Hill Care Limited

Longmoor Lodge Care Home

Inspection report

114 Longmoor lane
Sandiacre
Nottingham
NG10 5JP
Tel: 01159 499991
Website:

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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

Overall summary

This inspection took place over two days on 5 November and 6 November the visit was unannounced.

At the last inspection on 15 October 2013 we found that the service was meeting the regulations we inspected against.

Longmoor Lodge provides accommodation and personal care for up to 46 people with health conditions including dementia. The accommodation is provided on two floors which are accessible via a passenger lift. There were 42 people living at the service when we visited.

The person managing the service [the acting manager] was in the process of applying to be the 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 and associated Regulations about how the service is run.

Summary of findings

People told us they felt safe living at Longmoor Lodge and relatives agreed. They told us they were happy their relative was living there.

Staff had received training on how to keep people safe from harm however, senior staff had not always followed procedure, particularly when a safeguarding incident had occurred

Risks to the people who used the service had been assessed. This was to make sure that where and whenever possible, people were provided with a safe environment in which to live.

We found some concerns regarding the management of medicines. Records had not always been completed and we found one of the medicine trolleys unattended with the keys in the lock.

People told us there were not always enough staff around to meet people's needs and staff members agreed. In one of the lounges, we observed people waiting up to 40 minutes to be assisted from their wheelchair to an easy chair. The management team acknowledged these concerns and told us they would investigate them.

Checks had been carried out when new staff had been employed to make sure they were suitable to work at the service. Training and ongoing support was then provided to enable the staff to effectively meet the needs of those in their care.

People's needs had been assessed before they moved to the service and plans of care had been developed from the assessments. The staff team were aware of the individual needs of those in their care and they supported them well.

People's nutritional and dietary requirements had been assessed and a nutritionally balanced diet was provided. Staff were not always recording when they were providing people with food and fluids. This meant they could not demonstrate that people had received the nourishment they needed to keep them well.

People told us the staff were kind and caring and we observed this throughout our visit.

People who used the service and their relatives were supported to make complaints and when complaints were made, these were taken seriously and acted on.

Systems were in place to monitor the service being provided, though these were not always effective in identifying shortfalls within care records.

People told us they were encouraged to share their thoughts of the service by attending meetings and completing surveys. They also shared that the acting manager was always available to speak to on a one to one basis and her door was always open.

Summary of findings

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.

People told us that they felt safe however, people were put at risk because procedures around medication and the safeguarding of people were not always followed. Staff were recruited properly but concerns were raised as to whether there were always enough staff on duty.

Requires Improvement

Is the service effective?
The service was effective.

Staff had the skills and experience they needed to meet the needs of those in their care. People were provided with a balanced diet that catered for their individual needs and they had access to the necessary healthcare professionals when they needed them.

Good

Is the service caring?
The service was caring.

People told us that the staff were kind and respectful and we observed the staff treating people in a gentle and caring manner. People were involved in making decisions about their care on a daily basis. For people who were unable to make decisions, staff made sure that they consulted with someone who knew them well.

Good

Is the service responsive?
The service was responsive.

People's needs were assessed before they moved in and they were asked about their personal preferences with regard to the care and support they received. They were supported to follow their interests and supported to maintain relationships with those important to them.

Good

Is the service well-led?
The service was not consistently well led.

People were given the opportunity to have a say on how the service was run. Staff felt supported by the acting manager and they could talk to her if they had a concern. Although auditing systems were in place, these had not identified shortfalls within people's care records.

Requires Improvement

Longmoor Lodge Care 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 checked 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.

We visited the home on 5 November 2014, and again on the 6 November 2014 in order to complete our inspection. We spoke with four people living at Longmoor Lodge and ten relatives. We were also able to speak with members of the staff team. This consisted of three members of the senior team, five members of the care team, two activity leaders, the chef, the acting manager the regional manager and the operations manager. We were also able to speak with a visiting professional.

We observed care and support being provided in the communal areas of the home. This was so we could understand people's experiences. Some people had communication needs and were unable to tell us their views and experiences themselves. Through our observations, we could determine whether people were comfortable with the support they received.

We reviewed a range of records about people's care and how the home was managed. This included four people's plans of care, the staff training records, people's medication records and the quality assurance audits that the acting manager completed.

The inspection team consisted of a lead inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience who accompanied us on our visit was experienced in dementia care.

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 information included in the PIR along with information we held about the service. We also contacted the commissioners of the service, (the commissioners are the organisation that had funding responsibility for some people who used the service) to obtain their views about the care provided at the service.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe living at Longmoor Lodge. One person told us, "I feel safe enough." Visiting relatives told us they felt that their relatives were safe. One relative explained, "[Relative] is 100% safer here than in hospital or at home, I have no concerns." Another told us, "I feel [name] he is safe, if he has a fall they ring me straight away."

