Mr Keith London-Webb

Long Close Retirement 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

This was an unannounced comprehensive inspection that took place on 16 and 17 May 2016. At our last inspection of Long Close Retirement Home, which we completed in February 2014, the provider was compliant with the regulations and quality standards we reviewed.

The service is registered to accommodate and provide personal care for up to 17 people. At the time of the inspection there were 15 people living at the home.
There was a registered manager at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Overall, people were very positive and complimentary about the staff team and the way they cared for and supported people.

People felt safe living at the home and there were established monitoring and auditing systems to make sure that the environment and the way people were looked after were safe. Risk assessments had been completed to make sure that care was delivered safely with action taken to minimise identified hazards. The premises had also been risk assessed to make sure the environment was safe for people.

Staff had been trained in safeguarding adults and were knowledgeable about the types of abuse and how to take action if they had concerns.

Accidents and incidents were monitored to look for any trends where action could be taken to reduce likelihood of their recurrence.

Sufficient staff were employed at the home to meet the needs of people accommodated.

Recruitment procedures were being followed to make sure that suitable, qualified staff were employed at the home.

Medicines were managed safely and administered by trained staff.

The staff team were both knowledgeable and informed about people's care and support needs. There were good communication systems in place to make sure that staff were kept up to date with any changes in people's routines or care requirements.

Staff were well-supported through supervision sessions with a line manager, an annual performance review and also direct supervision.

Staff and the registered manager were aware of the requirements of the Mental Capacity Act 2005 and acted in people's best interest where people lacked capacity to make specific decisions. The majority of people accommodated had capacity to make their own decisions for all aspects of their lives. They were consulted and gave consent to the care and support they received.

The home was compliant with the Deprivation of Liberty Safeguards with appropriate referrals being made to the local authority.

People were provided with a good standard of food and their nutritional needs met.

People's care needs had been thoroughly assessed and care plans put in place to inform staff of how to care for people. The plans were person centred, covered all areas of people's needs and were up to date and accurate.

People and staff were very positive about the standards of care provided at the home. People were treated compassionately as individuals with staff knowing people's needs.

Communal and individual activities were arranged to keep people meaningfully occupied.

There were complaint systems in place and people were aware of how to make a complaint.

Should people need to transfer to another service, systems were in place to make sure that important information would be passed on so that people could experience continuity of care.

The home was well-led. There was a very positive, open culture in the home with staff proud of how they supported people.

There were systems in place to audit and monitor the quality of service provided to people.

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

Staff could recognise abuse and knew how to report concerns appropriately.

There were sufficient staff to ensure people's needs were met.

Robust recruitment procedures were being followed to ensure appropriate staff were worked at the home.

Risks assessments had been carried out and steps taken to make the environment safe and the delivery of people's care.

Medicines were managed safely in the home.

Is the service effective?

Good

Staff had on-going training to ensure they could effectively carry out their role.

Staff received regular supervision and appraisals and were well-supported.

The service was compliant with requirements of the Mental Capacity Act 2005, including the Deprivation of Liberty Safeguards (DoLS).

People were supported to have enough to eat and drink so that their dietary needs were met.

Is the service caring?

Good

The home had a longstanding staff team who demonstrated compassion and a commitment to providing good care to people.

People's privacy and independence was respected.

People were supported to maintain their independence.

Is the service responsive?

Good

People's care and support needs had been assessed.

Individual care plans had been developed for people that were accurate and up to date.

Activities were arranged based on people's individual interests and hobbies.

There was a well-publicised complaints procedure and people were aware of how to make a formal complaint.

Is the service well-led?

Good

The service had a registered manager who provided clear leadership together with the provider.

Management was committed to the continuous improvement of the service.

The staff team were enthusiastic and were aware of their role and responsibilities.

There were systems in place to consult with people and to monitor and develop the quality of the service provided.

Long Close Retirement Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

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

We reviewed the notifications the service had sent us since we carried out our last inspection. These had not included any substantiated safeguarding allegations. A notification is information about important events which the service is required to send us by law.

This inspection took place on 16 and 17 May and was unannounced. One inspector carried out the inspection over both days. We met with the majority of people living at the home and spoke with six people who gave us a good account of what it was like to live there.

We met with the registered provider, who together with the registered manager assisted us on the first day of the inspection. On the second day the registered manager and the provider's son assisted us. We also spoke with the deputy manager, two members of staff and one relative.

