Longview Care Home Limited

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Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We inspected Longview on 8 and 9 January 2018. The inspection was unannounced. The service caters primarily for people with dementia. At the last inspection, in June 2017, the service was rated 'Requires Improvement.' This was because we had some concerns that people's dignity and respect were not always promoted by staff for example how staff assisted people with eating and drinking; moving and handling, when assisting people to move about the service, was not always carried out to a satisfactory standard, and CQC was not always notified appropriately of matters, such as safeguarding concerns, as is required by law. At this inspection we found the registered manager had appropriately addressed the matters of concern. As a consequence, at this inspection, the service has been rated as Good.

Longview is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Longview accommodates 28 people.

The service had 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.

The service was viewed by people we spoke with as very caring. We received many positive comments about the attitudes of staff aand the owners. For example, "Longview is an exceptionally well run home, the staff and owners are approachable, considerate and professional. I have seen other homes and Longview is head and shoulders above all of them," "Care is excellent," "Longview has always appeared to us excellent in every way. It is secure, more than adequately catered for by staff who appear both well trained and caring," "I could not be happier with the care received from the excellent staff," "I hold up the up most respect for Mr Patel and his care team. I find his approach to care very impressive and indeed just what is needed for local folks in dire need of good quality care," "Immaculately clean and extremely well appointed…Very homely and comfortable." "Happy and contented," and "Staff at the home are very supportive and helpful."

People told us they felt safe, and we also received positive comments from relatives that the service was "Safe and secure," and staff were "watchful and very quick to respond," if there were any problems. The service had a suitable safeguarding policy, and staff had been appropriately trained to recognise and respond to signs of abuse.

People had suitable risk assessments to ensure any risks of them coming to harm were minimised, and these were regularly reviewed. Health and safety checks on the premises and equipment were carried out appropriately.

There were enough staff on duty to meet people's needs. The service had a suitable recruitment procedure, and appropriate checks were carried out on new staff to ensure they were suitable to work with vulnerable

people. Staff were suitably trained. Staff received a comprehensive induction when they started to work at the service, and they received regular supervision to provide them with feedback and guidance about their work.

The medicines' system was well managed, medicines were stored securely, and comprehensive records were kept regarding receipt, administration,and disposal of medicines. Staff who administered medicines received suitable training.

The service was exceptionally clean and hygenic. A relative told us, "I have always found Longview clean, fresh and well maintained. Unlike (my relative's) previous home there is no smeall of urine."The building was well decorated, well maintained and well furnished.

Assessment processes, before someone moves into the service are comprehensive. These assisted in helping staff to develop detailed care plans. The registered manager and staff consulted with people, and their relatives, about their care plans. Care plans were regularly reviewed.

People enjoyed the food and were provided with regular drinks throughout the day. Support people received at meal times was to a high standard. Meal times were very well organised, and were a sociable occasion. Comments about food included, "The food has been to a good standard and my relative is eating very well."

The service had well established links with external professionals such as GP's, Community Psychiatric Nurses, District Nurses, and social workers. External professionals were very positive about the standards at Longview. For example we were told, "It is a really caring home," " In my view, and the view of the team Longview is one of the best residential homes in the county."

The majority of people lacked capacity due to their dementia. Where necessary suitable measures had been taken to minimise restrictions. Where people needed to be restricted, to protect themselves, and/or others, suitable legal measures had been taken. No physical restraint techniques were used at the service. Staff had received suitable training about mental capacity.

Everyone we saw looked well cared for. People were clean, well dressed, their hair combed nicely and fingernails clean and nicely manicured. People told us, "They look after me well. I find it easy to talk to the staff," and "(The staff) respect you and are kind." We observed staff working in a caring and respectful manner, respecting people's privacy and dignity.

The service had a comprehensive activities programme. There was at least one, if not two, organised activities a day such as external entertainers, exercise sessions, art sessions and a drumming group. Outside the activities sessions we saw staff sitting with people, chatting with them and carrying out one to one activities such as completing jigsaws or looking at the newspaper with a person.