The acting manager and the senior care workers explained to us their responsibilities within safeguarding. They knew the procedures to follow when a safeguarding concern was raised. This included referring it to the relevant safeguarding authorities. Care workers had received appropriate training and told us what they would do to keep people safe. One member of the staff team told us, "I would go straight to the manager, If I had too, I would."

However, when we looked at the daily records for one person, we found that they had hit another person who used the service. This incident had not been reported to the senior team and had not been dealt with as a safeguarding matter. We brought this to the attention of the acting manager who assured us this would be looked into and addressed.

The daily records for another person showed they had been found with an injury to their head. Written procedures had not been followed as confirmed by the acting manager, which included seeking the advice of a doctor.

We looked at the medication administration records and found some concerns. The senior care workers responsible for administering medication had not always signed the relevant records. This meant they could not always demonstrate people had received their medication as prescribed by their doctor. This included demonstrating that tablets had been taken or eye drops had been administered.

One of the senior care workers explained that the temperature of the medication fridge was checked and recorded twice a day. This was to make sure that medicines were being kept in line with the manufacturer's instructions. On seven occasions in October 2014, the senior care workers had forgotten to record the temperature of the fridge. Therefore they could not be confident that the medication in the fridge was appropriately stored in line with manufacturers' instructions to ensure the medicines remained effective and safe to use.

We observed the senior care workers administering people's medication to see if this was done safely. We saw that it was. People were offered their medication discreetly and if it was refused, the senior care worker respected this and returned at a later time to offer them their medication again. During the lunchtime medication round we found one of the two medication trolleys in the lounge. It was unattended with the keys in the lock. There was no staff member in attendance to supervise the trolley or the people sitting in the lounge.

People's plans of care showed us that the risks associated with the care and support they received had been assessed. People and/or their relatives had been involved in implementing and reviewing plans of care and risk assessments. One relative told us, "They do the care plan and bring it to me, for me to check." One person had recently been identified as at risk of choking because they had started putting things in their mouth. Although the staff we spoke with were aware of this and the need for them to regularly monitor the person, it had not been recorded in their plan of care or risk assessment. This heightened the possibility of some staff members not being made aware of this information and placed the person at risk.

Regular checks had been carried out on the environment and on the equipment at the service to maintain people's safety. Regular audits, both local and regional had also taken place to ensure that these checks had been completed. The acting manager had procedures in place to identify any trends within incidents and accidents that had happened and the relevant professionals had been involved when necessary. This included the local falls team and speech and language therapy team.

Senior staff and care staff told us there were not enough staff on duty during the day. One staff member told us, "We need more staff, we are doing good, but we could do better. We have no time to sit down with them [the people who used the service] and the paperwork is failing because we haven't got the time." Another staff member explained, "There's just not enough staff." A relative explained, "There's not always enough staff on in the evening and I worry

Requires Improvement

Is the service safe?

about that." We observed care in the quiet lounge and found that in the morning, some people had to wait for up to 40 minutes to be transferred from their wheelchair to an easy chair.

We brought these concerns to the attention of the management team. The acting manager told us that the numbers of staff on duty were determined by the needs of the people who used the service. However, they told us that these issues would be investigated.

Appropriate recruitment procedures had been followed when employing new staff. References had been obtained and a check with the DBS (Disclosure and Barring Scheme) had been carried out prior to a new member of staff commencing work. A DBS check provides information as to whether someone is suitable to work with vulnerable people. This showed us that the acting manager took the safety of the people who used the service seriously, when employing new staff members.

Good

Is the service effective?

Our findings

Relatives and friends told us staff working at the service had the skills and experience they needed to meet the needs of those in their care. One relative told us, "I'm very happy with my mother's care, the staff are very good and know what they are doing." Another person explained, "I feel [their relative] gets the care he needs, the staff are trained and experienced and very approachable."

We observed staff supporting people who used the service. They supported people in the way that they preferred and showed that they had the skills and knowledge to meet people's needs. This included for one person, using the written word to get them to understand what was being asked.

The staff we spoke with told us they had received a period of induction when they first started working at the service and appropriate training courses such as dementia awareness and dignity in care had been provided following this. This training gave staff the knowledge and skills they needed to effectively support those in their care. Staff told us they had received the training they needed though one staff member told us they felt they would benefit from training in behaviour that challenges.

Staff felt supported by the acting manager. Supervision sessions and team meetings had been recommenced and staff told us they could go to the acting manager at any time. One staff member told us, "The manager is really supportive and friendly, she leaves us to do our job but you can go to her for anything, her door is always open."

