomed at the home. One person said, "Our family can visit when they want and they often take me out with them." A relatives we spoke with said they felt welcomed at the home. One relative told us, "I am always made welcome. There is a kitchen where I can go and make a drink and a fridge which we can keep a box of treats for [Name]."

People felt their privacy and dignity was respected. One person said, "They always respect my wishes and ask before they do anything." Another person said, "The staff are all kind and speak to me, nobody is rude or ignorant and they all do what they are supposed to do." We saw when staff spoke with people they would kneel down or when referring to something of a personal nature this was done discreetly. People's privacy was maintained by the use of a blanket or screen when the staff provided support with a transfer using equipment. A health care professionals said, "The staff are very respectful, they use the screen or take the person to their room when we provide care." This meant people's dignity was maintained.

Is the service responsive?

Our findings

People told us their needs were responded to quickly. One person said, "They come when I press the buzzer." We saw that staff responded quickly to the call bells throughout the day. The registered manager told us, "I use the call bell system to check on the call response times and this helps me to see how busy the staff are or when a person is requiring additional support."

We saw that the care plans had been completed to reflect people's needs and preferences. When people initially went to the home an assessments was completed. As the staff understand the persons needs or if their care requirements changed the care plans had been updated. For example, when someone required additional care or equipment. A staff member told us, "We are given separate quiet time to complete the care plans, which has been really useful to get them up to date." We saw that staff also received a daily handover. This identified any changes which occurred with people and any actions that maybe required to be completed by the next staff member who was working. One staff member said, "We introduced the red book, which has all the jobs which require completing, like a blood test or contacting relatives. This had improved our communication in the team and provides a check that things have been done." This ensured that people received continuous care as their needs changed.

There were several boards decorating the walls of the home which reflected the memories of events which had occurred. People told us there was a range of activities and events available to them. One person said, "I had not been in town for many years, I have just been taken into town it was lovely I really enjoyed it." We saw an activity encouraging people with conversation by looking at photographs of old film stars and vintage cars. As the conversation developed people at farther ends of the lounge joined in and people were talking together about who and what they were looking at. This offered conversation between residents and shared humour. One resident said, "Oh, a quick tinkle of recognition." This was as they remembered the name of the film star.

There was an activities coordinator who told us, "I have been completing life histories and seeing how we can link the activities to people's life experience." They added, "One person used to enjoy playing darts, they cannot stand now so we ensure they are able to watch the darts on the television which they enjoy." The activities were provided by several staff members. One told us, "I was shy to begin with, now I love doing the activities you get so much out of it watching the people enjoying themselves." The activities coordinator had completed some training in chair based exercise. They told us, "We use to pay someone to come in and do it , now I can do it and we can use the money to pay for other entertainment." This meant people were offered stimulation and the opportunity to develop their interests.

People felt knew how to raise a complaint if necessary. One person said, "We have no faults on anything. No complaints at all." A relative told us, "I have raised some concerns as my relative kept falling, but they have now put a sensor mat in their bedroom and there hasn't been any falls since." We saw that complaints had been recorded and responded to in line with the policy. The complaint procedure was on display in the reception area.

Is the service well-led?

Our findings

Our previous inspection found whilst the provider was not in breach of any regulations there were aspects of the auditing that had not been completed to consider how improvements could be made. We reported on these in our last report. During this inspection we found that the provider had taken note of our comments and had made improvements.

People found the service to be kind and friendly. One person said, "The staff are lovely, I could not wish for anything better." The staff we spoke with felt that since this registered manager had come to the home they had made changes which made a difference. One staff member said, "The decoration has been really positive and the purchase of the garden furniture." We saw there was an improvement plan for the home which identified areas to develop the home and areas to make changes due to wear and tear. For example, the carpet in the lounge had a crease in it which had been identified as trip hazard and plans were in place for this to be changed. Other areas identified were the replacement of furniture to make it more comfortable. The registered manager told us, "I have a business meeting every quarter which looks at all aspects of the home and what improvements need to be made." They added, "They listen to me and we use the information available to support changes, like the increase in staffing."

Staff felt they were supported by the registered manager. One staff member said, "I have regular supervisions, we talk about how I am getting on, what could be better, anything I am unsure of. It's useful." Within the home some staff had roles to support different aspects of care. For example, training, dignity, infection control etc. A staff member told us, "It's useful having the leads as you can go to them for advice and they focus on that area." The registered manager also felt supported by the provider. They told us, "I have supervision and appraisal with my regional manager and the business meetings every quarter. I can always pick up the phone; there is a lot of support."

The provider had established a system of audits which had been used to drive improvements for the home. For example, the call bell system was used to check that people had received the correct support during the night. It identified that some people had not been offered fluids if they were awake; this was addressed with the night staff in supervision. Other audits reflected the accidents and incidents within the home. We saw this information had been used to reflect a change in support for some people or the environment. For example, the implementation of a pressure mats in the person's room or the replacement of the flooring in the dining area. Medicines audits were completed by the registered manager and also a spot check audit had been completed by the regional manager. We saw that any actions that had been identified on the audit had been addressed.

The provider had asked for feedback from a range of those people who used or supported the service. The comments from the people, relatives and professionals were all positive. The questionnaires completed from staff had raised some comments. We saw the registered manager had held a meeting with staff to discuss all the comments. They told us, "It was nice to share the positive comments along with the concerns and to see how they could be addressed." Some comments reflected the environment set aside for staff to

use when on a break. The registered manager told us they had plans to improve this area, which included a new fridge and outside seating.

The registered manager understood their registration with us and had ensured we had been notified of any events or incidents which had occurred at the home. The home had displayed their latest CQC inspection report in the reception area of the home. This was also displayed on the provider's website. This is so that people, visitors and those seeking information about the service can be informed of our judgments.