

Mr & Mrs C Grant

Longmore Nursing Home

Inspection report

118 Longmore Road
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West Midlands
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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

Longmore Nursing Home is a care home. It provides personal and nursing care for up to 22 older people in one building. At the time of our inspection 21 people lived at the home.

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

People felt safe living at the home and safeguarding procedures were in place to protect people from harm. Staff were recruited safely, and enough staff were on duty to provide safe care during our visit. People felt staff had the skills they needed to support them effectively.

People and relatives spoke positively about the way staff administered their medicines. However, previously demonstrated standards of medicines management had not been maintained. We found staff did not always follow safe administration practices. Immediate action was taken in response to our findings.

Quality assurance processes were not always effective to drive forward improvement. Checks had not identified the issues we found. The registered manager understood their responsibility to be open and honest when things had gone wrong. They welcomed our inspection feedback and took immediate action in response to the issues we found.

People, relatives and staff spoke highly of the registered manager and the positive culture they created. Whilst people confirmed they could talk to the managers at any time we found more could be done to engage people. People and relatives felt comfortable raising concerns with staff and managers at the home.

People's needs were assessed before they moved into the home to make sure it was the right place for them to live. Care plans demonstrated the inclusion of people and those closest to them which helped staff to provide personalised care. However, plans had not always been updated when people's needs had changed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. However, whilst staff understood the importance of offering people choices we saw this did not always happen in practice.

People and relatives spoke positively about the level of care they received. People were encouraged to be independent. Care was provided in a dignified way and people's right to privacy was respected. Staff received training to support people as they neared the end of their lives.

The home environment met people's needs. Plans were in place to refurbish the conservatory area to benefit people. The home was clean and tidy, but the management of risk related to infection control required improvement.

People were provided with information in a format they could understand, and signage helped people to locate their way around the home. Overall, people were satisfied with the social activities provided to occupy their time.

People liked the food. However, staff did not support some people to eat their meals in the best way possible. People confirmed they had access to health professionals when needed to maintain their health and wellbeing.

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

Rating at last inspection

The last rating for this service was good (published 17 February 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to the safety and the governance of the home at this inspection. Please see the action we have told the provider to take at the end of this report.

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 ●

Longmore Nursing Home

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

One inspector, an expert by experience and a specialist advisor undertook the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. A specialist advisor is a qualified health professional. Our specialist advisor was a qualified nurse who had particular expertise in supporting older people.

Service and service type

Longmore Nursing home 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

We reviewed information we held about the service since the last inspection. We sought feedback from commissioners who work to find appropriate care and support services for people and fund the care provided. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We used the information to plan our inspection.

During the inspection

We spoke with two people and three relatives to gather their views of the service. We also spoke with the registered manager, one deputy manager, the provider, the maintenance person, the cook, one nurse, the activities coordinator and three care assistants.

We observed the care and support provided and the interaction between people and staff throughout our visit. We reviewed three people's care records to ensure they were reflective of their needs. We looked at a sample of people's medicine administration records. We reviewed records relating to the management of the service such as quality audits, complaints and people's feedback. We reviewed two staff files to check staff had been recruited safely.

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 Good. At this inspection this key question has now deteriorated to 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.

Using medicines safely

- At this inspection we found previously demonstrated standards of medicines management had not been maintained.
- One person's thickening powder was not stored safely and was accessible to other people who lived at the home. Thickening powders are added to fluids for people who have been identified as being at risk of choking. NHS England issued a safety alert in February 2015 of the need for proper storage and management of thickening powders; this was in response to an incident where a care home resident died following the accidental ingestion of the powder.
- Thickeners were not always administered safely. We saw one thickener was administered which did not have a prescription label. That meant staff could not be sure who it belonged to or whether fluids were of the correct consistency. The thickening powder was immediately removed and taken out of use.
- A staff member left some people's medicines unattended on top of a medication trolley in the communal lounge at lunchtime. They were accessible to people some of whom were living with dementia and were mobile around the home.
- Staff did not always follow best practice when they administered oral medicines. For example, a staff member used their fingers to remove tablets from blister packs which presented a risk of cross infection.
- Some prescribed creams in use did not have an open date recorded in line with the provider's policy. Therefore, it was unclear if the creams were being used within the recommended timescales and remained effective.
- We advised the registered manager of our concerns in relation to medicines. They took immediate action to address the issues raised.

