

Dwell Limited

# Long Lea Residential Home

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Long Lea Residential Home is a care home providing personal care and accommodation for up to 35 adults living with dementia or mental health needs, physical disabilities and sensory loss. The care home is a two-storey building with en-suite bedrooms and communal facilities. At the time of our inspection visit there were 35 people receiving care.

### People's experience of using this service

The registered manager was open and honest, and had worked in partnership with outside agencies, supported by the provider, to improve the service since our previous inspection. Checks took place to ensure good standards of care were maintained.

People felt safe using the service. Staff managed the risks to people's health, safety and well-being and understood how to recognise and report abuse. Staff recruitment processes included background checks to review their suitability to work with vulnerable adults.

People received support from staff when needed. People were supported to have enough to eat and drink to maintain their well-being. They were supported with their medicines and to obtain advice from healthcare professionals when required.

Staff had training to meet people's needs and the registered manager shared guidance with staff on how to support people effectively.

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.

People were treated with dignity and their independence was promoted wherever possible. People were encouraged to take part in activities which interested them and which improved their wellbeing.

People and their relatives were involved in planning care in their best interests. People and their families understood how to complain if they wanted to.

### Rating at last inspection and update

The last rating for this service was requires improvement and there was a breach of the regulations (report published 8 January 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 we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Long Lea Residential 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team

There was one inspector and one assistant inspector.

#### Service and service type

Long Lea Residential Care 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

The inspection was unannounced.

#### What we did before the inspection

We looked at the information we held about the service. We checked records held by Companies House and sought feedback from the local authority. We used all 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

We spoke with four people who used the service and one relative, about their experience of the care provided. We spoke with nine members of staff including the registered manager, the officer in charge, a

senior care assistant, two care assistants, the cook, the operations manager, the nominated individual and a Director of the service. We observed care and support in communal areas. 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 reviewed a range of records, including six people's care records and medication records. We looked at staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service, including checks on the quality of care provided.

#### After the inspection

We received further information from the provider to validate evidence found. We spoke with the activities coordinator and a relative about their experiences of the service.

# 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 has improved to good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- Information in care plans guided staff on how to support people safely and staff understood how to reduce the risks to people's safety when supporting them.
- A storage room which contained some cleaning fluids (substances hazardous to health ), had not been locked following use in line with guidance from the Health and Safety Executive. The registered manager and the operations manager gave their assurance improvements would be made to reduce the risks to people's safety.
- People would be supported in the event of a fire as personal emergency evacuation plans were in place.
- The provider had acted to minimise risks related to emergencies and unexpected events. Environmental risks had been assessed and were reviewed regularly.

### Systems and processes to safeguard people from the risk of abuse

- At our previous inspection some staff had limited knowledge of local authority adult safeguarding procedures. However, staff had received further training and understood how to report any concerns appropriately.
- People told us they and their relatives received safe care.
- Staff understood people's individual circumstances and how to keep them safe from harm. A member of staff explained what action they would take if they felt someone was at risk. They said, "I would go to the management with any concerns."
- The registered manager understood their obligation to report their concerns to the relevant authorities.

### Staffing and recruitment

- At our previous inspection staff were rushed and some people waited for support. However, at this inspection improvements had been made. People told us and we observed there were enough staff to provide support when it was needed. A relative told us, "The manager recognises people need consistent carers and this helps people's well-being."
- The registered manager explained staffing levels were worked out in advance and were dependant on the needs of the people who used the service.
- The recruitment process included background checks of potential staff to assure the provider of the suitability of staff to work at the service.

### Using medicines safely

- At our previous inspection the provider could not clearly demonstrate if some people had received their creams as prescribed. We found improvements had been made at this inspection.

- Medication administration records were completed by staff when people received their medicine and records were regularly checked for any errors by senior staff.
- The quantity of some medicines was not regularly monitored. The registered manager took action on the day of our visit to improve their monitoring procedures.
- People told us they received their medicine when they needed it.
- Only staff who had been assessed as competent supported people with their medicines.
- Protocols were in place to ensure people received their medicines when they needed them. Some protocols lacked detail, however the registered manager gave their assurance these would be updated during December 2019.

#### Learning lessons when things go wrong

- Staff understood the importance of recording accidents and incidents and notifying the registered manager of any events. The registered manager reviewed information to identify if any changes were required to people's care needs to keep them safe.
- Changes to people's care were shared with staff to reduce the likelihood of further incidents reoccurring.

#### Preventing and controlling infection

- At our previous inspection cleaning in the home was not always effective. Improvements had been made and the home was clean and tidy.
- There were systems to prevent and control the risk of infection. Staff had completed infection control training, had access to personal protective equipment (PPE) and wore this when needed.
- Care staff knew about maintaining good hygiene standards. One member of staff explained how they maintained standards in the laundry.



