

Shankar Leicester Limited

Longcliffe 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 effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Longcliffe care home is a residential care home providing personal care to 19 people at the time of the inspection. The service provides support to older people, some of whom may be living with dementia. The service is registered to support up to 42 people in one building that has been adapted to support people's needs.

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

People were not always given their medicines safely and as prescribed. Improvements were needed to ensure medicine records accurately reflected stock levels and medicines administered. Additional improvements were needed to ensure medicines were stored safely.

Interim management arrangements that were evident at our last inspection remained in place. There was no registered manager. Following our inspection, the registered provider appointed to this post and began the relevant registration processes with the Care Quality Commission.

Staff were aware of their responsibilities regarding safeguarding. Risks to people, staff and within the service were managed. There were person-centred risk assessments and care plans in place. Accidents and incidents were well managed. There were detailed records of events, analysis and lessons learned.

There were safe systems of recruitment in place. The registered provider had a number of staffing vacancies. To ensure consistency, they relied on regular agency staff to ensure sufficient numbers of staff were available to meet people's needs. The service had improved infection prevention and control standards within the service.

People were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported to have enough to eat and drink and maintain their health and well-being. Staff worked with a range of health care professionals. Staff completed training and received support and guidance to give them the skills and knowledge they needed in their roles.

People had access to a wide range of activities to keep them active, involved and stimulated. People and their relatives felt able to raise any concerns. People were enabled to plan their end of life care in line with their wishes and preferences.

The registered provider had made improvements to the systems in place to monitor the quality and safety of the service. People, their relatives and staff were positive about the management of the service. People liked living at the service and commented positively about the staff team. Staff said morale had improved and

were committed, caring and attentive to the people they supported.

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

Rating at last inspection

The last rating for this service was requires improvement (published 28 October 2021) and there were breaches of regulations. Although the provider had made some improvements, they remained in breach of regulations.

This service has been rated requires improvement for the last four consecutive inspections.

Why we inspected

This inspection was prompted by a review of the information we held about this service. 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 COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

Enforcement and Recommendations

We have identified breaches in relation to safe care and treatment. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 effective?

The service was effective.
Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.
Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.
Details are in our responsive findings below.

Good 

Is the service well-led?

The service was not always well-led.
Details are in our well-led findings below.

Requires Improvement 

Longcliffe 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by one 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.

Service and service type

Longcliffe Care home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Longcliffe is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service and sought feedback from local authority commissioners who work with this service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We gave the provider opportunity to share this information during this inspection.

During the inspection

We spoke with 10 people and 2 relatives of people who used the service. We also spoke with five staff including the provider, compliance manager and care staff. We observed the lunchtime meal to understand people's dining experience. We reviewed care plans and records for three people. We also reviewed a sample of people's medicine records, various records relating to the day to day management of the service and key policies and procedures.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained requires improvement. 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; Assessing risk, safety monitoring and management; Preventing and controlling infection

At our inspection in September 2021, we found the provider had failed to ensure robust infection, prevention and control processes were followed to protect people and staff from the risk of infections. Additionally, the provider had not ensured risks relating to the health, safety and welfare of people were completed and regularly. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider had made sufficient improvement to protect people from infections and improved the management of risks for people. However, we found concerns around the safe management of people's medicines. Therefore, the provider remained in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People did not always receive their medicines as prescribed. There were systems and processes in place to administer and record medicines use. However, the staff did not always follow them.
- We found people's medicine administration records (MAR) were inaccurate in recording correct stock levels of people's medicines. For example, we found two people had more medicine in stock than was recorded on their MAR, indicating these medicines had not been administered.
- Staff were not consistently signing MAR to confirm people had received their medicines. Where staff had signed, there were errors in entries, such as incorrect stock carry over totals and incorrect dates.
- Dates of opening were not always recorded on medicines with a limited expiry date. This is important to ensure medicines remained effective and safe to use.
- Waste medicines were not always disposed of in a timely manner. For example, we found a medicine for one person that was no longer required, with an expiry date of January 2022.