Another staff member told us they had not received training in the Mental Capacity Act. We discussed this with the acting manager. They told us that a training plan had been developed and where gaps in staff's understanding had been identified, relevant training had been accessed. This was through their own organisation and the local authority. We confirmed this by checking the training plan. A member of the management team was a trained trainer and this enabled them to provide the relevant training to the staff.

All but one of the staff members we spoke with told us that they had received and understood, training on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). MCA is a law providing a system of assessment and decision making to protect people who do not have capacity to give consent themselves. DoLS is a law that requires assessment and authorisation if a person lacks mental capacity and needs to have their freedom protected to keep them safe.

The acting manager and the senior team also understood their responsibilities within DoLS. Appropriate referrals had been made to the local authority when they had felt that someone was being deprived of their liberty. We also saw that mental capacity assessments and best interest decisions had been made in accordance with the legal requirements.

People who used the service told us that the meals served were good. One person told us, "The food is very good now, tasty." Another said, "I like it." Visiting relatives also commented on the food. One said, "I stop and have a meal sometimes, it is good." Though another told us, "Value for money? It's not good."

When people first moved into the service a nutritional assessment had been completed. This identified any nutritional or dietary requirements and enabled staff to provide for each person's individual needs. Some people required a fortified (high calorie) diet and for those people, their meals were fortified with cream and butter. Other people had been identified as at risk of choking and required a soft diet. For those people, their meals were pureed or made fork-mashable. People's likes and dislikes had been taken into account to ensure their preferences had been catered for.

People were offered a choice of meal at every meal time and for those people who did not like the choices, other alternatives were available. Drinks and snacks were also provided throughout the day. This showed that people were provided with the food and drink required, to maintain a balanced diet.

Monitoring charts were used to monitor the amount of food and fluid people were taking during the day. When we checked these charts they did not demonstrate that people had received the required food or fluids needed to keep them well. We discussed this with the acting manager who assured us that people had received adequate food and drink, but staff had not always completed the necessary records. We were told that the importance of keeping records up to date and accurate would be included in the next staff meeting.

Good

Is the service effective?

People were supported with their healthcare needs. They had access to all the necessary healthcare professionals including doctors, community nurses and opticians. A nurse practitioner also visited the service every Monday to provide further healthcare support. Relatives told us that staff always contacted the doctor if there were any concerns about their relative. One told us that their relative had recently had a fall and staff had contacted her and the GP immediately, even though there did not appear to be any injuries. Another explained, "I am always informed about doctors and hospital visits."

Good

Is the service caring?

Our findings

Relatives told us that the staff were kind and caring and treated people with respect and compassion. Our observations confirmed what they told us. One person told us, “The staff are so kind and they have a lovely attitude.” Another comment was, “Their [the staff] attitude is very positive and caring and that is worth a lot.” Another person told us, “The staff are very friendly and caring.”

We observed staff supporting people. They supported them in a considerate and respectful manner. We saw staff having meaningful conversations with people about their families, their previous jobs and what they liked and didn’t like. When people needed reassurance, staff got down to their level and spoke to them calmly and slowly and stayed with them until the person was reassured.

Staff had a good understanding of people’s needs and provided support in a good-humoured and gentle manner. We saw one staff member tuck a cushion under a person’s arm, explaining to a new member of staff that it made them more comfortable. We saw another staff member stroke a person’s arm to get their attention and then use a pen and paper to find out if they wanted to go for a rest after lunch.

Some people needed assistance with moving from one chair to another with the use of the hoist. We observed staff carrying this out in the communal areas. We saw a screen was used to provide the person with privacy. The staff talked to the person they were supporting throughout and explained at every stage what they were doing. This provided reassurance to the person and put them at ease.

Relatives told us they were actively involved in making decisions with, or on their relatives’ behalf. One relative told us, “I have a really good relationship with the staff and if there are any changes in [their relatives] care, we have a meeting to discuss and decide the best way forward.”

Staff involved people in making choices about their care. People were given choices on a daily basis. Choices we saw included, what time people wanted to get up, where they wanted to sit, what they wanted to eat and whether they wanted to join in the bingo session that was held. The choices people made were respected by staff.

Staff treated people with dignity. We observed staff knocking on people’s doors and doors were closed when personal care was provided. One relative told us, “The staff are very caring and ensure that my mother is comfortable, they give my mother personal care and they always ask me to leave the room so that mum’s modesty is preserved.”

Relatives and friends were encouraged to visit and we were told that they could visit at any time. One relative told us, “I can come at any time, It’s like being part of a family.” Another relative explained, “I can pop in anytime and I am always made welcome and they don’t care how long you stay.”

