

Shaw Healthcare (Group) Limited

# Longlands Specialist Care Centre

## Inspection report

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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

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 and to provide a rating for the service under the Care Act 2014.

The inspection took place on 31 July 2014 and was unannounced, this meant the provider did not know we were going to inspect. The last inspection took place on 13 June 2013 during which we found there were no breaches in the regulations.

# Summary of findings

Longlands Specialist Care Centre provides nursing and residential care for up to 51 older people, including people living with dementia. On the day of our visit there were 46 people using the service.

There was a registered manager was in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were safe at Longlands Specialist Care Centre and staff knew what to do if they had any concerns about their welfare. Staff had received training on safeguarding adults, the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). They knew how to manage risks to promote people's safety, balanced with people's rights to take risks.

A recent judgement by the Supreme Court, could impact on the provider's responsibility to ensure Deprivation of Liberty Safeguards (DoLS) are in place for some people using the service. The safeguards protect the rights of adults using services by ensuring that if there are restrictions on people's freedom and liberty they are assessed by professionals who are trained to assess whether the restrictions are needed.

The registered manager knew how to make an application for consideration to deprive a person of their liberty (DoLS). At the time of the inspection there were no people who used the service who were deprived of their liberty and we saw no evidence to suggest that anyone living in the home was being deprived of their liberty.

We found that people were supported by appropriately recruited and trained staff that had the skills needed to carry out their duties. The staff knew the needs of the people they supported and worked in a way so as to promote people's independence.

People had access to health and social care professionals as and when they needed and prompt action was taken in response to illness or changes in their health.

People told us that they were pleased and happy with the care and support they received at the service. They told us their likes, dislikes and preferences were central to how their care was provided and that the staff respected their choices about all aspects of their lives.

The registered manager and designated staff reviewed the quality of care consistently. We saw that monthly quality management audits were carried out on all aspects of the service, such as people's care records, staff recruitment records the premises and equipment.

The service encouraged feedback from people using the service and their representatives, to identify, plan and make improvements to the service.

# Summary of findings

## 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 safe.

The service employed staff in sufficient numbers and with the right skills, knowledge and qualifications to do their job safely.

Safeguarding adults training was provided for all staff so they could identify signs of abuse and know the correct procedures to report abuse.

Good



### Is the service effective?

The service was effective.

People who used the service received care from staff that were trained to meet their individual needs.

The legal requirements regarding the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) were being followed.

People had consented to their care and proper steps were taken to make best interests decisions for people who could not make decisions due to lack of capacity.

Good



### Is the service caring?

The service was caring.

People told us they were treated with kindness and compassion and we observed staff supported people showing care and compassion.

People were treated with dignity and respect.

Staff knew the needs of people they cared for well.

Good



### Is the service responsive?

The service was responsive.

There was a choice of activities for people to participate in if they wished and a programme of entertainment was provided from outside entertainers.

People were given information on how to raise complaints and the people we spoke with told us they knew how to make a complaint. Records showed that complaints were handled appropriately.

Good



### Is the service well-led?

The service was well-led.

Staff said they were well supported and aware of their responsibility to report any concerns they may have about the care provided.

The registered manager and designated staff monitored the quality of the service. People who used the service and their family and friends were regularly involved in making improvements to the service.

Good



# Longlands Specialist Care Centre

## Detailed findings

### Background to this inspection

We inspected the service on 31 July 2014. This was an unannounced inspection which meant the staff and provider did not know we would be visiting. The inspection was undertaken by an inspector who was accompanied by 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.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed the home's statement of purpose. The statement of purpose is an important part of a provider's registration with CQC and a legal requirement, it sets out what services are offered, the quality of care that can be expected and how the services are to be delivered. We

reviewed the statutory notifications we had received from the provider. Statutory notifications tell us about important events at the service, which the service is required to send us by law.

We contacted care professionals and commissioners involved with monitoring the care of people who used the service. We received feedback from the local authority safeguarding team and the NHS commissioning and contracts group (CCG) specialist nursing team.

During the visit we spoke with six people who used the service and two visiting relatives. We also spoke with the registered manager and six members of staff, which included nursing staff, senior care staff and care staff. We also looked at records in relation to people's care, staff recruitment, staff training and the providers own quality management audits.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We observed the care and support provided for people within a dining room over lunchtime.

# Is the service safe?

## Our findings

The people we spoke with told us they felt safe and they were involved in making decisions about any risks they might take. One person said, "The staff support me to do the things that I like doing, in the garden we potter around, I'm not as mobile as I used to be, but they help keep me safe by putting things to be done on my lap.". Another person said, "When the staff shower me they are very careful that I don't slip or hurt myself, when I need to move from my wheelchair into bed, the staff are careful that I don't slip or fall over." Other people told us they felt confident with the staff support they received, one person told us the staff helped them to feel safe when using a hoist to assist with their movement.

