

Longwood Care Home Limited

Longwood Grange

Inspection report

Longwood Gate
Huddersfield
West Yorkshire
HD3 4UP

Tel: 01484647276

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Longwood Grange provides accommodation, care and support for up to 31 people over 65 years old including people living with dementia, people receiving end of life care and people on respite care. At the time of our inspection, there were 27 people living at the service. The home is constituted by one adapted building.

People's experience of using this service and what we found

People and relatives told us they felt safe with the care provided. One person said, "I feel safe."

The service had improved since our last inspection however further improvements needed to continue and become further embedded into practice.

The provider continued in breach of the regulations in relation to safe care and treatment and good governance. We found inconsistency in how risks to people's care were managed, in the level of detail in people's risk assessments and relevant care plans and 'as and required' medication was not always offered when required. The provider had several systems in place to monitor the quality of the service, but these had not been effective in identifying and addressing the issues found at this inspection. Some of the issues found at this inspection had already been identified in our previous inspection. We have made a recommendation about notifying CQC about safeguarding concerns.

We received mixed views about the quality and frequency of the activities happening at the home. There was a regular programme of activities. However, we continued to see people were not offered enough social stimulation throughout the day and spend long periods of time sitting in the lounge.

People enjoyed the meals and their dietary needs had been catered for. This information was detailed in their care plans.

People and relatives felt staff were kind and caring and treated them with dignity and respect when providing care.

People were supported to have maximum choice and control of their lives and staff them in the least restrictive way possible and in their best interests. However, improvements were required in recording consent for people who lacked capacity to make decisions.

People were supported by staff who were motivated, enjoyed their job and felt well supported through regular supervisions and training.

Feedback from people, relatives and staff was positive and they felt the service was well-led. They told us the management team were always available to speak with and were approachable. The registered manager

was responsive in addressing the issues found at this inspection. They had developed several links with the community to support care provision.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 30 November 2019).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been sustained and the provider was still in breach of regulations. This service has been rated requires improvement for the last four consecutive inspections.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Longwood Grange

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was conducted by one inspector, one specialist advisor and an Expert by Experience on the first day and one inspector on the second day. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. For the purpose of this inspection, that experience was in caring for people with dementia.

Service and service type

Longwood Grange is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before the inspection, we reviewed all the information we held about the service including information about important events which the service is required to tell us about by law. We requested and received feedback from other stakeholders. These included the local authority safeguarding team, the local authority infection prevention and control team, the Clinical Commissioning Group and Healthwatch Kirklees. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection. The

provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

During the inspection, we spoke with eight people using the service and three relatives of people using the service. We spent time observing care in the communal lounges and dining rooms. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with eight staff members; this included the registered manager, deputy manager, senior carers, carer workers, the chef and the maintenance worker. We spoke with three visiting healthcare professionals. We looked at care records for five people using the service including medicine administration records. We looked at training, recruitment and supervision records for three staff. We also looked at various policies and procedures and reviewed the quality assurance and monitoring systems of the service.

After the inspection

Between inspection visits and after the inspection, we exchanged emails with the registered manager for additional evidence and updates on the actions being taken by the provider following this inspection. This information was used as part of our inspection

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question remained the same requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, not enough improvement had been made and the provider was still in breach of regulation 12

- Risks to people's care were not always managed appropriately.
- We found one person who required support from staff with repositioning and their skin integrity was assessed as being at very high risk of breakdown. The person had skin tears due to inappropriate moving and handling manoeuvres performed by staff. This person's moving and handling risk assessment lacked detail in relation to the equipment required and manoeuvres to be followed. We discussed this concern with the registered manager and on our second inspection visit we saw evidence that staff had received specific supervision in how to support this person with their moving and handling requirements and their care plan had been updated.
- During this inspection, we noted staff had failed to seek advice from external medical services when residents had reported they had fallen and hit their head. We discussed these issues with the registered manager and they took appropriate action to address them and prevent them happening again.
- Information about how to support people to evacuate the home in case of fire was not detailed and person centred. After our inspection, the registered manager sent us information that confirmed this area had been improved.
- Accidents and incidents happening at home were being regularly analysed but there was no evidence that considerations in relation to staffing levels, staff deployment or the layout of the building were being included.