# Is the service effective?

## Our findings

Effective – this means 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 improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Protected characteristics under the Equality Act 2010 were considered during the assessment of people's needs. For example, people were asked about any religious or cultural needs they had. The registered manager told us people's needs were reviewed regularly taking into consideration any information obtained following people's initial assessments.

Staff skills, knowledge and experience

- Staff were skilled, competent and suitably trained to meet people's needs effectively. Newly recruited staff followed a formal induction programme and were required to undertake training. New staff had worked with existing and experienced staff members to gain an understanding of their role.
- The provider's induction included their own version of the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff were positive about the standard of the training they received. They told us they could request additional training and support if they felt they needed it.
- Staff received training tailored to meet people's individual needs, such as dementia and diabetes awareness.
- Staff told us they received supervision and feedback on their performance from senior staff.
- Staff were encouraged to study for nationally recognised care qualifications and progress to more senior roles.

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

- People told us they enjoyed the food and drinks offered. One person told us, "There's plenty of choice."
- People received the support they needed to eat and drink at mealtimes. Meal times were relaxed and people chose where they ate according to their preferences.
- Staff knew about people's individual needs and ensured they had enough to eat and drink to maintain their well-being. A member of staff explained how they supported one person with their specialist diet to ensure their wellbeing was maintained.
- Where people had specific likes and dislikes, allergies and other dietary requirements, these were recorded.
- People were offered a choice of drinks during our visit. We saw staff prepared specialist drinks according to current guidance and supported people to drink safely.

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

- Where a need was identified, people were referred to other healthcare professionals such as their GP, for further advice about how risks to their health could be reduced to promote their wellbeing. One person confirmed this and told us, "You can have a doctor if you need one. I see the chiropodist and the optician."

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 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.

- At our previous inspection people's capacity was not always assessed in accordance with the Mental Capacity Act 2005 [MCA]. At this inspection improvements had been made, all staff had received further training, processes had been reviewed and staff were working within the principles of the MCA.
- Where restrictions were placed on people's care, the provider had made appropriate DoLS applications for authority.
- People's care plans identified whether they had the capacity to consent to their care. Where people were identified as lacking capacity, guidance for staff about how to support people to make decisions was documented.
- Staff told us how they obtained people's consent and supported people to make daily decisions in their best interest. One member of staff explained how they obtained consent by talking with people in a way that suited them, so they could understand the support they were receiving and this gave them choice and control over their lives.

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

- The service met the needs of people who lived there. There were a number of communal areas and hallways and doorways were wide enough to allow people to use specialist equipment, such as wheel-chairs. The upper floor was accessible by a lift or stairs. There was a communal garden where people could spend time if they wished.

# 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 the same. 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; equality and diversity

- People told us they felt staff cared about them, valued them as individuals and made them feel included. Relatives told us, "(Name) feels loved by staff"; "Staff treat (Name) with dignity and care" and "There is a lovely caring and supportive atmosphere (at the home)."
- Staff enjoyed their role in supporting people to ensure they had the best life possible. A relative explained how staff had supported their family members to celebrate an important family event. They told us, "Staff set up a lovely party and made (Name) feel special."
- There were caring interactions between staff and people who used the service. Staff were inclusive and involved people in what was going on around them. When one person displayed signs of anxiety, staff gently reassured them until they became less anxious.
- Staff felt confident they could support people to maintain their individual beliefs and respect their diversity. They understood some people might need particular support to make them feel equally confident to express themselves.

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

- Staff spoke confidently about how they supported people to make everyday decisions about their care. Staff understood people's gestures and behaviours and knew how people preferred to communicate.
- People were asked about their individual preferences and these were acted on. For example, people were asked what gender of staff they preferred to assist them with their personal care routines and care was provided to meet their needs.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. One person said, "My privacy is respected by staff, they are understanding." Relatives told us staff were very careful to support people with personal care in private.
- Staff explained how they encouraged people as much as possible with everyday tasks, such as dressing themselves, to help maintain their skills and their independence.

# 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 has improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- At our previous inspection care plans were not always accurate. Improvements had been made and care plans now contained more personalised information and gave direction to staff that was specific to each individual. People's preferences were recorded and staff had good knowledge of these.
- People were positive about how responsive care staff were to their needs. A relative told us, "I think the care is excellent." They explained how staff had supported their family member to improve their wellbeing following a decline in their health. The person confirmed this to us and said, "I've regained the weight I lost when I was ill in hospital."
- Staff knew people well and told us how they identified if people's needs changed or if they needed additional support. A member of care staff said, "People have good and bad days and their needs are identified in care plans."
- People were included in the review of their care plans in ways that suited their individual needs. People's family were invited to reviews where people had consented and people told us these were carried out regularly. A relative told us, "We work together as a team with the care 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.

