

National Care Consortium Ltd

Longhill House Care Home

Inspection report

Coldstream Close
Hull
North Humberside
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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Longhill House Care Home is a care home which is registered to provide accommodation and personal care to 41 older people, some of whom may be living with dementia. At the time of our inspection, 37 people lived at the service. Accommodation is provided on one adapted building and has a mixture of smaller and larger communal areas for people to use.

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

People were at risk of their human rights being breached as one person was subject to a high level of restriction for a short time. The provider's governance systems had not identified shortfalls with capacity assessment and best interest decision records which had contributed to the restriction. People were mostly 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. However, the policies and systems in the service did not support this practice. We have made a recommendation about mental capacity assessments and recording decisions.

Processes were in place for reporting safeguarding concerns, though on one occasion this was not done promptly. Accidents and incidents were monitored and investigated, though records did not always evidence what was learnt. Governance systems had failed to identify the shortfalls we found, which placed people at risk of receiving a poor-quality service.

People's medicines were administered safely, and care plans contained appropriate guidance. The service was clean and appropriate processes were in place to prevent the spread of infections.

The provider's recruitment processes helped ensure only suitable staff were employed. Staffing levels were safe. Staff were patient and supported people with their individual routines.

Staff had the relevant skills and knowledge to support people. People were offered a healthy, varied diet which met people's preferences and dietary requirements. Staff supported people to access healthcare services and followed professional advice.

People were included in the development of the service and the provider was improving the environment. The management team supported staff and worked closely with relevant professionals.

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

Rating at last inspection

The last rating for this service was good (published 22 November 2018).

Why we inspected

We undertook this targeted inspection to follow up on specific concerns which we had received about the service. The inspection was prompted in part due to concerns received in relation to the Mental Capacity Act 2005 and restrictions on people's liberty. A decision was made for us to inspect and examine those risks.

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.

We inspected and found there was a concern with safeguarding and governance systems, so we widened the scope of the inspection to become a focused inspection which included the key questions of Safe, Effective and Well-led. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection. We have found evidence that the provider needs to make improvement. Please see the Safe, Effective and Well-led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

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

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We have identified breaches in relation to record keeping and addressing quality shortfalls at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will continue to monitor information we receive about the service until we 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 effective?

The service was not always effective.

Details are in our effective 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



Longhill House 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.

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

The inspection was completed by two inspectors on the first day and one inspector on the second day.

Service and service type

Longhill House Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. 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 Care Quality Commission. 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 of notice of the inspection. This was to ensure risks in relation to COVID 19 were assessed before the inspection taking place. We told the registered manager we would be returning on the second day.

What we did before the inspection

We looked at information sent to us since the last inspection such as notifications about accidents and safeguarding alerts and we sought feedback from the local authority. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key

information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with the area manager, registered manager, deputy manager, two senior care staff and two care staff. We observed staff interactions with people using the service and spoke to two relatives via the telephone.

We looked around the home to review the facilities available for people, the cleanliness of the service and the infection prevention and control procedures in place. We also looked at a range of documentation including four people's care files and medication administration records for three people. We looked at three staff files for recruitment, induction, supervision and staff training and reviewed documentation relating to the management and running of the service.

After the inspection

We were sent further information regarding maintenance certificates, staff recruitment, induction and supervision and quality assurance. We received feedback from four healthcare professionals who had recently visited the service.

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 good. At this inspection this key question has now deteriorated to 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.

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 to relevant professionals.

- Referrals were sent to the local authority safeguarding team when required. However, one incident had not been reported promptly. The management team liaised with the local authority safeguarding team regarding the incident and discussed ongoing safety measures.

- Accidents and incidents were monitored. Systems were in place to investigate accidents and incidents, though it was not always clear what had been learnt. The registered manager confirmed they would review their processes.

Assessing risk, safety monitoring and management

- Risks to people's safety and wellbeing were appropriately managed. Staff were knowledgeable about how to manage the risks for each person and used equipment appropriately.

- Positive behavioural support plans were in place for people who needed them, and staff understood people's behaviours and how to appropriately support them.

- The provider maintained the safety of the building and equipment through regular checks, servicing and maintenance.

Staffing and recruitment

- The provider's recruitment processes helped ensure only suitable staff were employed.

- Staffing levels met people's needs. The registered manager regularly monitored and adjusted staffing levels.

- People were supported at their own pace. Staff understood people's needs and ensured they gave each person enough time, so they were not rushed.

Using medicines safely

- People's medicines were administered as prescribed.

- Protocols were in place to guide staff when to administer 'as and when required' medicines.

- Staff sought people's consent to administer their medicines. Where people were unable to consent, appropriate professionals were involved in the decision to give medicines covertly.

- Medicines were stored securely, and effective temperature monitoring systems were in place.

Preventing and controlling infection

- The service was clean and tidy. A relative told us, "It's always clean and reasonably tidy. People pick things

up and put them down places which I understand. One cleaner is particularly brilliant, and the home has never smelt."