Concerns about people's safety were appropriately reported to the local safeguarding authority. The staff had received safeguarding training, to make sure they knew how to recognise the different types of abuse. The staff we spoke with were able to explain the different types of abuse and understood their responsibility to report any suspected or actual abuse following the reporting procedures. They also told us that they thought people who use the service were safe.

We reviewed the care records of four people who used the service. We found they all had up-to-date risk assessments in place. The assessments were individualised according to the risks specific to each person. We saw that care plans were in place that informed staff of the care to be provided to ensure each person's safety. The risk assessments and care plans were regularly reviewed and amended as and when people's needs changed. This meant that risks to people's safety were appropriately assessed, managed and reviewed.

Staff had received training on safeguarding adults, the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). They knew how to manage risks to promote people's safety, balanced with people's rights to take risks.

A recent judgement by the Supreme Court, could impact on the provider's responsibility to ensure Deprivation of Liberty Safeguards (DoLS) are in place for some people using the service. The safeguards protect the rights of

adults using services by ensuring that if there are restrictions on people's freedom and liberty they are assessed by professionals who are trained to assess whether the restrictions are needed.

The registered manager knew how to make an application for consideration to deprive a person of their liberty (DoLS). At the time of the inspection there were no people who used the service who were deprived of their liberty and we saw no evidence to suggest that anyone living in the home was being deprived of their liberty. We saw that people who used the service were not limited from moving around the building. We saw the doors leading to the garden were open. This meant that people were able to exercising freedom of choice and control. One person said, "I can go out when I please; I enjoy sitting outside and meeting up with my friends."

We found that the principles of the Mental Capacity Act 2005 were followed. There were clear records within people's care plans that demonstrated the steps taken to support people to make specific decisions for themselves. Where assessments concluded that people lacked 'capacity' to make their own decision, records showed that the person and other people concerned with their care and welfare had been consulted. In such cases we saw that best interest's decisions were made on people's behalf by people's representatives, such as family members. Records showed that regular reviews of the person's capacity and the 'best interest' decision were undertaken to ensure that the decisions remained current.

We looked at records of accidents, safeguarding incidents, concerns and complaints. We concluded that the service had suitable systems in place to manage risks and respond to complaints to protect people from unsafe care, abuse and avoidable harm.

We saw that the service made sure the staffing numbers and skill mix were sufficient to keep people safe. Staff working hours were planned on a staff rota and appropriate arrangements were in place to cover for planned staff leave and other absences.

We looked at four staff recruitment files and found the staff employed at the service had completed a thorough recruitment process. Checks were carried out under the disclosure and barring service [DBS] to confirm new staff were suitable to work with adults. References were obtained from previous employers, to verify the staff's

## Is the service safe?

employment history, professional qualifications and training. We also saw that checks were carried out to validate that nursing staff held a current registration with a professional body such as the Nursing and Midwifery Council (NMC). This meant the provider had safe

recruitment practices in place to ensure they recruited staff that were legally entitled to work in the United Kingdom, of good character, suitably qualified, and physically and mentally suited to their job.

# Is the service effective?

## Our findings

The staff were trained so they could provide the right care for all people using the service. The staff we spoke with told us they had completed the provider's induction training period. They confirmed the training included, safeguarding adults, fire safety, food hygiene, moving and handling, nutrition and hydration and infection control.

We saw that the staff training records documented that staff were provided with specific training to meet the needs of people who used the service that included, dementia care, pressure area care, nutrition and hydration.

The staff we spoke with were knowledgeable about the needs of the people in their care and were able to tell us in detail about people's individual daily routines and preferences in terms of how they wanted their care to be provided by staff.

The registered manager told us that three staff had started a 'Dementia Care Matters' training course, through the Arts Council. The aim of the course was to promote, person centred care to enhance quality of life and meaningful activities for people living with dementia. We spoke with a member of staff that was undertaking the course and they spoke of the positive effects the training had on them and the staff team. They told us they were working with people using the service and their families to put together life stories. They also told us they had worked with staff on changing the culture of the way the staff worked to move away from task orientated care and improved the environment by adding more sensory objects for people to engage with. We saw that the staff and people who used the service had been busy making wind chimes.

The staff told us the result was a more relaxed atmosphere, with staff spending more time with people. One member of staff said, "I used to go home feel quite stressed, but now I feel much more relaxed knowing I've spent quality time with people and made their day better. The 'tasks' such as making beds, can always be done later, spending time with people is what matters most."

The staff told us they felt supported and enjoyed their work. They told us they attended regular 'supervision' meetings with their supervisors. We saw that there was a schedule of individual supervision meetings to provide the opportunity for staff to meet regularly on an individual basis with their supervisors. The meetings enabled the

supervisors to review how effectively members of staff were doing their job and what further support they needed. We also saw that registered nurses received regular 'clinical' supervision to provide the opportunity to reflect and identify areas to improve nursing practice.

