Four Seasons 2000 Limited

Longlands

Inspection report

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Ratings

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

Overall summary

We inspected Longlands on 24 June 2015. Longlands provides nursing care for older people over the age of 65, some people were living with dementia. The home offers a service for up to 35 people. At the time of our visit 21 people were using the service. This was an unannounced inspection.

We last inspected in February 2014. The service was meeting all of the required standards at that time.

There was not a registered manager in post on the day of our inspection. A new manager had been appointed by the provider, whilst this person was transferring between services they had not taken on fully management responsibilities for Longlands. 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.

Summary of findings

People were not always supported with their social and well being needs. People told us there was not always things to do in the home. There was no activity programme in place, and people's hobbies and interests had not always been recorded or encouraged and supported.. This often led to people being agitated or anxious as their needs were not always being met. There were enough staff to assist people, however, nursing and care staff were not always organised to make best use of their time.

People were not always cared for in a clean environment. People's bedrooms were not always clean and the equipment they needed had not always been kept clean.

Nursing and care staff showed genuine care for people when assisting them with their care or helping them with their meals. Most staff knew the people they cared for and had the time to talk with them.

People were supported to make day to day decisions about their care. People and their relatives views on their care was not always recorded and sometimes choices were not always available around food and drink.

People told us they felt safe. People were supported to take their medicines as prescribed. There were enough staff to assist people however nursing and care staff were not always organised to make best use of their time.

Staff told us they felt supported, however not all staff had received training and supervision to enable them to meet people's needs. The provider had not always ensured checks were made to ensure staff were of good character at recruitment.

The provider had systems in place to monitor the quality of the service people received. However, these were not always effective or being utilised to drive improvements. The new manager was working with a consultant and a senior nurse to bring about improvements to the service.

We found five breaches 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 this report.

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?

Requires improvement

The service was not always safe. People were not always cared for in a clean environment. Some equipment people needed to meet their needs had not been kept clean.

People had risk assessments in place which provided clear guidance to staff to protect them from risk.

People told us they were safe. People received their medicines as prescribed.

Is the service effective?

Requires improvement

The service was not always effective. Care and nursing staff did not have access to the training and supervision they needed to meet people's needs.

The management had good knowledge of the Mental Capacity Act and Deprivation of Liberty Safeguards and people's legal rights were protected.

People had plenty of food and drink available to them. However, choice was not always available for people with specific dietary needs.

Is the service caring?

Good

The service was caring. People told us staff were kind, attentive and respectful.

People were treated with dignity and kindness from care workers and were supported to make choices.

Care workers respected people and ensured that their dignity was respected during personal care.

Is the service responsive?

Requires improvement

The service was not always responsive. People's personal interests and hobbies were not always recorded or encouraged and supported. There were limited activities and outings for people.

People's care plans contained information on their health needs, however were not always personalised with respect of people's preferences, life histories and interests.

People's complaints were investigated and acted upon.

Is the service well-led?

Requires improvement

The service was not always well-led. The provider had systems to monitor the quality of service. However, these were not always effective, or had not always been used to make improvements.

A new manager had been appointed and they were starting an improvement plan for the service, with support from a consultant employed by the provider. There was not a registered manager in position at the service.

Summary of findings

Longlands

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 checked 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.

This inspection took place on 24 June 2015. This was an unannounced inspection. The inspection team consisted of three inspectors.

Before the visit we looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification. This enabled us to ensure we were addressing potential areas of concern. We spoke with local authority safeguarding and contracts teams.

We spoke with 7 of the 21 people who were living at Longlands. We also spoke to one person's relative. 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 spoke with three care workers, a domestic worker, the home's cook, two nurses, the manager and a consultant engaged by the provider. We looked around the home and observed the way staff interacted with people.

We looked at seven people's care records, and at a range of records about how the home was managed. We reviewed feedback from people who had used the service and their relatives.

Requires improvement

Is the service safe?

Our findings

People's bedrooms and en-suite bathroom facilities were not always clean. We observed one person's bedroom had a soiled piece of tissue on the floor for two hours. We showed this to a senior care worker who confirmed it was soiled and removed it. This person's bathroom had also not been cleaned. By the toilet was a puddle of dirty liquid which had not been cleaned up. Which showed this to the manager who informed us they would take action to remove the puddle.