We looked in depth at two people's care and support records, people's medication administration records and records relating to the management of the service. These including staffing rotas, staff recruitment and training records, premises maintenance records, a selection of the provider's audits, policies and quality assurance surveys.

Good

Is the service safe?

Our findings

No one had any concerns about issues of safety and everyone we spoke with had only positive things to say about the home. People made comments such as, "I can't fault anything" and, "I would recommend this home to anyone."

Overall, the service was well-managed with organised systems and delegation of responsibilities that ensured people's safety.

People were protected from bullying, harassment and avoidable harm because staff had completed training in adult safeguarding that included knowledge about the types of abuse and how to refer allegations. The registered manager and the provider's son had also completed safeguarding training for managers.

The staff we spoke with were aware of the provider's policy for safeguarding people who lived in the home. Training records confirmed staff had completed their adult safeguarding training courses and received refresher training when required. Information posters about adult safeguarding were also displayed around the home, providing prompts for staff on the procedures that should be followed.

Risk assessments of the premises had been carried out, identifying hazards and the steps taken to minimise the risks to people. For example, window restrictors had been fitted to windows above ground level, thermostatic mixer valves fitted to make sure hot water temperatures were safe and wardrobes attached to the walls if there was a risk they could be pulled over. The majority of radiators had been covered to protect people from hot surfaces and those that were uncovered were either of low surface temperature type or had thermostats fitted so that they did not go above 43C. The provider had addressed the recommendations made by Dorset Fire and Rescue service following a visit from the fire safety officer earlier in the year. The registered manager showed us around the premises and we did not identify any hazards.

Portable electrical equipment had been tested and external contractors had made sure the water systems were safe with regards to Legionnaires' disease. The fire safety system was tested and inspected to the required timescales. Certificates showed that the hoist, lift and boilers were also tested at the required times. Staff told us that maintenance issues were always attended to straight away.

The registered manager had systems to make sure care was delivered as safely as possible. Risk assessments for conditions and circumstances commonly associated with caring for older people had been completed and were on file for the people whose records we looked at. These included assessments concerning malnutrition, prevention of falls, people's mobility and skin care. They had been reviewed each month or when people's needs changed. These assessments had then been used in developing people's care plans to make sure that care was delivered as safely as possible.

Additional specific risk assessments had been completed, for example, where people had been assessed for the use of bedrails risk to prevent their falling from bed. Some people took responsibility for administering some of their own medicines and a risk assessment had been carried out to make sure they could manage

this safely.

Personal evacuation plans were in place for everyone to make sure they could be safely evacuated in the event of a fire and a current fire risk assessment was also in place.

A further procedure for minimising risk in care delivery was the monitoring of any accidents and incidents that had occurred in the home. Records were maintained individually of any accidents or incidents. These were then periodically reviewed to look for any trend where action could be taken to reduce the incidence of recurrence. Overall, there was a low incidence of accidents and incidents.

Staffing levels were sufficient to meet people's needs. People and staff we spoke with were satisfied that the levels of staffing provided were appropriate. People told us that their call bells were always answered very quickly if they called for staff assistance. People also told us that staff were always available for support. The deputy manager had delegated responsibility for managing staff duty rotas and staffing levels were monitored on a day to day basis with additional staffing provided if required.

At the time of inspection, between 8am and 2pm there were three care staff on duty and between 2pm and 8pm two care staff. During the night time period there were two awake staff on duty. Duty rosters we saw confirmed this level of staffing was provided. Care staff were responsible for cleaning people's bedrooms and the night staff had responsibility for cleaning the communal areas. A cleaner was employed for one day a week to carry out a schedule for a deeper clean of communal areas.
The majority of staff had worked for many years at the home. Consequently there had been very few new staff recruited.

Recruitment records for the one member of staff who had started working at the home since the last inspection showed that recruitment procedures had been followed; all the required checks had been carried out and required records were in place. These included a photograph of the staff member, proof of their identity, two written references, a health declaration and a full employment history with gaps explained and reasons given for ceasing work when working in care. A criminal records check had also been made with the Disclosure and Barring Service to make sure staff were suitable to work with people in a care setting.

The provider's son took delegated responsibility for medicines' management in the home. There were organised systems for ordering people's prescribed medicines, checking the order once delivered to the home by the pharmacy, auditing medicines administered and any medicines returned to the pharmacy.