The registered manager, and the management team were well respected by people, relatives, staff and external professionals. They were described as "Dedicated," "Caring," and "Extremely helpful." Staff also said team working at the service was good, and team members were supportive and communicated well with each other.

There was a suitable quality assurance system in place. An annual survey was completed, and the results of this were positive. The registered manager had a hands on approach, wanted to get things right, learned from mistakes and had a comprehensive system of checks and audits in place.

Relatives said communications were good between the service and them. They said they were always informed and consulted about their relative's care. A relative said, "I am included in everything. There is good communication."

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

The service had suitable policies and procedures to deal with any concerns where there was suspected abuse.

There were enough staff on duty so people received appropriate support with their care.

The medicines system operated well, and people received their medicines on time.

Is the service effective?

Good

The service was effective.

Staff received suitable induction and training so they had the right skills and knowledge to do their jobs.

People received enough to eat, and received good support if they needed help to eat and drink.

People received good support to meet their health care needs. The service had well developed links with external professionals such as GP's and social workers.

Is the service caring?

Good

The service was caring.

Staff were observed as kind and supportive. Staff took time to provide people with the help they needed, and involved people in their support as much as possible.

People had comprehensive care plans and these were reviewed regularly.

Relatives said they could visit at any time and they always felt welcome.

Is the service responsive?

Good

The service was responsive.
Care plans provided staff with sufficient information to enable them to meet people's needs.

People had the opportunity to join in with a wide range of activities which they could participate in.

The service had a suitable complaints procedure. Relatives said they could approach staff and management, and any concerns would be resolved effectively.

Is the service well-led?

Good

The service was well led.

The registered manager had made many positive changes to the service since she had been in post since the beginning of the year.

Staff said they worked well together as a team. There were suitable systems in place to ensure effective communication and the sharing of tasks which needed to be completed.

The service had a suitable approach to quality assurance to ensure it was effectively run, and where necessary improvements were made.

Longview 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 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.

This inspection took place on 8 and 9 January 2018 and was unannounced. The inspection team consisted of one inspector. On the first day of the inspection, there was 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 used had experience of caring for a relative with dementia. A specialist advisor, who was a registered nurse, also attended the inspection on the first day of the inspection. The specialist nurse had experience of working with people with dementia.

Before the inspection we reviewed information we kept about the service and previous inspection reports. This included notifications of incidents. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern. We also emailed professionals and relatives of people who used the service to find out what they thought about the service.

During the inspection we used a range of methods to help us make our judgements. This included talking to people using the service, their relatives and friends or other visitors, interviewing staff, pathway tracking (reading people's care plans, and other records kept about them), carrying out a formal observation of care, and reviewed other records about how the service was managed.

We looked at a range of records including five care plans, records about the operation of the medicines system, four personnel files, and other records about the management of the service.

Before, during and after the inspection we communicated with twelve relatives of people who used the service. We also communicated with six external professionals including specialist nurses, GP's and social workers. We also spoke with two staff.

Many of the people at the service could only answer simple questions or were unable to speak with us due to their disabilities. As a consequence, we used the Short Observational Framework Inspection (SOFI) on the first day of the inspection. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We were however able to speak with four people about their experiences of living in the service.

Good

Is the service safe?

Our findings

People told us they felt safe. Relatives told us: "I have found the service to be safe and secure," "Longview is very safe, staff are always watchful and very quick to respond," and, "Safety at Longview has been brilliant. Dad was a bit of a wanderer previously, yet the setting is secure without him feeling trapped. I have never seen or heard anything that has concerned me with regards to safety."