Another person's bedroom had not been cleaned, and there was no record of when it was last cleaned. Underneath the person's bed there was an array of debris and dust. The person also had special equipment in their en-suite. This piece of equipment had not been kept clean and was soiled. We discussed these concerns with the manager and consultant at the home. They informed us the person often refused to have their room cleaned, however arrangements were not in place for the room to be cleaned when they were in communal areas.

Corridors in the home were not always kept tidy. We observed cobwebs and some window sills had the husks of dead insects on them. Carpets had not always been cleaned and were stained and sticky in some areas.

this was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

On the day of the inspection, the service felt very warm. Outside the day was bright and sunny with temperatures around 23 degrees celsius. However, we found radiators in the home were on and generating heat. No one appeared concerned or agitated by the temperature. We informed the manager of this concern at lunchtime, who informed us immediate action would be taken to turn off the radiators. In the afternoon we found some radiators were still in use. We went into one person's room which was hot. The person was unable to tell us if they were uncomfortable. A maintenance worker ensured all radiators had been turned off by the end of the inspection. The manager and consultant informed us the provider had a plan to refurbish the home's heating system.

Records relating to the recruitment of new staff showed not all relevant checks had been completed before some staff worked unsupervised at the home. Two staff member's files did not contain a record of references from their previous employers. We discussed this with the manager and consultant employed by the provider who told us they were aware of these concerns. They explained these staff had been recruited by the previous manager and they were planning to carry out an audit of staff recruitment files to ensure all staff who were employed were of good character.

This concern was a breach of Regulation 19 of the Heath and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us there were enough staff to meet their care needs. One person said, "there seems to be enough staff, I'm not left waiting for care." Another person told us, "they come when I need them."

We observed care staff assisting people throughout the day. Care staff had time to meet people's care needs throughout the day. We observed there was a relaxed atmosphere in the home, however care staff did not always take time to spend with people and often appeared to spend time completing paperwork or talking with colleagues. Nursing and care staff told us they had enough staff. However, the newly recruited senior staff and manager told us they had identified staff were not always organised or deployed effectively.

People told us they felt safe in the home. Comments included: "I'm safe here. Not concerned about it", "I'm fine, I'm looked after" and "I'm quite safe here."

Staff we spoke with had knowledge of types of abuse, signs of possible abuse which included neglect, and their responsibility to report any concerns promptly. Staff told us they would document concerns and report them to the manager, or the provider. Staff told us they had received safeguarding training and were aware of the local authority safeguarding team and its role.

The provider raised and responded to any safeguarding concerns in accordance with local authority safeguarding procedures. Since our last inspection the previous registered manager and provider had ensured all concerns were reported to local authority safeguarding and CQC. They also ensured all action was taken to protect people from harm. For example, one person suffered a fall when they managed to leave the home via the front door, the provider took action to ensure people were protected from further harm.

Requires improvement

Is the service safe?

Staff had identified and assessed risks in relation to people's health and wellbeing. These included moving and handling, mobility, social isolation and nutrition and hydration. Risk assessments enabled people to maintain their independence and stay safe. One person's care plan contained specific information around their moving and handling needs, and contained clear guidance from a physiotherapist to ensure they were protected from harm. We observed care staff assisting this person in accordance with this plan. Another person was assessed as being at risk of falling whilst out of their room, clear guidance was in place to ensure this person was safe, including a sensor mat to alarm staff if the person was moving.

People received their medicines as prescribed. We observed a nurse assisting people to take their medicines. The nurse gave people time to take their medicines and supported them with care and patience. Where medicines were administered covertly, nursing staff had clear guidance to follow to ensure people received their medicines.

One person required PRN "as required" pain relief medicine. The nurse asked the person if they were in pain, which they confirmed they were. The nurse went to administer this medicine with a drink, the person required thickened fluid, however there was no thick and easy powder for this person in the home to enable them to have a drink with their medicines after lunch. A senior nurse had already identified this concern and had ordered more thick and easy. This meant the person had to wait an hour for their pain relief medicine, however they did not appear agitated by this delay. We discussed this with the manager and consultant who were aware of the concern and had plans in place to ensure this concern was not repeated.

All medicines were securely stored in line with current and relevant regulations and guidance. People's medicine records accurately reflected the medicine in stock for each person. Medicine stocks were checked monthly by nursing staff. These checks showed staff monitored stock to ensure medicines were not taken inappropriately and people received their medicines as prescribed.

Requires improvement

Is the service effective?