Medication administration records, (MARs) had been fully completed showing that people had had their medicines administered as prescribed. Good practice was being followed such as: a photograph of the person at the front of their MAR chart, recording information about any allergies, recording the number of tablets administered when a variable dose of a medicine had been prescribed and a second member of staff checking and signing when a hand entry was made to a printed MAR chart. The registered manager agreed to check information about any allergy a person may have to particular medicines with their GP and pharmacist, as there was some confusion on one person's record as to whether they had allergies to some medicines.

The home had appropriate storage facilities for medicines held in the home. Medicines requiring refrigeration were kept in a separate fridge and records were maintained to show that medicines were stored within the correct temperature range.

Staff who administered medicines received appropriate training and regular audits of all medicines held the

home were carried out. The home had an arrangement for their pharmacist to carry out an annual audit and inspection of the home's medicines management. Advice to staff on when to administer 'as required medicines' were provided to staff through care planning and body maps showed staff where to administer any prescribed creams. Pain assessments tools were available to staff if these were required.

Good

Is the service effective?

Our findings

Staff had the skills and knowledge to make sure people received effective care. A member of staff told us, "We are given a lot of training." They went on to tell us that as well as core training for all staff, they had opportunity of attending more specialist training courses such as palliative care and dysphagia training (for supporting people with swallowing difficulties). Another member of staff had been on a residential course in the Netherlands to learn about the experience of people living with dementia. Core training provided to all staff included: food safety, fire safety, safeguarding of adults, dementia awareness, moving and handling, the Mental Capacity Act 2005, infection control and health and safety training.

New members of staff received induction training that included shadow working with more experienced staff. They were also enrolled on the Care Certificate, which is the recognised induction standard.

All the staff said that they felt supported through the staff supervision system. Staff told us that they received regular one to one supervision and an annual appraisal. They told us there was high staff morale and good support from within the whole team. Records were in place to plan and evidence that staff supervision was provided in line with the home's policy.

Staff were knowledgeable about the needs of individuals we discussed with them. They told us there was good communication through staff handovers between shifts and this, coupled with a team of staff who had got to know people well, meant they were able to meet people's needs effectively. People we spoke with had no concerns about the way their care and support was delivered by the staff team.

People's consent to care and treatment was always sought, in line with legislation and guidance. Most people had capacity to make decisions for all aspects of their lives and people we spoke with told us that their consent was always sought. This was also verified by people signing various consent forms, such as their care plan and for use of photographs.

Some people had been assessed as not having capacity to make some specific decisions and therefore were subject to the requirements of the Mental Capacity Act 2005 (MCA). This 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 be 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. The application procedures for this in care homes and hospitals are 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 were being met. At the time of the inspection, the registered manager had made applications under DoLS to the local authority on behalf of three individuals; one application had been assessed and had been granted. A condition attached to the authorisation, of

taking the person out of the home for regular walks, was being complied with. The registered manager was aware of the need to establish whether relatives had been granted any lasting powers of attorney so that staff knew about legal authority for decision making where people lacked capacity. Mental capacity assessments had been carried out for people who lacked capacity to make specific decisions.

Staff had reasonable knowledge and understanding of the MCA as they had received training in this area.

Everyone was very positive about the standard of food provided. One person told us, "The food is wonderful; good old fashioned cooking. I can have what I like for breakfast and they know what I like and dislike. If there is something I don't like, they will always make me something else." Another person told us, "The food is excellent. The meat is always lean and the meals well cooked."

Within people's care plans there was information about people's dietary needs and their likes and dislikes. Separate records were maintained on the home's computer of people's weight and nutritional risk assessments. Where people had lost weight or where there were other concerns, such as difficulty in swallowing, referrals were made to GPs and speech and language therapists. One person had had a 'safe swallow plan' in place with their drinks being thickened to support their swallowing difficulty. We saw that this person's drinks were thickened to the required consistency and the drink thickener stored safely because this product posed a serious risk to people if ingested.

People's health care needs were monitored and appropriate action taken if required. Each person was registered with the GP and arrangements were in place for people to receive chiropody, dentistry and other health care services. People told us that appointments were made for a GP to visit if they were unwell and that if they had a hospital appointment, the provider's son or another member of staff would escort them. The registered manager told us that they had good links with the community mental health team who were working with the home to support one person. Records showed that arrangements were made for people's other health care needs to be met, such as chiropody, dentistry and optical needs.