Using medicines safely

- People could not be sure they would receive their 'as and when' required (PRN) medication when they needed it. Two people had been prescribed PRN medication to manage the risks of constipation. There was no indication in these people's PRN protocols when to administer this medication. We asked a staff member when they would administer this medication and they said if these people did not have a bowel movement for two or three days. Records showed these people did not have a bowel movement for eight days and this

medication had not been administered.

- We discussed this issue with the registered manager. On our second day of inspection, we confirmed these PRN protocols had been reviewed and were now detailed. A new recording system had been implemented to prevent similar issues happening again.
- Other areas of medicines management were safely managed by the provider including staff's training and assessment of competency to administer medication.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the care they were receiving. One person said, "It is safe and really comfortable." Relatives agreed their loved ones received safe care. One relative said, "My [relative] has been here three years and I feel [relative] is safer now than before."
- Staff had received training in safeguarding adults, knew how to identify abuse and how to raise a concern. We reviewed the provider's safeguarding log and noted they had taken appropriate actions to deal with any concerns and sought appropriate advice and support.
- However, statutory notification had not always been submitted.

Staffing and recruitment

At our last inspection the provider had failed to follow safe recruitment procedures. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 19.

- The service followed safe recruitment practices. The provider had a staff recruitment procedure in place. The process assured the provider employees were of good character and had the qualifications, skills and experience to support people using the service.
- People shared mixed views about the levels of staffing at the home. People said, "They [staff] come quickly but then you wait a long time until they get the [equipment]", "Sometimes they are quick answering the buzzer, other times it takes longer, it depends on how busy they are." Relatives told us they felt the staffing levels were appropriate. One relative commented, "[Relative] is safe here because there is always a member of staff around." Staff did not share concerns about staffing levels.
- We had a discussion with the registered manager about staffing levels. They were using a tool to assess the number of staff required depending on people's needs and told us they were working above the indicated levels. The registered manager felt the staffing levels were appropriate to care for people in the service. However, they told us they were planning to seek further funding for staff to be involved in activities as they did not have the staffing levels to take people out on activities.

Preventing and controlling infection

- The provider was managing the risks of cross infection well. Care workers had completed training in infection control prevention and told us they had access to personal protective equipment (PPE), including gloves and aprons.
- One person told us, "My room is tidy and clean." Relatives commented, "[The home is] pleasant and does not smell."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

At our last inspection the provider had failed to consistently follow the principles of the Mental Capacity Act 2005 because we saw relatives giving consent for decisions without having lasting power of attorney. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 11.

The MCA provides a 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 mental capacity to take particular decisions, any made on their behalf must be in their best interests and as 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider was working within the principles of the MCA. We saw the provider was completing decision specific mental capacity assessments and best interest decisions for decisions for people who might lack capacity due to their mental health. These had involved relevant people. However, we also noted on two occasions, staff signing consent forms for decisions for people who lacked capacity. The registered manager told us this had been a lapse in filling in the documentation and they were going to rectify this immediately.
- Staff knew how to support people to choose the care and supported they wanted. Staff also told us that, if required, they would be involved in making a best interest decision.
- People told us they make every day choices about the care they received and where they would like to be during the day. One person said, "I go out in the garden."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's physical, mental health and social needs were assessed, and their care and support was planned through the development of a care plan. All staff members we spoke with could demonstrate they knew

people's background and their preferences.

- People's needs in relation to the protected characteristics under the Equalities Act 2010, were considered in the planning of their care. We saw care and support was delivered in a non-discriminatory way and respected people's individual diverse needs. People's communication requirements were assessed and included in their care plans.

Staff support: induction, training, skills and experience

- People and relatives told us staff had the skills and knowledge to provide appropriate care. One relative told us, "I think the staff understand [relative's] needs, they are very understanding of [relative]."
- New members of staff had been through an induction period where they had completed relevant training and shadowed experienced members of staff. The provider had a regular programme of training for staff; we reviewed the training matrix and staff files and we saw training was up to date.
- Staff were supported by regular supervision and told us their supervision meetings were supportive and they were able to discuss about aspects that were relevant to their jobs.
- Staff were able to describe to us what good dementia care looked like. One staff member told us that included, "keeping people stimulated, interacting with them and give them time to verbalise, make sure they are respected, always happy and not isolated."
- During this inspection we observed this being applied in practice. For example, we observed staff offering one person verbal reassurance when they were showing signs of being emotionally distressed and giving them an object that was known to make them feel better.