Our findings

The service's training records showed not all staff had received the training they needed to meet people's needs or successfully carry out their roles. One staff member who was recently recruited told us, "No, I haven't yet been inducted." A number of staff had not received any training around the Mental Capacity Act 2005, or Deprivation of Liberty Safeguards. One member of staff said, "I don't understand it, I haven't really had any training." A domestic worker in the home had not received the training they needed to complete their role. They had not received training around infection control or the control of harmful substances. One member of staff told us, "not all staff have the training they need to go that extra mile." A nurse however spoke positively about the support they received from the provider around training. They said, "I did wound management training, which was good and I've been supported to attend venepuncture training."

Staff told us they had not received frequent or effective supervision or an annual appraisal (one to one development meetings with their manager). Comments included: "I had three last year, however none this year. They were useful", "I did have one recently, but it hasn't been regular. I haven't had my most recent appraisal" and "I haven't yet had a supervision." Staff personnel records also showed staff did not have access to regular supervision or development. Staff however did tell us, they felt support by the new management team in the home, where previously they had felt unsupported.

These concerns were breaches of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Whilst care staff had not received training around the Mental Capacity Act 2005. Nurses and senior staff had a good understanding of the act. One nurse told us, "we must never assume someone does not have the capacity to make a specific decision." Care staff offered people choice, and told us how they supported people to make day to day decisions around their clothes, food and drink. We observed one care worker assist someone make a choice regarding their dessert, the care worker took time to talk with the person and acted on their request for ice cream.

The provider ensured where someone lacked capacity to make a specific decision, a best interest assessment was carried out. For one person a best interest decision had been made as the person may try to leave the home but did not have the capacity to understand the risks to their safety. The previous manager had made a Deprivation of liberty safeguard (DoLS) application which was approved following a meeting to consider the person's best interests. This meeting included the person's family and social worker. DoLS is where a person can be deprived of their liberty where it is deemed to be in their best interests or for their own safety.

People had mixed views on the quality of the food they received at the home. Comments included: "it's lovely, I always enjoy my food" and "I have no problem, it's tasty." One person told us, "I hate it here, foods terrible" and "I went without yesterday." Their concerns were reported to the chef who met with this person to discuss their meals and how they could improve it for the individual.

People told us they had choice at mealtimes. On the day of our inspection there were two meal options of main meals and pudding. People were encouraged to have the choice they enjoyed, and were able to change their meal if they were unhappy. One person had specific dietary requirements due to their cultural and religious needs. This person had the same main meal everyday and kitchen staff had recorded this. They told us, "I love my meals." While the person enjoyed their meal, there were no alternative options to enable them to have a choice. We discussed this with the manager and consultant for the provider who informed us they were aware of this concern and would be reviewing people's dietary options and menu choices.

Three people were supported by staff with thickened fluids because they were at risk of choking. Speech and language therapist (SALT) guidance had been sought and followed. We observed staff prepared people's drinks in line with this guidance. Staff also followed guidance provided by SALT to ensure the risk of one person choking was minimised, this included ensuring the person was sat upright whilst eating and for a period of time afterward and reducing distractions whilst assisting them to eat. Where staff had concerns over people losing weight they contacted the person's GP. People were supported with dietary supplements and were given support and encouragement to meet their nutritional needs.

People were supported to maintain good health through access to a range of health professionals. These professionals were involved in assessing, planning,

Requires improvement

Is the service effective?

implementing and evaluating people's care and treatment. These included GPs, psychiatrists, district nurses, community mental health nurses and speech and language therapists.

Care workers had been given specific guidance from physiotherapists for one person who needed support to reposition in bed to prevent pressure damage and injury. This contained information on how care workers were to support this person to transfer, including the equipment needed. Care workers we spoke with knew how to assist this person. The person was supported in line with the guidance which protected them from any harm.

Where people were at risk of pressure sores, staff sought the advice from tissue viability nurses to ensure people were being protected from harm. Records were maintained of any wounds or concerns people had. Care staff clearly recorded any concerns they had around the condition of people's skin and ensured this information was passed to nurses effectively.

Good

Is the service caring?

Our findings

People told us they were treated with kindness and compassion by care staff. Comments included: "the staff are lovely", "staff are as good as can be expected" and "they are friendly and pleasant."