The above concerns demonstrated a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

- Despite our findings people spoke positively about the way staff administered their medicines. A relative commented, "I have no concerns over medication relative is on, nurse is very good."
- Medicine administration records (MARs) gave an accurate account of the medicines administered and the amount in stock.

Preventing and controlling infection

- Hoist slings used by staff to move people were not always clearly labelled. For example, one was labelled

with two people's names. This posed a risk of cross infection and a risk of people being moved in the wrong sized sling. Slings should only be used for the one person they are allocated to. Also, one sling was dirty. The registered manager acknowledged this risk and took action to address it.

- Staff completed infection control training and used disposable gloves and aprons when required during our visit.
- The home was clean and tidy.

Assessing risk, safety monitoring and management

- Risks associated with people's care were assessed and risk management plans informed staff how to manage and reduce risks. For example, plans we reviewed instructed staff what to do if people became unwell.
- Staff knew about the risks associated with people's care and the actions they needed to take to keep people safe. However, records did not demonstrate staff always followed the plans. For example, one person was at risk of developing sore skin. Completed repositioning charts we reviewed did not demonstrate they had always been repositioned as required. We gained assurance from the registered manager this was a recording issue and the person had received the care they needed.
- Regular checks of the building and equipment in use took place. However, checks had not identified some radiator covers were not securely fixed to the wall. Action was taken to address this issue during our visit
- The provider's emergency evacuation procedure was on display. Staff received training in fire safety and knew what action to take in the event of a fire to keep people safe.
- People had Personal Emergency Evacuation Plans (PEEPS) so staff and emergency services knew what level of support people required in the event of an emergency evacuation.

Staffing and recruitment

- Enough staff were on duty to meet people's needs. Since our last inspection some new staff had been recruited and the use of agency staff had decreased which benefited people because staff were consistent and knew people well.
- The provider's recruitment procedures minimised, as far as possible, the risks to people's safety. Recruitment records confirmed staff had not started work at the service until the required checks had been completed to ensure they were suitable to work with people who lived at the home.

Systems and processes to safeguard people from the risk of abuse

- People felt safe living at the home. One person said, "I am very happy living here and feel very safe as I am diabetic. Staff keep an eye on me and make sure I don't eat anything I shouldn't." Relatives shared this view point.
- Safeguarding procedures were in place to protect people from harm. Information on how to report any concerns if people might be at risk of harm or abuse was on display.
- Staff received safeguarding training which supported them to understand the different types of abuse people may experience. Staff knew to report any suspected or witnessed abuse to the management team. However, some staff were unsure who they could escalate their concerns to outside of the organisation if they were not addressed.
- The registered manager understood their responsibility to share information, when required with the local authority and with us (CQC) to ensure allegations or suspected abuse were investigated.

Learning lessons when things go wrong

- Accidents and incidents were recorded and monitored to identify any patterns or trends, so appropriate action could be taken to reduce reoccurrence.
- The provider and their management team demonstrated commitment to learning lessons when things

went wrong.

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 Good. At this inspection this key question continues to be rated as Good.

Good: This meant people's outcomes were consistently good, and feedback confirmed this.

Staff support: induction, training, skills and experience

- People and relatives had confidence in the ability of staff to deliver care effectively.
- Staff received an induction when they started work which included working alongside experienced staff to help them understand what was expected of them and to get to know people.
- Staff received ongoing training to help them to be effective in the roles. Staff spoke positively about their training which included Parkinson's disease and catheter care training to meet people's specific needs.

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

- People's needs were assessed before they moved into the home. Where possible people and those closest to them had contributed to their assessment.
- Protected characteristics under the Equality Act were considered. For example, people were asked about any religious or cultural needs so these could be met. The provider had policies in place to ensure they protected people's, and staff's rights, regarding equality and diversity.
- Information gathered during assessments was used to develop care plans which helped staff to get to know people and meet their needs.

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

- The Mental Capacity Act 2005 (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 with appropriate legal authority.

