

Longridge Care Home Limited

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Inspection report

Levedale Road
Dunston
Stafford
Staffordshire
ST18 9AL

Tel: 01785714119

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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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 2 June 2016 and was unannounced. At our previous inspection in June 2015 we had concerns that people were not always consenting to their care or safeguarded from abuse. We also had concerns that the provider's systems to monitor the quality of the service were ineffective. We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Longridge Care Home on our website at www.cqc.org.uk.

At this inspection we found that improvements had been made in most areas of concern and the provider was no longer in breach of any Regulations of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. However further improvements were required.

The service provides accommodation and personal care for up to 32 people, some of whom may have dementia and physical disabilities. At the time of the inspection 30 people were using the service.

There was a registered manager. 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.

Risk assessments were not always in place to support staff to care for people safely. Some staff training required up dating and checking for competency.

There were sufficient staff to keep people safe and to be able to support people, however consideration of the deployment of staff throughout the service had not been identified.

Some areas of the providers quality monitoring systems were still not effective and the action plan for improvement had not been met in full.

People's medicines were administered and stored safely. People received their prescribed medication at the times they needed it by suitably trained staff.

People were protected from abuse as staff knew what constituted abuse and who to report it to if they suspected it had taken place.

The principles of The Mental Capacity Act 2005 were being followed to ensure that people consented to or were supported to consent to their care and support.

People had access to a range of health care professionals and were supported to attend appointments

when required.

People's nutritional needs were met, when people required extra support to eat and drink or a special diet, they received it.

Staff felt supported and were observed to be kind and caring to people and respect their right to privacy.

People who used the service and their relatives felt the manager was approachable and supportive.

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 consistently safe. Risks associated with people's individual needs were not always assessed. Staff did not always follow safe practice guidelines in relation to moving and handling.

People were protected from abuse as staff knew what constituted abuse and what to do if they suspected someone had been abused.

People's medication was stored and administered safely by suitably trained staff.

Requires Improvement ●

Is the service effective?

The service was effective. People consented to or were supported to consent to their care. The provider followed the principles of the MCA.

People's health care needs were met and they received sufficient to eat and drink to maintain a healthy diet.

Staff felt supported to fulfil their roles.

Good ●

Is the service caring?

The service was caring. People were treated with dignity and respect.

People were offered choices and they were respected.

People's privacy was upheld.

Good ●

Is the service responsive?

The service was responsive. People received care that met their needs and individual preferences.

People knew how to complain and felt able to.

Good ●

Is the service well-led?

The service was not consistently well led. Not all identified

Requires Improvement ●

improvements had been made since our previous inspection. There were some quality monitoring checks in place, however we saw gaps in some areas that had not been identified.

The registered manager had worked on making some Improvements to the quality of care had been made since our last inspection.

People who used the service, their relatives and staff all found the registered manager to be supportive and approachable.

Longridge Care Home Limited

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 is 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.

This inspection took place on 2 June 2016 and was unannounced. It was undertaken by two inspectors.

We reviewed information we held on the service. This included safeguarding concerns, previous inspection reports and the provider's action plan.

We spoke to 10 people who used the service and three relatives. We spoke with the registered manager and four care staff.

We looked at three people's care records, the rosters, staff training records and the systems the provider had in place to monitor the quality of the service to see if they were effective.

Is the service safe?

Our findings

At our previous inspection we found that people's risks had been assessed and staff knew their risk assessments and followed them when helping people to move. At this inspection we saw on two occasions that people were moved using unsafe moving and handling techniques. We found that one member of staff had not received up to date moving and handling training and we observed that they supported people to move in an unsafe manner. One person's care plan stated that their needs had changed and they now on occasions required the use of a hoist and sling to be able to move. There was no risk assessment for this person in the use of this equipment and we observed that staff were supporting them to move in an inappropriate sling. A member of staff told us: "We use this sling because it suits their circumstances better". This meant that this person and others were at risk due to the lack of risk assessments and suitably trained staff to support people to move safely.