We observed a number of positive caring interactions between care staff and people. For example, one care worker assisted a person with their lunch time meal. The care worker encouraged the person to eat their meal independently and asked if the person needed any support. They briefly talked and the person asked for a drink. The care worker gave the person a choice of drinks and the support they needed to make their choice. The person was happy with the choice and told us they enjoyed their meal.

People were involved in their care and their wishes were recorded. One person was asked for their views of where they would wish to be treated in the event of their health deteriorating. The person along with support from their family had decided they wished to be cared for in the home. A Do Not Attempt Cardio Pulmonary Resuscitation form was in place which stated they did not want to receive active treatment in the event of heart failure. The person and their families wishes around their end of life care had clearly been recorded, to provide important information for staff when the time came..

One care worker told us about one person whose first language was not English, "We know what they like and we try and talk and sing with them." This staff member, and a domestic cleaner were able to speak the person's first language and we observed them taking time to talk to the person in their native language. The person's family had also provided some sample phrases for staff in the person's care notes, which included sentences staff could say, and sentences they could understand in English. We observed this person was assisted to spend time in the home's gardens and they were happy.

On the day of our inspection one person was celebrating their birthday. Staff went to wish the person happy birthday and kitchen staff had baked a cake for the person and other people in the home to enjoy. The person was cared for in bed and staff took time to sing happy birthday to the person in their room.

We observed two care workers talking to someone about their day, after they had helped them with their personal care. The person was agitated and staff took time to reassure the person. The person was happy talking to the care workers and was supported to attend the lounge.

One person told us they were supported to spend their day how and where they wished. They told us they liked to spend time in their room, listening to music or watching television. This person asked to go to their room shortly after lunch. A member of staff supported this person to their room, and ensured they were comfortable. The person told us, "I'm happy, thank you." Care staff told us they knew where people preferred to spend their time and supported them to do this. Two people wished to spend time in the home's garden, staff supported these two people to go into the garden with the relatives, providing them hats to protect them from the sun.

People were treated with dignity and respect throughout the day. One person liked to spend most of their day in their room. We saw staff checked on this person, knocking on the door and introducing themselves. When care staff assisted this person with personal care they ensured their room door and curtains were closed to ensure their dignity was protected. People were asked if they preferred a male or female care worker providing their personal care. Their preferences were recorded in care plans and people told us their choices were respected.

Care staff told us how they ensured people were treated with dignity and respect. One care worker told us, "We always provide personal care in privacy. If someone knocks on the door, we make them wait and ensure the person is happy before they come in." We observed staff were respectful when personal care was happening, knocking on doors and waiting before they were able to assist.

Requires improvement

Is the service responsive?

Our findings

People told us there was not much to do in the home. Comments included: "I would like to do something, I'm not sure what", "not a lot goes on" and "The carers don't sit and talk with us, sometimes we're left without anyone to talk to."

Staff told us they didn't always have time to spend with people. One staff member said, "I worry about the care of the residents. Sometimes there are times when residents are left by themselves. They have stories to tell, but no one to talk to." One person told us, "They don't really have much time to spend with us." The manager and consultant were implementing an action plan which would enable staff to spend more time with people to provide activities and stimulation.

We observed that people in the lounge went an hour without any engagement from staff. One person told us they were happy watching sport on the television, however other people were withdrawn or asleep. People who chose to stay in their rooms also went periods of time without engagement from staff. We discussed these concerns with the manager who informed us there was no activity co-ordinator present at the time of our inspection, and care staff were not focused in this area. They informed us there was plans in place to ensure people received access to activities, events and outings.

People's care plans were not always personalised and did not always contain people's life histories, hobbies or interests. There was limited information of how people wished to spend their time in the home, what was important to them or how they wished to spend their days. One person told us about their life history, where they lived and how they came to live at the service. Whilst speaking to us they asked to have a glass of wine, whilst they were in the garden. We informed a staff member who did not act on this request. Shortly after this the person used their mobility wheelchair to leave the home as they were agitated their request had not been met.

Staff went to escort this person as while they could leave the home, they were at risk of injury if they damaged or tilted their wheelchair. The person's care plan did not provide information of their personal preferences, or the risk of falling from their wheelchair. We looked at incident records and staff had reported a recent fall in the garden, however this had not informed a care or risk assessment.

These concerns were breaches of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's care plans included detailed information relating to their health needs. They were written with clear instructions for staff about how care should be delivered. For example, people's mobility needs were clearly recorded. The care plans and risk assessments were reviewed monthly and where changes in need were identified, the plans were changed to reflect the person's needs. We saw evidence that people's relatives were involved in discussing their relatives care and were informed if their needs had changed.