- 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The provider was compliant with the MCA.
- People's care plans identified if they had capacity to consent to specific aspects of their care. Best interest decisions had been made when needed. For example, a decision to administer one person's medicine

covertly (disguised in food) had been made in conjunction with the persons relative and health professionals.

- Referrals had been made to the Local Authority where people were being deprived of their liberty to ensure this was done lawfully and in the least restrictive way. DoLS were in place for some people to keep them safe from harm and conditions were met.

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

- People liked the food. One person said, "It's good food, I can't grumble. We've got good chefs at the moment." They explained they chose alternative meal options such as, beans on toast if they did not fancy eating what was on the main menu.
- However, we saw staff did not support some people to eat their meals in the best way possible to ensure mealtimes were always enjoyable. For example, at lunchtime staff stood up next to people instead of sitting beside them when they helped them to eat. The registered manager told us this should not have happened and assured us this would not happen again. At tea time we saw staff did sit beside people.
- People's dietary preferences were known and catered for. For example, where people required a soft diet or were vegetarian, different food options were available.
- Due to health conditions some people required their meals to be pureed. Food moulds were used to improve the presentation of the pureed meals, so that each portion was served separately which helped people to recognise foods on their plate.

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

- People confirmed they had access to health professionals when needed to maintain their health and wellbeing. one person said, "If I say that I am feeling a bit poorly the GP is here within 10 minutes, which is very reassuring."
- Care plans documented people's medical and healthcare needs. Staff monitored people's health and made sure people accessed other services when their physical or mental health changed.
- Staff were committed to ensuring peoples' experience of being admitted into hospital was positive. Staff packed a 'red bag' containing important information about the person and the persons medicines. The red bag is a visible part of collaboration between care homes, hospitals and ambulance staff, known as the hospital transfer pathway.

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

- Longmore Nursing Home is a purpose-built care home. A passenger lift was available which meant people with mobility difficulties could access the first floor of the home. Also, the garden area was accessible to everyone.
- People were encouraged to personalise their bedrooms with items of furniture, soft furnishings, pictures and photographs. One person said, "My room is like a bedsit, it is great."
- The facilities were under constant review. Plans were in place to refurbish the conservatory of the home which was used as the dining room to benefit people.

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 Good. At this inspection this key question has remained Good.

Good: This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and relatives were complimentary about the level of care provided. One person said, "The staff are wonderful." A relative told us, "The staff are all friendly and kind. When I walk through the door there is a welcoming feeling."
- Staff showed people kindness. People's responses indicated they were treated well, and they were relaxed in the company of staff.
- Staff enjoyed their jobs. One said, "I am happy here, our residents get really good care."

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

- Care plans demonstrated the inclusion of people and those closest to them. The plans helped staff understand what decisions people could make for themselves and when they needed prompting or support.

Respecting and promoting people's privacy, dignity and independence

- People confirmed their right to privacy was respected. One person said, "My door is always open, and staff always knock before they come in."
- Relatives felt care was provided in a dignified way. One said, "I came in last week and saw (person) had spilt a drink down themselves. When I turned around there were two carers with the hoist to get my relative changed which I thought was wonderful."
- People were supported to be independent. People were encouraged to use their walking aids whilst they walked around the home and garden area during our visit.
- The provider followed data protection law. Information about people was kept securely.

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 good. At this inspection this key question has now deteriorated to requires improvement.

Requires improvement: This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care records detailed information about people such as, their likes and dislikes to help staff provide personalised care. Care records were reviewed monthly and most were reflective of people's needs.
- However, one person's care record was not up to date. For example, their care plan stated they needed to wear spectacles, so they could see clearly. We saw the person was not wearing them. We asked the deputy manager about this. They told us, "(Person) won't wear them and keeps throwing them off." They acknowledge the information was incorrect and assured us they would update the care plan.
- A 'resident of the day' system was used to check people's needs were met. Whilst staff told us the system worked well further work was required to ensure it was effective. For example, on 28 June staff had identified a person needed to be weighed. This had not happened until we prompted staff to do this during our visit four days later. This was important as the person had lost 2kg of weight between April and May 2019.
- Whilst staff understood the importance of offering people choices we saw this did not always happen in practice. For example, staff prepared people drinks without asking them what drink they wanted. We shared this with the registered manager for them to address.