The service had a satisfactory safeguarding adult's policy. All staff had received training in safeguarding adults. The registered manager said safeguarding processes were discussed with staff at team meetings and in supervision sessions. Staff were provided with information about who they should contact, and what action they should take if they had concerns about somebody being subject to abuse. Staff demonstrated they understood how to safeguard people against abuse. Staff told us they thought any allegations they reported would be fully investigated and satisfactory action taken to ensure people were safe. Where necessary the registered provider had submitted safeguarding referrals to the local authority where they felt there was a risk of abuse.

Risk assessments were in place for each person. For example, to prevent poor nutrition and hydration, skin integrity, falls and pressure sores. Risk assessments were reviewed monthly and updated as necessary. Health and safety risk assessments were completed for all areas of the building, as well as tasks which may present a risk.

The registered manager said the majority of people who lived at the service did not have capacity, but the service minimised restrictions where possible. For example if people were physically and mentally able, they could walk around the building, spend time in their bedrooms and were encouraged to make a range of choices such as what to wear, what to eat and how to spend their time. The registered manager said where people had limited, or lacked capacity,staff supported them to maximise choice and independence. For example the registered provider had developed a secure garden area which people could safely use.

Records were stored securely in the main office. Records we inspected were up to date, accurate and complete. All care staff had access to care records so they could be aware of people's needs.

The registered manager said there were formal handovers between each shift. These enabled staff to share information and concerns about the care of people. We attended a handover, along with the staff on duty. This was comprehensive and informative about people's needs and what actions staff needed to take to ensure people were well cared for. There were also staff meetings to ensure important information was discussed.

The service had a whistleblowing policy so if staff had concerns they could report these without feeling they would be subject to subsequent unreasonable action for making valid criticisms of the service. Where concerns have been expressed about the service; for example if complaints have been made, or there have been safeguarding investigations; the registered persons have carried out, or co-operated fully with these. Suitable action has been taken where there have been investigations for example improving documentation

and improving staff care practices including how people were supported with moving and handling, and eating their meals.

Equipment owned or used by the registered provider, such as specialist chairs, adapted wheelchairs, hoists and stand aids, were suitably maintained. Systems were in place to ensure equipment was regularly serviced, and repaired as necessary. The registered manager said if people needed hoisting, individual slings had been purchased for each person.

Health and safety checks on the premises and other equipment were carried out appropriately. The boiler, gas appliances and water supply had been tested to ensure they were safe to use. Portable electrical appliances had been tested and were safe. A current gas safety certificate was in place. The electrical circuit had been tested and was deemed as 'satisfactory'. Records showed manual handling equipment had been serviced. There was a risk assessment to minimise the risk of Legionnaires' disease, and systems were in place to take action to minimise the risks identified. There was a system of health and safety risk assessment in place. There were smoke detectors and fire extinguishers on each floor. Fire alarms, emergency lighting and fire extinguishers were checked by staff, the fire authority and external contractors, to ensure they worked. The service had a fire risk assessment.

Any behaviours which the service found challenging was recorded in individuals' care plans. Staff recorded all incidents that occur and these are reviewed by senior staff. Where people regularly demonstrate behaviours which the service found challenging, the service suitably recorded incidents. Staff were trained in techniques to minimise any behaviours seen as difficult or challenging.

There were enough staff on duty to meet people's needs. On the days of the inspection, there were four care care assistants on duty in the morning, afternoon and evening. These were supervised by a senior care assistant. Overnight there were two waking night staff on duty. In addition to these staff, the registered manager, deputy manager and head of care were working in the service during the day. The service also employed cleaning, kitchen, laundry, maintenance and administrative staff to help ensure the service ran effectively. An external professional said, "There are always a lot of staff around, and there always seems to be 1 or 2 staff in the lounge and they seem to be engaging with clients."