Whilst there was no evidence that people had been harmed, medicines were not being managed safely. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had identified these medicine errors through audits prior to our inspection. They had met with staff responsible for administering medicines to discuss improvements and how these should be made. Improvements included re-introducing monthly medicine audits by managers and re-assessment of staff competencies.

- The provider had made improvements to the assessment and management of risks within the service.
- Risks associated with people's care had been identified and assessments were in place to help mitigate risks. For example, risk assessments were in place to support safe care to help people move around safely and maintain their well-being.
- Staff we spoke with were knowledgeable about risks and took appropriate actions to keep people safe. Staff recognised when people became distressed and provided timely reassurance or gave people time to talk.
- Statutory checks on equipment and the building were maintained. People had personal evacuation plans to enable staff to support them safely in the event of an emergency.
- At our last inspection, we found staff were not consistently following safe practices in wearing personal protective equipment (PPE) and following safe infection control practices. At this inspection, we found improvements in these areas.
- Staff followed current guidance in wearing PPE. Sufficient supplies of PPE were available throughout the service to support safe practices.
- The provider had followed guidance from local authority infection prevention and control teams and implemented more robust cleaning schedules and working practices.
- The environment was clean and well maintained.
- The provider had a clear understanding of managing and responding to outbreaks of infections, including those associated with COVID-19.

Visiting in care homes

- The provider was supporting people to maintain contact with family and friends by facilitating visits to the home.

Staffing and recruitment

- We received some mixed feedback from people regarding the staffing levels at the home. Most comments stated there were enough staff, although two people felt there were times when staffing was short which resulted in longer response times.
- The provider used dependency assessments to identify numbers of staff required to meet people's needs. We reviewed staffing rotas which confirmed assessed staffing levels had been maintained to keep people safe.
- Staff felt there were usually enough staff, though the service relied heavily on agency staff. Relatives felt there had been an increase in the use of agency staff recently, though these were usually regular agency who knew people well.
- The provider described recruitment challenges and were in the process of exploring alternative methods of filling staff vacancies. In the meantime, they ensured agency staff were screened and used regularly to ensure consistency in care.
- The provider followed safe recruitment processes through relevant pre-employment screening and checks. This included completing a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of abuse. Systems in place showed appropriate actions were taken to keep people safe
- Staff told us they had received training in safeguarding and knew what actions to take if they suspected abuse. One staff member told us, "It is like a family unit here. If I have any concerns, I can raise them with managers or the provider. They listen and take action."

- Staff liaised with external agencies and made appropriate notifications which helped to ensure timely action was taken to keep people safe.

Learning lessons when things go wrong

- The provider had a system in place to monitor and review accidents and incidents and near misses. The system analysed information and identified any trends and patterns.
- Action was taken to mitigate future risks, including referral to other agencies and a review of existing control measures to ensure they remained effective.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last comprehensive inspection we rated this key question as good. At this inspection the rating remains good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed prior to using the service so staff could be sure these could be met. People, and those important to them were involved in the assessment process.
- Care was provided in line with people's choices, aspirations and lifestyle or cultural preferences. Staff used this information to develop 'My Life' stories which supported them to provide personalised care.

Staff support: induction, training, skills and experience

- Staff were required to complete a range of mandatory training and encouraged to undertake additional training to ensure they had the skills and knowledge to meet people's needs.
- One staff member told us, "We complete a range of training including distance learning workbooks and face to face training, such as moving and handling. Managers also support us to undertake further training as part of our own development."
- Agency staff were vetted by managers to ensure they had relevant and up to date training and new staff were supported to complete induction training prior to supporting people.
- The provider maintained a training matrix which helped to identify which training staff had completed and passed and when training was due to be refreshed.
- Staff told us they felt supported in their roles. One staff member told us, "I can speak with [Name of provider] when they are in and they listen to me. They have supported and encourage me in my role."