- People's communication needs were recorded in their care plans and 'grab sheets', which summarised individual's needs, were used in healthcare settings to provide professionals with information.
- Staff supported people to understand information in a way that met their individual needs. For example, staff explained one person with limited speech was supported to use a 'word book', to help them maintain their independence. The registered manager told us if people needed information in particular formats, they would ensure these were made available.

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 previous inspection we found there were limited activities available to people. Improvements had been made and people were supported by staff in groups and on a one to one basis, to engage in daily activities. People were enthusiastic about the activities on the day of our inspection visit and one person told us, "The days don't drag."

- People took part in different activities based on their individual needs and preferences. There were planned activities within the home, these included visiting entertainers, church services and local schools. Staff planned seasonal activities in the home, such as festive parties.
- The registered manager and activities coordinator were committed to improving people's wellbeing. They explained how they completed an evaluation following each activity, to identify if the activity had met people's needs.

#### Improving care quality in response to complaints or concerns

- Five complaints had been made since our previous inspection visit. The complaints had been dealt with according to the provider's policy and resolved to the complainant's satisfaction.
- People told us they could raise concerns without feeling they would be discriminated against.
- The provider's complaints procedure was accessible to people in a communal area.

#### End of life care and support

- Care staff were trained to support people at the end of their lives, when required. The registered manager explained how care staff would work alongside other organisations, such as community nurses, to provide responsive end of life care.

# Is the service well-led?

## Our findings

Well-Led – this means 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 requires improvement and we found the provider was in breach of Regulation 17 Good Governance. At this inspection this key question has improved to good and the provider is now compliant with the regulations. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements and continuous learning and improving care

- At our last inspection the provider had not ensured systems to assess, monitor and improve the service were effective and they had not identified issues we had found. Since that inspection, a new registered manager was in post and had been supported by senior staff to change processes and improve the service. Quality assurance processes had been improved and actions had been taken where issues were identified.
- Checks were carried out by senior staff on a range of issues, including the quality of people's care plans, medicine records and staff performance.
- Staff told us communication was good within the service and they were encouraged to suggest improvements and share information during staff meetings. One member of staff explained they had discussed ways of improving the food offered to people and told us the menu had been changed in response to suggestions made. Staff also shared information about people's changing needs during daily shift handovers. All the staff we spoke with were confident they could raise concerns and speak openly about any improvements they thought were required or ideas they had.
- The registered manager, operations manager and Director demonstrated their commitment to improving care. They explained they had learnt lessons from the changes made at the service and shared their learning across the provider's other services, to improve these also. The operations manager explained they were in a new role and they were committed to providing consistent support to all the provider's service managers. They said, "The introduction of my role has given managers more confidence and we can problem solve together." They explained how staff used new electronic systems to share information with staff more effectively.
- Best practice was shared with staff to help improve the service. Senior staff obtained advice and support from external agencies, for example, the CQC and from internal senior staff meetings.

How the provider understands and acts on their duty of candour which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their responsibilities under the new general data protection regulations.
- The registered manager understood their obligations for reporting important events or incidents to relevant agencies, including the CQC.
- The latest CQC inspection report rating was on display on the provider's website and at the service as required. The display of the rating is a legal requirement, to inform people, those seeking information about

the service and visitors of our judgments.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People were positive about the leadership of the service. Two relatives told us, "The manager is excellent" and "I would recommend the home to other people, you won't get better care." Staff told us they felt supported by each other and by the registered manager. A member of care staff said, "I go to the registered manager and officer in charge a lot, we have a good relationship. They are approachable and understanding."
- Staff understood their roles and responsibilities and how to seek advice and guidance about people's care. For example, staff explained how they recorded any changes in people's needs and shared information with other staff.
- Information about key events were shared with the provider's senior staff for review, to check the appropriate actions had been taken to keep people safe.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics and working in partnership with others

- People told us they were encouraged to share their experiences of the service by completing surveys and attending meetings. Surveys were ongoing and people were asked on a random basis to participate. The registered manager explained they monitored people's responses and liaised with them individually to discuss any concerns and to drive forward improvement.
- People were asked for their opinions of the service during meetings and it was evident changes had been made to improve the service following the suggestions made. For example, one person had made a comment about improving the laundry system and action was taken and a laundry assistant was introduced.
- Staff worked with other agencies to improve people's experience of care. These included health and social care professionals.