The staff gained consent from people before providing their care, treatment and support. For example, one person said, "When staff want to give me shower or something like that they tell me what they would like to do. They ask if it's ok and is there anything that I can do for myself so it helps me keep my own independence." We saw within one person's care plan the person had expressed they did not want protective 'bumpers' fitted to their bedside rails, due to them restricting their view when in bed. The staff had respected the person's wishes and the bumpers were not in use.

We saw that people were protected from the risks of inadequate nutrition and dehydration. The staff kept daily records of people's foods and fluid intake and people's weights were closely monitored and recorded within their care plans. Nutritional guidance was sought and followed from

the relevant healthcare professionals in response to significant changes in people's weight. We observed the dining experience was relaxed and staff offered people a choice of meals, drinks and snacks. One person said, "The food here is very good and you get plenty of choice. There are plenty of things to eat and drink during the day and it is nice and fresh fruit too."

At the time of our inspection we were told there were no people who required their diet to be tailored to meet religious or cultural needs. However the registered manager told us that should this change they would accommodate people's needs.

Staff involved external healthcare professionals and therapists in meeting the needs of people who used the service. For example, dieticians, speech and language therapists, falls and tissue viability specialists. We saw that the advice from the specialists was being followed by the staff. This meant that changes in people's health were quickly identified and relevant specialist support was accessed to provide people with the right care to meet changing needs.

Appropriate equipment was provided to people who were frail, with poor mobility and at risk of developing pressure

## Is the service effective?

ulcers. Pressure relieving mattresses and cushions in use and the staff recorded the times when people's positions were changed to relieve the pressure on the body to reduce the risks of skin damage.

We saw that people had regular visits from their GP. One person said, "If I need to see my GP I talk to the staff and

they arrange for him to come and see me. They will then telephone my relatives and inform them of the outcome of the visit." Another person said, "Once I was not well, the staff called the GP and my relatives; they came to see me, that's how wonderful and caring they are. They responded to my needs in the best way possible."

# Is the service caring?

## Our findings

We spoke with six people. One person said, "I know I can no longer live on my own. The staff are very patient with me; they are very caring and loving too. I know they care because even if they are busy and I need to talk they will stop what they are doing and listen to me. If they can't do it then they tell me how long they will be and then come and chat to me, they never forget to bless them."

The people we spoke with told us they were treated with kindness and compassion and we observed staff supported people showing care and compassion. One person said, "You can't fault the wonderful care that you get in this home of ours." Another person said, "The staff always respond to me in a caring loving way." Other people told us, the staff sit and talk with them about the old times, that the staff always help them whenever they need help. One person said, "The staff smile with their eyes, when they are providing me with my care they chat away listening and joking with me, the girls are really very funny but respectful as well. What I like about living here is that I can get up when I want and go to bed when I want, it's just like living at home."

We spoke with two visiting relatives: One relative said, "This is an amazing home for my relative to be in. The staff are so dedicated they ensure that all the care that is needed is provided. I have always been treated with dignity and respect. I'm here most days and have seen the way staff treat the residents with compassion and care, even when they are busy they explain why they have to wait a little while if it's not urgent. I know my relative is safe and well cared for."

Another visitor recalled a time when their relative had taken poorly. They told us the staff informed them immediately after contacting the GP and paramedics. Despite the advice of the GP for their relative to be admitted to hospital their relative had wished to stay at the service. The visitor told us the staff made them a bed up, gave them drinks and food and they stayed with their relative overnight. They confirmed the care and support they received from the service was excellent.

We saw that information about the service was available for people to access within the entrance area of the service. The people we spoke with during the inspection confirmed

that they were provided with sufficient information about the service. One visitor said, "The manager often comes and chats to us both, making sure everything is alright. I'm very happy that my relative is in this home."

We heard the staff speak with people politely and respectfully and we heard them call

people by their preferred name. We also heard staff offer people choices, such as what

hobbies and interests they would like to do. We saw that choice was available from a range of meals, snacks and drinks.

The staff promoted the privacy of people who used the service. We observed that staff knocked on people's doors and waited to be invited in before entering. The people we spoke with confirmed that staff respected their privacy and their need for time alone.

We looked at the care plans belonging to four people. They all contained information on people's likes, dislikes and preferences and the staff they were aware of each person's individual preferences. For example, we heard staff conversing with people, discussing what kind of activities they wanted to do and encouraged people to talk and reminisce about family and friends. One person liked to get up late morning and we saw the staff respected the person's wishes.

People told us they were involved in making decisions about their care. One person said, "Staff come and talk about the care that they give me, my relatives are involved as well. If I want I change the way things are done. The manager and her staff are so good at their jobs they really know what they are doing."