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

- People told us they were happy with the food provided. People were provided with a choice of two meals and were regularly consulted on menus and meal choices.
- People's preferences and dietary needs were recorded in their care plans, in the kitchen and discussed with the cook. Input from specialists was included where required. Dietary needs were assessed and recorded which included; health conditions, allergies and where there may be a risk of choking.
- We observed people were supported to have enough to eat and drink throughout the day. Staff were attentive and gave people time and encouragement to eat at their own pace and in their preferred dining area.

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

- People were supported to receive health care services when they needed them. Referrals were made from the home to a variety of professionals, such as doctors, the mental health team and district nurses. One

person told us, "The staff have arranged for an optician to come as my eyes need testing. They make sure I have my medication and call the doctor if I need it."

- A relative told us they had seen an improvement in their family member's emotional well-being as they appeared happier and more content since moving to the service. They told us staff had discussed their family member's medicines with them as part of a review to ensure their health needs were being met.
- Instructions from medical professionals were recorded in people's care plans and communicated to staff through handovers.

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

- The service had been extensively adapted to support people's needs. Communal areas had been redecorated and refurbished to provide spacious and modern living accommodation. Work was in progress to upgrade all bedrooms, with many having been refurbished and decorated. People had a choice of communal areas in which to spend their time.
- There was a lack of signage outside of rooms to indicate what they were, for example, the dining room and lounge or to support people to orientate around the premises independently. There were no pictures or objects of reference on people's bedroom doors to support them to recognise and navigate to these areas. Refurbishment works were still in progress at the time of our inspection and signage will be considered as part of this work.
- People were encouraged to have their personal belongings with them in their bedrooms.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People were supported to make day to day decisions about their care and support. MCA assessments had been carried out where necessary in relation to people's care and support needs. This meant that people's rights were fully protected.
- Where people lacked the capacity to make a specific decision it was followed up with best interest meetings. The meetings or discussions involved the person, those closest to them and professionals involved in their care.
- People told us staff asked for their consent before supporting them and providing their care. One person told us, "Staff always ask my permission before providing personal care." We observed staff seeking consent and offering choices during the inspection.
- Staff had identified where people were being deprived of their liberty. They had applied for this to be authorised under the DoLS.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last comprehensive inspection we rated this key question good. At this inspection the rating remains good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were well treated and respected as individuals. Staff spoke about people's diversity, respecting their differences and lifestyle choices. This information was recorded in people's care plans to support staff to provide personalised care.
- Staff, the registered provider and the compliance manager demonstrated they knew people well. They spoke with compassion and fondness about people. Our observations were of natural, relaxed relationships between staff and people.
- People and relatives felt staff were kind and caring. One person told us, "I am happy here. The staff help me when I need it and make sure I don't get bored." A relative told us, "[Name] is happy here, the staff are attentive and the management team are amazing. I cannot fault the staff."

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

- People and relatives told us they were involved and consulted in the development of their care plan. One person told us, "I contributed to My Life Story and staff know how I like to spend my time." A relative told us, "I feel the managers are approachable if I need to suggest anything. I am happy with the care plan and risk assessments in place."
- Throughout our inspection we observed people making decisions and directing staff regarding their care and support, how they wanted to spend their time and if they needed reassurance from staff.

Respecting and promoting people's privacy, dignity and independence

- There was a commitment from staff to provide dignified and respectful care and ensuring people's independence was supported and promoted
- People's care plans focussed on their abilities and maintaining their independence. People confirmed staff understood this was important for people and gave people time to do as much as possible for themselves.
- People's right to confidentiality was maintained and information was kept securely.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last comprehensive inspection we rated this key question good. At this inspection the rating has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had care plans, developed through pre-admission assessment, which detailed their care and support needs. These had been developed through consultation with people and those important to them.
- People confirmed staff understood and respected their preferences and lifestyle choices, which were included in care plans.
- The provider had worked to improve the quality of care plans since our last inspection. These supported staff to understand people's individual needs and provide person centred care.