Good

Is the service responsive?

Our findings

Relatives told us that they and their family member had been involved in deciding what care and support they needed. One relative told us, "She [the acting manager] came to the hospital to talk to me and the nurses. Then we came here and the senior met us and showed us her [their relative] room. They [the senior] talked about what we wanted."

The acting manager explained that people's care and support needs were always assessed prior to them moving to the service. This was because they wanted to satisfy themselves that the person's needs could be properly met. From the assessment, a plan of care was developed. This included the needs of the person and how they wanted their needs to be met. The plans of care also included information on the person's personal history, their likes and dislikes and preferences in daily living. This provided staff with the information they needed in order to provide personalised care.

People's plans of care had been reviewed once a month by a member of the staff team. This provided the staff with the opportunity to see whether any changes in the person's health and welfare had taken place. Where changes had occurred, the appropriate action had been taken. This included for one person, contacting the falls team. This showed there were systems in place that enabled the staff team to be responsive to people's ongoing and changing needs.

Relatives told us that they too were involved in reviewing the plans of care. One relative told us, "I'm actually here for a care review today." Another explained, "We have at least two a year, I should have had one recently, I need to book a date with them."

People were supported to follow their interests and take part in social activities. Activity leaders offered one to one and group activities according to people's favourite pastimes. We observed people enjoying a noisy game of bingo as well as people enjoying some quiet one to one time. A monthly church service was organised and many outings and entertainers had been arranged.

People told us they felt comfortable raising any issues of concern and were confident these would be dealt with to their satisfaction. One person told us, "I had an issue about three months ago, it was resolved appropriately, they dealt with it very well." Another person said, "I feel that if he had a complaint it would be dealt with properly, although I have no reason to complain."

We saw a formal complaints process was followed when a complaint was received and a copy of the procedure was displayed for people's information. We looked at the complaints records and found five recorded complaints. The complaints had been acknowledged and an investigation had been carried out. Where it had been identified that changes to practice were needed, this had been actioned. This showed that people were able to share their concerns and these were taken seriously.

People who used the service and their relatives were encouraged to share their thoughts of the service they received . People told us that meetings were held and notices were displayed showing the dates for the next meeting. One relative told us, "I got a letter today informing me of the date of the next meeting." The minutes of the last meeting showed that people's views were sought, listened to and acted upon. This included a request for more fruit and salad to be offered. We were told and we observed that more fruit and salad was now offered on a daily basis.

Requires Improvement

Is the service well-led?

Our findings

Relatives told us they felt the service was well managed and the management team were open and approachable. One relative told us, "[The acting manager] is lovely, she is fairly new but she is on the ball, she says her door is always open." Another told us, "The staff seem more settled now and the current manager has improved things since she came."

People were given the opportunity to share their views and be involved in developing the service. This was through daily dialogue with the staff and management team and through meetings. For those who were unable to share their views, their relatives and friends were able to speak up on their behalf. This showed us that people had the opportunity to be involved in the service in some way.

Staff told us they felt very much supported by the acting manager and able to speak to her if they had any concerns or suggestions of any kind. One staff member said, "Both the manager and the seniors are supportive." Another told us, "[name] door is always open. You can speak to her, she is amazing. She interacts with the residents and always asks if we need any help."

The acting manager had a clear vision and set of values they expected the staff to work by and these had been shared with them. One staff member told us, "[name] is our new manager, she makes herself available to everyone, she listens and takes on board what we say and values our opinions."

The acting manager had recently relocated her office to the centre of the building next to one of the dining rooms. This enabled her to be visible and available to the people who used the service, visitors and staff. She explained that it enabled her to be more involved in the day to day running of the service.

Strong links had been established with the local community. Coffee mornings had been held raising funds for local charities and local artists had been invited to provide different forms of entertainment. We also observed the activity leaders encouraging people to be involved in visits to the local town to join in celebrations. These included the switching on of the Christmas lights.

The acting manager had undertaken regular audits to check the quality of the service provided. Both corporate and local audits had been completed and health and safety audits had been carried out on all areas of the service. This was to demonstrate the service was running in line with the organisations policies and procedures and was safe and fit for purpose.

Audits had also been carried out on the paperwork held at the service. This included checking people's plans of care, the medication records and people's daily care records, including food and fluid charts and falls records. This was to check that people were receiving the care and support they required.

We noted that recent audits carried out by the acting manager had failed to identify shortfalls in relation to the administration of medicines, food and fluid charts or the records held for safeguarding people.

We discussed this with the management team. They told us they would be looking at the current auditing system and the timings of their audits to ensure improvements were made in the future.