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.
- People were provided with information in a format they could understand, and signage helped people to locate their way around their home.
- However, the homes information brochure was out of date and had not been reviewed since 2016. This meant information provided to people was incorrect. The registered manager gave assurance they would update it.

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

- Overall, people were satisfied with the social activities available to occupy their time. We saw some people chose to participate in a game of skittles during our visit. Other chose to read, watch television or crochet.
- One person enjoyed gardening and they told us they had opportunities to do this. A hairdresser visited the

home weekly. One person said, "It's good they (hairdresser) come here as I couldn't get to a salon."

- People were supported to maintain relationships with those that mattered to them. People's friends and family were welcome to visit at any time.

End of life care and support

- Staff had received training to support people as they neared the end of their lives.
- People's end of life choices were recorded in their care plan if they had chosen to share this information.
- Staff worked in partnership with healthcare professionals to ensure people had a comfortable and pain free death.

Improving care quality in response to complaints or concerns

- A copy of the provider's complaints procedure was not on display at the home. The registered manager told us this was an oversight and displayed it on our request. The procedure informed people how to complain and what people could expect if they raised a concern.
- People and relatives told us they felt comfortable raising concerns with staff and managers at the home. No complaints had been received in the last 12 months.

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 good. At this inspection this key question has now deteriorated to requires improvement.

Requires improvement: This meant the service management and leadership was inconsistent. Leaders 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

- A range of quality assurance processes were in place with the aim of ensuring good governance. Whilst some audits had been effective to drive forward improvement others had failed to identify areas in which improvements were required. For example, some radiator covers were not securely fixed to the wall, care records were not always updated when people's needs had changed, the 'resident of the day system' was not fully effective and the homes' brochure contained incorrect information.
- The providers governance arrangements had failed to identify staff did not follow safe practice regarding the administration of some prescribed medicines. For example, a prescribed thickening powder was left unsecured in a communal area and staff administered thickening powder which had no prescribing instructions.
- We advised the registered manager of our concerns in relation to governance. They took immediate action to address the issues raised.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider's management team consisted of a registered manager and two deputy managers. The registered manager had worked at the home for two years and had registered with us in May 2019. The registered manager felt supported by the provider who visited the home weekly.
- Staff understood their roles and were aware of what the provider expected of them. One explained when they had started work at the home they had been given a contract of employment and an employee hand book which contained the providers policies and procedures.
- The latest CQC inspection rating was on display in the home and on the provider's website. The display of the rating is a legal requirement, to inform people seeking information about the service of our judgments.

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, relatives and staff spoke highly of the management team. Comments included, "Very approachable and honest," and, "The managers are good. I have confidence in them."

- The registered manager told us they welcomed people's feedback. Whilst people confirmed they could talk to the managers at any time we found more could be done to engage people. For example, a meeting to gather people's views had not been held since November 2018. The registered manager told us they would address this.
- Some positive feedback had been gathered via quality questionnaires in the three months prior to our visit. Feedback demonstrated people were happy with the service they received and did not feel improvements were required. A comments box was also located in the foyer of the home.
- Staff felt supported and listened to by their managers. They received regular 1-1 meetings with a manager which supported them with their work and gave them the opportunity to reflect on their practice. However, regular staff meetings did not take place. The registered manager was planning to implement staff meetings.

Continuous learning and improving care: Working in partnership with others

- The registered manager was part of a local registered manager network. They told us being part of the network helped them to learn and share best practice. They explained they cascaded their learning to the staff team to drive continual improvement.
- Since our last inspection some new staff had been recruited. This had improved outcomes for people because they received care from staff who knew them well. The registered manager told us they were very proud of their staff team because they provided 'top quality' care to people.
- The registered manager understood their responsibility to be open and honest when things had gone wrong. They welcomed our inspection feedback and took immediate action in response to the issues we found. They said, "We are always learning and are committed to making things as good as they can be."
- Staff worked in partnership with health and social care professionals such as social workers and GPs to ensure people received good holistic care.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	Care and treatment was not always provided in a safe way.
Treatment of disease, disorder or injury	The provider had not ensured the proper and safe management of medicines.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	Systems were not effective to ensure people received safe, good quality care.
Treatment of disease, disorder or injury	