One relative told us they had lots of informal chats with staff in the home, to discuss their views on how their relatives care. We spoke with the manager who informed us no quality assurance surveys had been carried out. There were also no formal systems in place to capture people or their relatives views on their care, outside of their care reviews. Following the inspection the provider informed us there was a relatives meeting held on the 15 May 2015 and a customer satisfaction survey had been carried out in April 2015 however there were no records of these systems at the time of our inspection and neither the manager or the consultant were able to provide us evidence of them.

There was a complaints policy which clearly showed how people could make a complaint and how the manager and provider would respond to this complaint. Complaints had been responded to in accordance with the provider's complaints policy. For example, one person's relative had complained about an incident where their relative left the home and suffered a fall. This complaint was clearly recorded and showed the actions the provider had taken to prevent further occurrences. People knew how to raise concerns if they needed to. One person told us, "I would tell the nurse if I had an issue, but I've got nothing to worry about."

Requires improvement

Is the service well-led?

Our findings

There was not a registered manager in post. The last registered manager left their post in 2014. 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 new manager had been appointed from one of the provider's other services. The manager was in the process of transferring between services at the time of our inspection and was only working three days a week at Longlands to support staff. This manager was due to take on full management responsibilities for the service once they had fully transferred across

The provider had detailed systems to monitor the quality of the service people received, this included systems which documented when staff required supervision and when people's care plans needed to be reviewed. However, these systems were not being used, not all staff had received supervision and the providers scheme for ensuring care plans were being reviewed was not being followed. We discussed this with the manager and consultant for the provider who agreed that the provider's systems were not always being utilised.

During the inspection we asked for information on how the provider monitored incidents and accidents. The manager informed us reports to identify trends with incidents and accidents were generated by online reporting systems, which they and the consultant did not yet have access to. We asked the manager and consultant to provide us this information following our inspection, however they were unable to access this. This meant the manager did not have access to systems designed to assess, monitor and mitigate risks to people across the service.

The provider had developed an action plan for the home from January 2015, which provided detailed action points for the manager and staff to follow. A number of these actions had not been completed by the previous manager and were still on going. While actions were detailed and generated from audits and quality assurance systems managed by the provider they did not provide specific guidelines on when these actions needed to be completed.

Staff told us they had not always felt supported by the previous manager. Some staff told us they did not have a access to team meetings or opportunities to discuss changes or improvements to the service. Staff however told us they had the information they needed to support people and meet their needs.

These concerns were breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and staff spoke positively about the change in management, and felt the new manager was approachable. The manager along with the consultant had identified key staff to help drive improvements to the home and the quality of service people received. The manager and a senior nurse informed us they had implemented an improvement plan for the service, which identified a number of the concerns we had identified at this inspection. However, as the manager had only recently joined the home, and were not yet working in their full capacity, changes had not yet been made. Following our inspection the manager and consultant provided us an updated copy of their improvement plan. Feedback from a local authority quality monitoring visit was also received. The local authority quality monitoring officer spoke positively about the manager and their plans to improve and develop the service.

Staff all understood the need to whistle blow if they felt concerns were not effectively dealt with. One staff member said, "I will raise concerns outside of the organisation if I needed to." Another staff member told us, "I would to you (CQC) and safeguarding."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 Treatment of disease, disorder or injury	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care How the regulation was not being met: The care and treatment of service users did not always meet their needs or reflect their preferences. Regulation 9(1)(b)(c)(3)(a)(b).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met: There were not effective systems in place to assess, monitor and improve the quality and safety of the services provided to people. Systems were not operated effectively to assess, monitor and mitigate risks to the health, safety and welfare of service users. Regulation 17(1)(2)(a)(b).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing How the regulation was not being met: Staff employed by the service provider did not always receive appropriate support, training, professional development, supervision and appraisal as was necessary to enable them to carry out the duties they are employed to perform. Regulation 18(2)(a).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

This section is primarily information for the provider

Action we have told the provider to take

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed How the regulation was not being met: The provider did not always ensure persons employed for the purposes of carrying on a regulated activity were of good character. Regulation 19(1)(a).
	How the regulation was not being met: All premises and equipment used by the service provider were not always kept clean. Regulation 15(1)(a).