People told us they felt safe and that there were sufficient staff. One person said: "You get looked after here, and they always come to you quickly when you press your buzzer". However we observed that one of the lounges was left with no staff available for some time. One person who was living with dementia and had difficulty mobilising was attempting to stand up and pass a drink to another person who was sitting two chairs away. The person had pushed themselves to the edge of their chair and was at risk of falling off. We saw that another person had been given a call bell to use if anyone in the lounge needed assistance and this person had fell asleep. We intervened to press for assistance as the person was becoming more anxious and was at risk. We discussed this with the registered manager who told us they would ensure staff were available to support people in the lounge areas.

At our previous inspection we found concerns about the systems the provider had in place to protect people who used the service from abuse or the risk of abuse. Allegations of abuse had not been reported to the local authority for investigation. At this inspection we found that the registered manager had responded when an allegation of abuse had been made and reported the allegation following the correct safeguarding procedures. All the staff we spoke with knew what constituted abuse and told us they would report it if they suspected someone had been abused. Staff told us they were confident that the registered manager would respond and support them if they had to whistle blow to protect a person who used the service.

Previously we had found that medication was stored safely and only administered by trained members of staff. However we had been informed that there was not always a member of trained staff to administer people's prescribed medication during the night time hours. Some people required as and when required (PRN) medication such as pain relief and inhalers and the manager had not been able to tell us how these people would be able to have this medication if they required it during the night. Since the last inspection members of the night staff had received training in the safe administration of medication. We looked at night rotas and training records and they confirmed that there was a member of medication trained staff on each night. This meant that people would be able to have their medication when they needed it.

Is the service effective?

Our findings

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. The Deprivation of Liberty Safeguards (DoLS) is part of the Mental Capacity Act 2005. The legislation sets out requirements to make sure that people in care homes are looked after in a way that does not inappropriately restrict their freedom. At our previous inspection we had concerns that people were being unlawfully restricted of their liberty as the registered manager had not referred people who were unable to consent to their care and they were being restricted from leaving and mobilising around the service. At this inspection we saw that the registered manager had recognised those who were being restricted and referred several people to the local authority for a DoLS assessment.

Previously we saw that several people had a Do Not Attempt Cardio Pulmonary Resuscitation order (DNACPR). This is a legal order which tells a medical team not to perform CPR on a person. We found that these people or their representatives had not been involved in the decision making process and the decision had been made by the GP alone. At this inspection we saw that the GP had reviewed people's DNAR's with people and their representatives and ensured that people were involved in making the decision to have a DNAR in place. This meant that people were consenting or being supported to consent to their care.

People had access to a range of health care professionals such as their GP, Speech and Language therapist's (SALT), dietician and physiotherapists. We saw that following advice from the SALT, some people required a pureed diet and this was available to them. One person told us: "The food is nice, they puree it for me and I find it much easier to eat". We saw that people who were prescribed food supplements to encourage weight gain had these when they required them. Drinks were available for people to help themselves to in the lounge areas and a regular choice of drinks was offered by staff.

All the staff we spoke with told us they felt supported to fulfil their role. A member of staff told us: "I meet with the manager or the area manager, [manager's name] is always approachable". A person who used the service told us: "It's fine here, the staff can't do enough for you, they always come quickly to help when you need it".

Is the service caring?

Our findings

During our last inspection the people we spoke with had mixed views on the way they were treated. At this inspection people told us they were treated with kindness and they were happy with the care they received. One person told us: "I don't think anyone wants to be in a home do they, but they're really kind to us and take good care of us here". We observed staff were kind and patient with people who used the service throughout the inspection. We saw that staff took the time to talk with people, listen to them and showed a genuine interest in what they had to say.

People told us and we saw that they were involved in making decisions about their care and lifestyle. One person told us "You can go to bed when you want and get up when you want to, and they [staff] always ask you what you want to eat and drink or where you want to sit". Another person said: "I can do things when I want to, I'm a smoker and I can go out for a cigarette when I want to". We observed a member of staff ask a person if they were coming to the dining table for lunch. The person said they would rather have their lunch on a table in the lounge. The staff member respected their choice and served their lunch in the lounge as requested.

Staff we spoke with told us they always made sure that people were given choices and they knew how to give support to people to make their own choices when this was required. One staff member said, "I always help people to make their own choices, I try to make it easier for people to choose what they want by showing them things instead of trying to explain it to them, especially if they have trouble with their hearing".