The registered manager ensured staff on duty had a suitable mix of skills , experience and knowledge. Any new and inexperienced care staff were always shadowed by experienced staff. All staff were provided with suitable training for example in moving and handling, and first aid, so they could meet people's needs and deal with emergencies. The registered manager said, since the last inspection, improvements had occurred to moving and handling training. For example staff now had to undertake a competency assessment of their practice, as well as completing practical and theory parts of training. Each person now had their own slide sheet in their bedrooms, to assist them as necessary. An external professional commented, "When observing moving and handling all procedures appear to be followed. Staff always inform the service user of any actions being taken."

The service had a suitable recruitment procedure. Recruitment checks were in place and demonstrated that people employed had satisfactory skills and knowledge needed to care for people. All staff files contained appropriate checks, such as two references and a Disclosure and Barring Service (DBS) check. Staff turn over was low.

Staff received effective training in safety systems, processes and practices such as in moving and handling, fire safety and infection control. We observed staff safely using hoisting equipment; for example when moving people from wheelchairs to more comfortable furnishings. This was carried out according to best

practice for example talking through with the person what staff were doing,and carrying out the manoeuvre slowly and carefully. Individuals were provided with their own slings for safety and hygiene purposes. Staff had suitable training in fire prevention and dealing with emergencies.

The registered provider has a suitable policy regarding the operation of the medicines system based on current guidance such as issued by the Royal Pharmaceutical Society and NICE. One member of the senior staff had responsibility for the management of the medicines' system. Senior staff were responsible for the administration of medicines. Care assistants were responsible for administering moisturising creams. One person told us, "I don't take that many tablets. Staff put my cream on and they do it regularly."

Staff responsible for administering medicines had received suitable training about the operation of the medicines' system. Medicines were given to people at the correct times. Suitable administration records were kept. There were no gaps on medicine administration records.

At the time of the inspection nobody self administered their own medicines. Suitable systems were in place for medicines which required additional security. The service had suitable systems in place to order medicines, ensure they were stored securely in locked, purpose built cabinets, and where necessary disposed of safely. Currently there were no people who required medicines administered covertly, but the registered manager said the service had suitable procedures in place when this was necessary; for example submission of Deprivation of Liberty Safeguard applications, liaison and authorisation with GP's and other medical professionals such as Community Psychiatric Nurses (CPN'S). People's behaviour was not controlled by excessive or inappropriate medicines. Some people did have some prescribed medicines to help them manage distress or confusion, (for example as a consequence of dementia or mental health issues) but these medicines were prescribed and reviewed by external medical professionals. When this was prescribed to be given 'as required', rather than at specific times, guidance was in place when this should be given.

People had suitable links with their GP's, CPN's and medical consultants who prescribe and review people's medicines. Where necessary staff appropriately consulted with medical professionals to ensure types of medicines prescribed, and dosages were helping people with their health needs.

The service had suitable arrangements in place to ensure the home was kept clean and hygenic. A relative told us, "I have always found Longview clean, fresh and well maintained. Unlike his previous home there is no smell of urine." The service had suitable policies about infection control which reference national guidance. The registered persons understood who they needed to contact if they need advice or assistance with infection control issues. Suitable numbers of cleaning staff were employed and had clear routines to follow, which were monitored by one of the senior staff. Staff received suitable training about infection control, and records showed all staff had received this. Staff understood the need to wear protective clothing such as aprons and gloves, where this was necessary.

Relevant staff had completed food hygiene training. Catering staff were on duty from breakfast time until the evening. Suitable procedures were in place to ensure food preparation and storage met national guidance. The local authority environmental health department has judged standards has to a high standard.

The registered persons understand their responsibilities to raise concerns, record safety incidents, concerns and near misses, and report these internally and externally as necessary. Staff told us if they had concerns management would listen and take suitable action. The registered manager said if he had concerns about people's welfare he liaised with external professionals as necessary, and had submitted safeguarding referrals when he felt it was appropriate.

Since the last inspection, there had been a series of safeguarding meetings about care practice. The registered manager said the service had learned from the concerns raised for example moving and handling practice, ensuring any concerns were comprehensively communicated with external agencies and how people were supported at meal times. Key learning points had been shared with staff within the service. The registered persons had participated and been fully co-operative when there have been external investigations for example about safeguarding matters.

