

Long Meadow (Ripon) Limited

Long Meadow Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Long Meadow Care Home accommodates up to 35 people over the age of 18, including people living with dementia in one adapted building. On this inspection we were informed that 27 people used the service.

People live in single rooms on two floors. The service is provided in an old building which has been adapted over the years to provide a care provision. There is a small new build wing on the right of the building.

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

People, relatives and staff felt there were positive changes taking place and the new registered manager was listening to their views and opinions. In the last three months since the registered manager's appointment, there was evidence of improvement around leadership, oversight and management within the service.

The assessment, monitoring and mitigation of risk towards people who used the service had improved. This meant risks to people's health and safety were reduced, although additional work was needed to ensure the new practices were sustained.

People received their medicines on time and when they needed them. Improvements had been made to the recording of the application of topical medicines, such as external creams and ointments.

People felt safe and well looked after by the staff. All areas were clean, tidy and there was sufficient cleaning taking place to keep people safe from the risk of infection. Relatives said they were confident that staff provided good care in a safe way.

People, relatives and staff said that communication within the service had improved. Relatives were kept informed, of their family member's health and welfare, throughout the last six months when they were unable to visit the service due to the Corona virus outbreak.

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.

Care plans and risk assessments had all been reviewed and updated, these covered specific medical conditions such as dementia and diabetes.

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

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 15 May 2019) and there was a breach of

regulation. 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. The service remains rated requires improvement. This is the seventh consecutive time the service has been rated requires improvement or inadequate.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 2 April 2019. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained as requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Long Meadow Care Home on our website at www.cqc.org.uk.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the 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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Long Meadow Care 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 carried out this inspection. An Expert by Experience was used to contact relatives by telephone following the inspection.

An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Long Meadow is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The 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 CQC. 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

We gave a short period notice of the inspection because of the Covid19 pandemic. We had to arrange safe working procedures for our inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. 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. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service about their experience of the care provided. We spoke with the registered manager and head of care. We walked around the service and observed care, meal times and social interactions throughout the service using infection, prevention and control and socially distanced practices.

We reviewed a range of records. This included three people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. We requested copies of a variety of records relating to the management of the service, which we took away to review as part of the inspection process.

After the inspection

We continued to seek clarification from the registered manager to validate evidence taken away from the service. We looked at training data and quality assurance records. We spoke with eight members of staff and four relatives using on-line meetings and telephone calls.

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 remained the same. 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 our last inspection we recommended the provider consider current guidance on administering medicines and act to update their practice. The provider had made improvements.

- Medicines were received, stored, administered and disposed of safely. Staff involved in handling medicines had received recent training around medicines. Competency assessments had been carried out by the registered manager.

Assessing risk, safety monitoring and management

- The registered manager had been in post for three months and in this time had made sure people were safe. They had assessed risk within the service and taken action to reduce the risk to people using the service. Staff training, to ensure people were cared for safely, had been completed. The majority of staff had attended moving and handling, infection prevention and control and fire drill training. The registered manager was aware that further training for all staff was needed to ensure safety and good practices were embedded within the service.
- People's care plans included risk assessments. These were individualised and provided staff with a clear description of any risks and guidance on the support people needed.
- The registered manager monitored and analysed accidents, incidents and safeguarding concerns to aid learning and reduce the risk of them happening again.
- The environment and equipment were safe and maintained. Emergency plans were in place to ensure people were protected in the event of a fire.
- Families were confident that their relatives were safe in the service. One relative told us, "Overall it's lovely and the staff look after [Name] so well. There's a warm atmosphere. They are happy there and say they have lots of friends. Yes, I think [Name] is safe."

Staffing and recruitment

- Staff were recruited safely, and appropriate checks were carried out to protect people from the employment of unsuitable staff. The registered manager was aware that further work was required to ensure photographs of staff were put into their employment files and interview notes needed to be robust.
- A tool was used to monitor the number of staff required, based on people's needs. The service was using agency staff especially for cover on a weekend. The registered manager had increased the number of staff on each shift and was recruiting for additional permanent staff.
- There were enough staff on duty to meet people's needs. We observed that the service was calm, quiet

and well organised. People were clean, their requests for attention were dealt with quickly and staff were working in an efficient way.

- Staff told us, "Staffing levels are good. We are very happy with the registered manager, they are increasing levels and will help out on the floor." One person who used the service said, "The staff are lovely, they are always there when you need them."

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Staff were trained in safeguarding and had the skills and knowledge to identify and raise concerns internally and to relevant professionals.
- Families were confident that the service let them know if anything was wrong and they learnt from any mistakes. One relative said, "Even with phone conversations since [Registered manager] got there, the attitude is more positive and staff seem better informed and able to fulfil their duties. I raised issues about a member of staff and they took action. During lockdown we've had phone and text messages about what [Name] has been doing, what they have been talking about; I've had a contact call with [Name] and WhatsApp calls facilitated by staff."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider's infection prevention and control policy was up to date.

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 requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection the service had not been well-led and people received inconsistent and unsafe care. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17.

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

- The registered manager had made significant and widespread changes to improve the quality and safety of the service. For example, improvements had been made to staffing levels, to improve fire safety and address issues with the environment. One relative told us, "There is a considerable difference in atmosphere at the home. There is leadership now and staff appear much more confident."
- Whilst there were some areas that required further improvement, for example, in relation to staff training and supervisions, systems had been put in place, there was an awareness of what was needed, and work was ongoing to deliver the planned improvements.
- Audits carried out by the registered manager had started to identify areas of the service that required improvement, but work was still in progress to address some of these issues. The registered manager had an action plan in place and support from the provider to move the service forward.

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

- There was a more positive, calm and friendly atmosphere within the service. Staff told us they felt supported by the manager and one member of staff said, "The registered manager works alongside of us if we are unsure of anything. You can say if you need help and they respond straight away."

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

- The registered manager understood their responsibility to be open and transparent, and apologise to people if things went wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics; Working in partnership with others

- The registered manager was committed to working in partnership with people and visitors to improve the service. For example, they were engaging people in consultations about proposed changes to improve the food provided.
- The registered manager had worked closely and collaboratively with the local authority and other professionals to make improvements and develop the service.
- The registered manager was aware of the need to introduce surveys to gather feedback from people, visitors and staff and to help identify where further improvements could be made. This was part of their action plan.