Some people who used the service required extra support to express their views and preferences. We observed staff responding to people's communication through non-verbal body language and treating people with dignity and respect. We heard the staff speak with people politely and respectfully and call people by their preferred name. We observed that staff knocked on people's doors and waited to be invited in before entering.

We saw that confidential information relating to people's care and treatment was stored securely.

## Is the service responsive?

### Our findings

We looked at the care records belonging to four people who were using the service. Pre-admission assessments were carried out, which identified people's needs prior to their admission into the service. People's care plans were regularly reviewed to ensure the plans and assessments remained up to date and reflected their current needs. The people we spoke with confirmed they were involved in making decisions about their care and any changes or intervention were discussed with them. One person said, "Before staff do anything for me they will tell me what they want to do, how they intend to do it, if I'm unsure what they mean they will tell me another way."

Important information was provided by other health and social care professionals about people when they were being admitted to make sure their care was coordinated. Each of the care records we looked at had up-to-date risk assessments and associated care plans in place. They were individualised and informed staff of people's care and support needs.

We saw that people were asked to complete questionnaires to provide feedback on the service. One person said, "I seem to remember that I was helped to fill in a survey of some kind, a questionnaire was filled in by my relatives as well." Another person said, "The manager and

staff often come and chat to me to make sure things are ok and if there is anything wrong. If I wasn't happy about something they would talk to me. I feel well supported by the manager and the care staff as well."

The service made every effort to meet the individual requests of people and had good links with the local community to enable people to engage in community life. For example, people were supported to attend the day centre facility based at the service. Families and friends could visit at any time. One person said, "When I'm asked what I would like to do in activities they listen and they try to accommodate my wishes." On the day of our visit we saw that an outside musician was entertaining people playing the banjo and that people from all areas of the service attended the entertainment.

The visitors we spoke with during the inspection confirmed they were kept informed and involved in the care of their relatives. One person said, "I'm involved in all my relative's care planning; the staff listen to me when I have concerns or raise any complaint and it is sorted straight away."

The people we spoke with told us they knew how to complain and would feel comfortable talking to any member of staff or directly with the registered manager. We saw that information on how to raise a complaint was on display on notice boards throughout the building. We looked at the complaints records, and saw that complaints were recorded and responded to appropriately in line with the provider's complaints procedure.

# Is the service well-led?

## Our findings

People told us they were asked their views and opinions about the service. One person said, "We have meetings to talk about what goes on here, like activities or the decorating to keep in touch with what's happening."

The provider's values and philosophy of the service were clearly explained to staff through their induction training. The staff told us they felt there was a positive culture at the service where people who used the service were fully consulted about their care. .

People who used the service and staff told us that the manager was approachable and they felt they could speak with them at any time.

The registered manager kept the Care Quality Commission (CQC) informed of events and incidents that needed to be reported. They also worked with health care professionals and commissioners involved with monitoring the care of people who used the service.

The staff we spoke with were aware of the roles of the management team and they told us that the manager and the senior staff were approachable. During our inspection we spoke with the registered manager about the care provided for people and their knowledge of the individual needs of people showed they had regular contact with the staff and the people who use the service.

The staff we spoke with confirmed that they understood their right to share any concerns about the care at the service. They said that they were aware of the provider's 'whistleblowing' policy and they would confidently use it to report any concerns if they thought the provider did not respond to safeguarding matters correctly.

The service made every effort to meet the individual requests of people and had good links with the local community to enable people to engage in community life.

For example, people were supported to attend the day centre facility based at the service. Families and friends could visit at any time. One person said, "When I'm asked what I would like to do in activities they listen and they try to accommodate my wishes." On the day of our visit we saw that an outside musician was entertaining people playing the banjo and that people from all areas of the service attended the entertainment.

We saw that regular staff meetings took place, to provide a forum for information to be cascaded down from the organisation. We looked at the minutes of the meetings and saw that safety and work related matters and ideas for service improvements were discussed. This meant that staff were kept informed by managers and feedback from staff was encouraged to drive up standards.

We saw that established systems were in place to consistently monitor the quality of the care provided at the service. Regular audits were carried out that included spot checks of the medicines management systems, individual care plans and health and safety audits. The registered manager evaluated the audit findings and created action plans for improvement, when improvements were needed.

People and their representatives were asked their experiences of using the service at resident and visitors meetings, so that areas for service improvement could be identified and appropriate action taken to address areas for improvement.

Accidents and incidents were monitored to identify the cause and take the appropriate action to reduce the risk of them happening again. People's care plans and risk assessments were reviewed and updated in response to the findings of the reviews. Information was shared with visiting relevant healthcare professionals that included information about potential risks and the actions taken to manage the risks. For example, people identified at risk of falls, pressure ulceration and poor nutritional intake.