We saw that people's dignity was respected, one person told us: "They always make sure I'm covered up as much as they can when I'm having a shower and when they help me to get dressed". A staff member said: "We always respect people's dignity, we try our hardest to help them keep their independence and check what support people need depending on how their health is on that day". We saw and people told us that their relatives could visit them whenever they wanted.

Is the service responsive?

Our findings

At our last inspection some people told us they did not feel that their individual preferences were always met. Some people told us they were encouraged to get up or go to bed early. At this inspection people told us that they were offered choices about their daily routines and lifestyle. We saw that people were making choices about what they wanted to do and where they wanted to be. Some people liked to remain in their room. One person told us: "I stay in my bedroom because I get embarrassed about how I eat, the staff respect this, I am so grateful for the care I receive". Staff we spoke with demonstrated an understanding of people's preferences. One staff member told us: "Some people have their own routines and like to get up really early like 4.00am, we just remind them how early it is, but if they still want to get up that's ok".

Previously people had told us that there was not enough to do to keep them active and stimulated. We saw and people told us that there were activities such as entertainers visiting, and an activities trolley containing board games and memory puzzles had been recently purchased. We saw two people playing card games together and enjoying chatting to each other throughout the day. They told us: "We have entertainers sometimes, but we don't want any more things, we like playing cards and talking", and another person told us: "I don't think activities work here as people all like different things". A relative told us: "Things are getting better, they recently had a chocolate demonstration where people were able to buy sweets as this isn't something they would ordinarily get to do, they had a bingo day and a singer came in".

People had previously not felt that they were able to complain about the care they received. At this inspection people told us that they felt they were able to complain if an issue arose. One person told us: "I've had no reason to complain about anything, but I would feel ok to do it if I needed to, the staff will always put anything right if you ask them, they really are very nice here. The manager is a lovely woman, and can't do enough for you". We saw that complaints were logged and responded to in line with the complaints procedure. We saw that some issues which had been raised verbally with the manager had been actioned but not recorded. For example one person had requested their room was redecorated and this had been completed. Staff knew how to respond to people's complaints. A staff member said: "If someone was unhappy about something, I'd try to resolve the issue and I'd write down what we talked about and take it straight to the manager".

We saw in people's care records and were told by relatives that care plans were reviewed and relatives were involved where possible in the process. One relative told us: "They always inform me of any changes in my [relatives] health and I get involved in the reviews when I can". We saw people's care was regularly reviewed to ensure that it was still relevant to their current care needs. When people's needs changed the staff responded to meet their needs.

Is the service well-led?

Our findings

At our previous inspection we found that the provider was in breach of three Regulations of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the inspection we were sent an action plan telling us how they intended to make the required improvements. We found that most of the improvement actions set out on the action plan had been met and the provider was no longer in breach of any of the Regulations. However, not all actions had been met and the service still required some improvement to ensure that people's needs were met in full.

The provider's action plan had stated that there would be eight weekly resident meetings, for people who used the service to meet and have a say in how the service is run. The registered manager told us that these had not taken place and a quality survey had not been completed since February 2015. This meant that people's views on the service were not being sought. We were informed that staff had recently completed a survey but the registered manager was unable to show us records of this.

There were some audits to monitor the quality of care. However we saw gaps in staff signatures on people's medication administration records for the application of prescribed external creams. The registered manager was not aware of these gaps and no action had been taken to investigate whether people were having their creams applied at the prescribed times. The registered manager had not been fully aware of the training needs of one staff member who was observed to use unsafe care practice.

People who used the service told us they felt the registered manager was approachable. One person said: "She's a lovely woman, and she can't do enough for you". A relative told us: "Things are definitely improving here, [managers name] is very approachable and deals with issues quickly".

All the staff we spoke with told us they enjoyed working at the service and found the registered manager to be approachable. They told us if they had concerns about other staff practice that they knew that they would be supported to report this and that they would be taken seriously. One member of staff told us: "We have supervisions and get to talk through any concerns we have, [manager's name] is very supportive".