Good

Is the service caring?

Our findings

Everyone we spoke with during the inspection was very positive about the caring attitude of the staff. People made comments such as, "The strength of this place is the staff", "I would say the care here is outstanding", and "The staff are so patient, I would highly recommend this place to anyone."

People told us that the staff knew and understood things that were important to them, their likes, preferences and goals. They also said that staff respected their dignity at all times and people could choose to lock their bedroom door if they chose. Bedroom doors were fitted with single release action door locks. These locks allow a person to lock their door on the inside without a key and to unlock the door by pulling the handle, so are suitable for people who experience confusion.

We observed very kind and positive communication between staff and people. The home had a calm ambience. People had free movement around the home and garden and could choose where to sit and spend their time. People told us that staff knocked on their doors before entering their bedrooms and there was respect for their property and belongings. One person showed us their room and how they had been able to personalise it with their possessions from their former home.

Staff we spoke with were aware of their role in promoting privacy and people's dignity.

People's care records provided information about people's lifestyle, routines, likes and dislikes prior to moving to residential care. This assisted staff in both helping to maintain a person's independence and maintain their quality of life.

People told us that their relatives and friends could visit at any time and were always made welcome.

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. No one had concerns about the way care was planned and delivered and people were very satisfied with the service being provided.

The registered manager carried out preadmission assessments of people's needs before they were accepted for a placement at the home. This procedure made sure that the home could meet needs of people they accommodated.

The registered manager completed further assessment tools and risk assessments when people were admitted to the home. These were then used to develop an individual care plan for each person in conjunction with speaking to the person and/or their relative. The care plans we looked at were concisely written, up to date and reflected people's needs. They provided an overall picture of each person's needs and how staff should assist in maintaining people's independence.

People had been provided with specialist equipment where this was needed, such as an air mattress. Where these had been provided, there was a system to make sure the mattress setting corresponded to the person's weight. People who required the use of a hoist for their moving and handling needs had their own sling to minimize risk of cross infection. There were care plans in place for people who needed assistance with moving and handling.

The provider's son had responsibility for arranging activities to keep people meaningfully occupied. People told us about entertainers who came into the home, an exercise group, celebrations for the Queen's birthday as well as games and music. People could choose what activities they wished to take part in. Some people told us they preferred to spend time in their rooms or to sit in the garden. One person told us that the provider's son often took people out for a drive and how much they enjoyed this. Another person told us about how they had requested support in maintaining their faith. A Holy Communion service was arranged in the home and the person told us this was now enjoyed by many other people in the home.

People's care files contained an information sheet that accompanied the person, when people had to transfer between services, for example, if they had to go into hospital or be moved to another service. This meant they should receive consistent, planned care and support.

People knew how to make a complaint. They told us they had never had to complain but if the need arose, they felt they would be listened to. A copy of the complaints procedure was displayed in the front reception area and also detailed within the home's Terms and Conditions. The complaints log showed that no complaints had been raised about the service since the last inspection in 2011.

Good

Is the service well-led?

Our findings

Everyone spoke highly of how well the home was run. The deputy manager told us, "I have worked here for 24 years so I think that speaks for itself." One person, when asked about the management of the home said, "You can't fault them and the owner is a real gentleman."

People benefited from staff who understood and were confident about using the whistleblowing procedure. Staff had confidence the registered manager would listen to their concerns, which would be received openly and dealt with appropriately.

There were organised systems of delegation between the registered manager, deputy manager, the provider and his son that ensured smooth and efficient running of the home and maintenance of high standards. This had resulted in a high morale amongst the staff. They confirmed that there was an open style of management supportive of the staff team and of people and their relatives.

The registered manager had notified the Commission about significant events. We use such information to monitor the service and ensure they respond appropriately to keep people safe.

Residents' meetings were held and minutes showed people were able to discuss things and put forward suggestions on how the home was run.

Staff meetings were held and again minutes showed staff were encouraged to discuss how the service could best be developed.

A survey involving residents and relatives was carried out each year during March & April. Results of the last survey were all positive. For example, 99% of people thought the food was very good and 100% of returned surveys stated the care in the home was good.

The registered manager carried out periodic audits to monitor the quality of service being provided. These included call bell, medication and care plan audits.