Supporting people to eat and drink enough to maintain a balanced diet

- Most people shared positive feedback about the food and the mealtime experience at the home. People said, "The vegetables are beautiful, it is good food", "The food is alright" and "You can choose your food." One relative said, "It is lovely food, [relative] enjoys it."
- People's dietary requirements and preferences were included in their care plans and staff were aware of people's preferences in relation to what they liked to eat and drink. We saw people were appropriately supported with their nutritional intake. The provider was appropriately monitoring and recording the food and fluid intake of people who had been assessed as at risk of weight loss or de-hydration.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People and relatives told us staff had contacted other healthcare professionals when required. One relative said, "They would get help if needed."
- The records we looked at confirmed referrals had been made when necessary and the provider maintained regular contact with relevant services such as GPs, social workers and the mental health team.
- Visiting healthcare professionals told us staff contacted them with appropriate and timely referrals and followed their advice.

Adapting service, design, decoration to meet people's needs

- People were able to walk freely between different areas of the home throughout the day. There was signage to help people and visitors to access the different areas of the home.
- People's bedrooms had been individually decorated and had their names on the door.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

At our last inspection the provider had failed to always respect people's dignity and privacy because people's records weren't safely stored, and we observed staff talking about people's confidential matters in communal areas. This was a breach of regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 10.

- People told us they were treated with dignity and respect and their privacy was protected. People commented, "The staff definitely look after me well. They are kind."
- During this inspection, we observed people's records were kept secured and staff's conversations in communal areas were appropriate and people's private matters were discussed with respect for their privacy.
- People were given choice and control in their day-to-day lives and supported to maintain their independence wherever possible. For example, the registered manager told us how they supported a person to take positive risks in some areas of their care.
- People were supported to maintain and develop relationships with those close to them. One person said, "I have my own phone, so I can ring my family when I want." One relative said, "The staff care, and I feel supported as well."

Ensuring people are well treated and supported; respecting equality and diversity

- People said they were supported by staff who were caring. One person told us, "The staff are very good." One relative commented, "The staff seem caring and have noticed if somebody needs someone they always go over to them. If my [other relative] has to go in a home I would want [them] to come here."
- Interactions between staff and people living at the service were relaxed and positive. It was evident that people felt comfortable in the presence of staff and staff were proactive in engaging with people in an appropriate way. For example, we observed one staff member kneeling close to a person to speak at the same level and speaking louder because they had difficulties hearing.
- The home manager and staff had a good understanding of protecting and respecting people's human rights. People received care and support which reflected their diverse needs in relation to the protected characteristics of the Equalities Act 2010.

Supporting people to express their views and be involved in making decisions about their care

- People and relatives told us they were involved in decisions about the care delivered by the provider. Records that we looked at confirmed regular reviews were taking place and involving the relevant people.
- The registered manager told us they were developing a "resident of the day" approach which meant that every resident's care was reviewed regularly, and they were consulted by relevant staff from different departments.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question remained the same requires improvement. This meant some aspects of the service were not always responsive to meet people's needs.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; Support to follow interests and to take part in activities that are socially and culturally relevant to them

At our last inspection the provider had failed to always provide person centred care because people living with dementia did not always have their needs met by the service provided. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of regulation 9 however further work was still required.