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was admitting people safely to the service.
- 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.

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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes.

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 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.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's capacity was assessed for specific decisions, though not all records were detailed or completed to a consistent standard.
- Where people were unable to consent, decisions were made in people's best interests, though for one person this did not follow the principles of the MCA. A best interest decision was made with relevant professionals; however, this was not the least restrictive option. The best interest decision was reviewed, and the least restrictive option was implemented.

We recommend the provider seek advice and guidance from a reputable source regarding the MCA and record keeping.

- Staff offered people support and sought their consent before supporting people. Staff respected people's right to refuse and offered support again at other times of the day.
- Staff were trained in the MCA and recognised restrictions on people's liberty. Applications to deprive people of their liberty had been made and conditions on authorisations were completed. For example, medication reviews were organised.

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

- People's needs were assessed and reviewed, and their preferences were considered when arranging their

care.

- Assessments were used to develop care plans, which supported staff to provide care in line with people's needs and personal routines.

Staff support: induction, training, skills and experience

- Staff had the skills and knowledge to appropriately support people. New staff completed an induction programme which included shadowing more experienced staff and mandatory training. All staff completed regular training to ensure they were able to meet people's needs.
- Staff were supported in their roles. The management team provided staff with regular informal support, supervision sessions and annual appraisals. A staff member said, "You can talk to them at any point. I'm ok to go into the office tell them if I have any issues or problems."

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

- People were supported to eat and drink enough. Drinks were available throughout the service; people had a variety of meal options and specialised diets were catered for. People were shown options available, to help them make a choice.
- Staff provided appropriate support for each person with eating and drinking. Support included gentle encouragement, cutting up meals and helping people to eat and drink.
- Staff were knowledgeable about people's dietary needs. Care plans contained information about people's nutritional needs and people's weight was regularly monitored for any changes.
- Staff contacted relevant healthcare professionals when they had concerns regarding people's weight and swallowing difficulties.

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

- People's healthcare needs were met in a timely way. Staff supported people to access healthcare services and followed professional advice.
- Staff were kept informed of any changes to people's needs through handover meetings, communication books and updated care plans.
- Staff understood people's needs and recognised any changes in people's wellbeing. A healthcare professional told us, "Where infections are a risk for falls, staff showed individual knowledge. For example, one carer said that a lady had a subtle change in behaviour that nearly always is a pre-cursor to her developing an infection. The staff had recognised this."
- Staff provided effective care which met people's needs. A relative told us, "[Person's name] has been very poorly with such complex health needs, I think the only reason they are still with us is because of the care the staff provide."

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

- People's rooms were personalised to their tastes. People had decorated their rooms with their personal photos, furnishings and furniture was arranged to people's preference.
- The provider was working to improve the environment and a programme of redecoration was underway.
- The environment considered the needs of people living with dementia. Pictorial signs were used around the service to help people find communal areas, bathrooms and their bedroom. Handrails were a different colour to the wall to help them stand out.

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 good. At this inspection this key question has now deteriorated to 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

- The governance systems in place had failed to pick up the issues we identified during our inspection. These related to mental capacity and best interests, records, safeguardings and investigations. As a result, the provider was unable to effectively identify and address quality shortfalls.

The provider had failed to implement effective systems to assess, monitor and improve the quality and safety of the service and had failed to keep accurate records. This was a breach of regulation 17 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had recruited an area manager to improve governance of the provider's services.
- The registered manager understood the regulatory requirements and reported information appropriately.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- Staff were supported by the management team. A staff member told us, "I find it is very organised. I like the management, you get a lot of support from them. [Registered managers name] was the deputy manager but they were often the one you went to anyway and they always make time for people."
- The management team engaged with and sought advice from healthcare professionals about people's needs to promote good outcomes. A professional told us, "The management have always been proactive in their approach. When I have attended the home, they are approachable and are willing to engage in prevention for the residents, they are active members of the local focus group around falls."
- The management team promoted a caring and inclusive culture. A relative told us, "Staff are very approachable. They keep us up to date and are always going over and above for people. We get newsletters, texts and they're always keeping us up to date."

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

- Processes were in place to respond appropriately if something went wrong and meet their legal obligation to let people know.

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

characteristics; Continuous learning and improving care

- People, their relatives and staff were included in the development of the service. Meetings were held where possible, and questionnaires were sent out and responses analysed to help identify how the service could be improved. Action plans were implemented to address issues which included re-decoration and improved WIFI.
- Systems were in place for monitoring and analysing accidents and incidents. The registered manager analysed the information monthly to look for patterns and trends to support learning from accidents and incidents.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider had failed to implement effective systems to assess, monitor and improve the quality of the service.</p> <p>The registered provider had not ensured accurate records were in place. Regulation 17 (1)(2)(a)(c)</p>