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were included in their care plans, which gave staff the guidance they needed to share information with people effectively.
- Where people had difficulty in expressing themselves verbally, care plans guided staff as to how the person expressed themselves and communicated decisions and choices.
- The provider was able to transcribe information into people's preferred formats if this was required.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had access to a range of activities that were arranged in the home and could choose how they spent their time.
- People told us they enjoyed the activities. One person told us, "I don't get bored here, there are things to do and it's better than living on your own." A relative told us, "[Name] enjoys the activities and becomes engrossed in them; so engrossed [Name] will tell me to go away and come back on another day!"
- Staff adapted activities to ensure everyone was included who wished to be. This involved consulting with people to ensure activities were tailored to their interests and spending one-to-one time with people who did not like group activities.
- People were supported to maintain friendships and relationships with people who were important to them, both inside and outside of the service.

Improving care quality in response to complaints or concerns

- People and their relatives told us they would speak to staff or the registered provider if they had a

complaint. One person told us, "I get on well with [registered provider] and can talk to them if I need to." A relative told us, "The management team are approachable. I have no concerns that should there be a problem, it would be discussed and there would be an outcome."

- The provider had a complaints policy and procedure in place. Where complaints had been raised these were investigated and responded to in line with the providers policy.

End of life care and support

- People had the opportunity to identify their end of life wishes. Records showed people, and those important to them, had been consulted to ensure information was personalised and reflected any specific needs.

- Advanced decisions about resuscitation were documented where available.

- Staff worked in partnership with health care professionals to ensure people had sensitive and responsive end of life care in line with their wishes.

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 our last inspection we rated this key question requires improvement. At this inspection, the rating has remained requires improvement. 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people.

At our inspection in September 2021, we found systems and processes to assess and monitor the service were not sufficiently robust or operated effectively to improve the quality of the service. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found improvements had been made and the provider was no longer in breach of regulation 17.

- The service had been without a registered manager for some time and this continued to be the case at this inspection.
- The provider retained oversight of the service and the day to day management of the service fell to the deputy manager and compliance manager.
- Following our inspection, the provider made internal appointments to the post of registered manager and began the process of applying for registration with the Care Quality Commission.
- The management team had made improvements in relation to service oversight and people's records since our last inspection. We found improvements in care plans, daily records and more robust audits and checks were in place.
- Errors we found in the administration of medicines had been identified through the provider's quality assurance processes. However, the impact of improvements was not evident at the time of our inspection.
- Staff feedback was positive in relation to morale and receiving ongoing support and supervision. One staff member said, "Although the reliance on agency staff is not ideal, there is usually enough staff available to meet people's needs. The provider is not about money making; they genuinely care about people. That much is evident. We all work together to provide good care for people." Another staff member spoke about the provider as being 'supportive and encouraging' to them in their role.
- The relatives we spoke with said they felt their family members were happy living in the service and had achieved positive outcomes in terms of their health and well-being since moving to the service.

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 provider had a policy and procedure relating to the duty of candour.
- Records relating to managing complaints, incidents and safeguardings showed the duty of candour

procedure was used where required. These were responded to openly, apologising where appropriate and willing to learn from events. Relatives told us they were being kept updated with any concerns relating to their family members.

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

- People's views about the service were regularly sought, people's opinions and ideas were valued. Resident meetings were held regularly and records showed these were used to consult with people and gather their views. Topics included day to day issues such as food, the environment and how people could be more tolerant and kinder to each other.
- People told us they could speak to managers or the registered provider if they wanted to share their views directly or discuss any concerns.
- Staff were supported to share their views through supervisions, directly in person and through staff meetings. Staff told us they felt confident to share concerns with the deputy manager or registered provider and these were listened to and acted upon.

Continuous learning and improving care; Working in partnership with others

- The provider had acted on advice and guidance from local authority bodies to bring about improvements within the service. For example, improvements had been made to infection prevention and control within the service.
- A programme of auditing and monitoring supported the provider and management team to identify shortfalls and act to reduce identified risks.
- Staff worked in partnership with other agencies, such as GP's, district nurses and social care professionals, to ensure people achieved positive outcomes from their care.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|--|--|
| Accommodation for persons who require nursing or personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not managed or administered safely. |