- The provider assessed people's needs before admission to the service. The registered manager told us they did this in order to determine if they could meet people's needs and also to consider the needs of people already living at the home.
- We found inconsistency in the quality and level of detail of people's care plans. Some reflected people's choices, wishes and preferences. Other care plans lacked detail in relation to important areas of people's care. For example, one person was at risk of developing infections and advice had been given for their continence to be monitored; this information was not in their care plan and was not being followed.
- Another person told us they had concerns in relation to their continence care; we checked this area of their care plan and it showed they needed low support in this area. We spoke with the registered manager about this and they acknowledged this person's care plan did not reflect their current needs as their health had recently deteriorated and they were going to review it. We reviewed continence care plans for other people living at the home and we did not find concerns.
- People shared mixed views about the quality and frequency of the activities happening at the home. People said, "I think there should be more entertainment"; "There are never any trips out now"; "They do my hair." We overheard one person in the lounge saying to a staff member that they "were bored." Staff told us, "[People] don't have enough to do all the time, they seem bored at times" and "We staff try to do what we can. I think we could do more, if there was more funding we could take [people] out."
- There was a regular programme of activities which included two structured activities being developed during the week and during the inspection we saw these happening however, we continued to see that people were not offered enough social stimulation throughout the day and spent long periods of time sitting in the lounge. We discussed these issues with the registered manager and they acknowledged this was an area they wanted to improve, and it was noted in their improvement plan.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service was working within the AIS. The registered manager told us how they made information available to people in different formats to facilitate communication, for example, there was a pictorial menu and one person who had difficulties with their communication used an adapted book to communicate.

Improving care quality in response to complaints or concerns

- People and relatives told us if they had any concerns they would not hesitate to discuss them with care staff or management and were confident their concerns would be acted on.
- The service had not received any complaints since our last inspection but the registered manager told us how they would deal with a complaint.

End of life care and support

- One person living at the service was receiving palliative care. We saw relevant professionals were involved in delivering and planning this person's care.
- We saw discussions surrounding people's decisions and choices about the care required at end of life was documented and relevant people consulted.
- Staff had received training in this area and were able to tell us what good end of life care looked like and how to deliver it.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as inadequate. At this inspection this key question improved to requires improvement. This meant the service management and leadership was inconsistent and did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

At our last inspection we found widespread failings in the oversight, monitoring and management of the service, which meant people did not always receive safe care. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, not enough improvement had been made and the provider was still in breach of regulation 17.

- At this inspection, we found concerns about the management and quality of records relating to people's medicines, risk assessments and care plans. We also continued to find concerns about the activities offered to people living at the home and about the quality of the auditing processes in place.
- The provider had a variety of regular audits taking place however these were not always effective in driving the improvements required. For example, some of the issues found at this inspection with the quality of risk assessments and care plans had not been previously identified. There were other areas that required improvement that had been noted in the provider's internal audit conducted in February 2019 that highlighted issues with PRN medication and activities, but at this inspection we continued to find concerns in these areas.
- The registered manager was responsive in addressing some of the issues found at this inspection and told us about plans they had to improve the auditing and recording processes.
- The provider failed to inform CQC when safeguarding concerns had been raised. After the inspection, the relevant notifications were submitted.

We recommended the registered manager to review the relevant guidance in relation to statutory notifications.

- People, relatives and staff spoke positively about the management of the service. People commented, "It is very very well organised." Relatives said, "The new recent managers have improved it" and "The manager is approachable." Staff told us they felt the registered manager was "Quite good, [their] door is always open."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People told us they enjoyed living at Longwood Grange. One person said, "The best thing is I really enjoy it here." Another person said, "They [staff] like me." One relative said, "Overall the care is fine, I am very pleased, no issues at all."
- There were systems in place to ensure effective communication with people such as residents meetings and with staff including handover meetings and staff meetings. Records we looked at showed staff meetings were being held regularly and relevant issues were discussed.
- We saw several examples of compliments and positive comments from people, relatives and healthcare professionals. "Just a quick note to say how pleased my [relative] and I are with the care [relative] received at Longwood Grange. He is happy and constantly says how glad he is to be here. He has problems which are not obvious, but these are well addressed" and "Staff's attitude at Longwood Grange is superb, it is a joy to work with the carers here".

Working in partnership with others

- Evidence we looked at demonstrated the service consistently worked in partnership with the wider professional team. Records noted the involvement of GP, social workers, district nurses and commissioners of people's care.
- The registered manager told us they had been involved in provider networks to discuss and share relevant information to improve the quality of the care delivered.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|--|--|
| Accommodation for persons who require nursing or personal care | <p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>We found inconsistency in how risks to people's care were managed and in the level of detail in people's risk assessments and relevant care plans.</p> |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had several systems in place to monitor the quality of the service but these had not been effective in identifying and addressing the issues found at this inspection. Some of the issues found at this inspection had already been identified in our previous inspection.</p> |