The service did not keep monies or valuables on behalf of people. When people needed to purchase items such as for toiletries and hairdressing items, and the person's representatives were invoiced for any expenditure. Records of invoices were kept at the registered provider's office. Where necessary the registered manager said she would provide families with receipts and invoices for any expenditure. The registered persons did not act as appointee for any people who used the service, and staff did not have any access to people's financial accounts.

Good

Is the service effective?

Our findings

The service had suitable processes to holistically assess people's needs and choices. Before moving into the home the registered manager told us he went out to assess people to check the service could meet the person's needs. People, and/or their relatives, were also able to visit the service before admission, or stay at the home on a trial or respite basis. Copies of pre admission assessments on people's files were comprehensive. Assessments assisted staff to develop a care plan for the person so care was delivered in line with current legislation, standards and guidance. When describing the assessment process, one relative said, "Mr Patel was extremely helpful and supportive in meeting with us to discuss Dad's needs ."

Nobody we spoke with (for example people who used the service and staff) said they felt they had been subject to any discriminatory practice for example on the grounds of their gender, race, sexuality, disability or age. The registered persons' had an anti discrimination policy which covered staff and people who used the service.

The use of technology and equipment to assist with the delivery of effective care, and promote people's independence was limited. There was however a call bell system which people could use to alert staff in emergency. We observed staff responding to call bells promptly. The people we spoke with, and their relatives, said they did not have any concerns about staff responsiveness to call bells.

Staff have appropriate skills, knowledge and experience to deliver effective care and support. The registered manager said when staff start working at the service they received a full induction. This involved a two week induction where they worked shadowing more experienced staff to learn their roles, complete necessary training. During this period the person is allocated an experienced member of staff who acts as a mentor.

The registered manager had a good understanding of the Care Certificate, which is an identified set of national standards that health and social care workers should follow when starting work in care. All staff, irrespective of knowledge or experience, were required to complete the Care Certificate, when they started working at the service, with the aim of completing it within a three month period. There were very comprehensive records which demonstrated staff had received suitable support to complete the qualification. We also inspected records which demonstrated staff completed a thorough induction. The staff we spoke with all said the induction they had completed had been comprehensive and informative. New staff were also assessed that they could carry out essential care practices such as shaving, washing, dressing and toileting.

Records showed staff received comprehensive training which enabled them to carry out their roles. For example all care staff had a record of receiving training about approached to minimize behaviours which could be seen as challenging or aggressive, first aid, fire safety, infection control, moving and handling, first aid, safeguarding and dementia awareness. Since the last inspection staff had all completed a more in depth course about dementia. This was to assist them to have greater understanding of the range of illnesses associated with this diagnosis. All staff had also completed training in pressure ulcer prevention. The staff members we spoke with said, "I have had many hours of training," and confirmed the training they

received was to a good standard.

Staff told us they felt supported in their roles by colleagues and senior staff. A staff member said, "I ask many things and always get answers. It is a nice supportive home. They take things seriously."There were comprehensive records of individual formal supervision with a manager. Supervision is a process where members of staff sit down with a supervisor to discuss their performance, any goals for the future, and training and development needs Staff we spoke with said they could approach senior staff for help and support if they had a problem. There was always a senior member of staff on duty who staff could approach if they needed help. Senior carers were also responsible for leading all shifts and ensuring the effective day to day management of the service, particularly if the registered manager and deputy manager were absent from the service.

The service had a four week rolling menu. At breakfast time people could have cereal, porridge, eggs or an omelette. People had two choices of lunch time meal. People were not involved in developing the menu, but staff had a good understanding of people's likes and dislikes. The registered manager said if people did not like what was on the menu people were always offered an additional choice of meal. In the evening people were offered sandwiches or a hot snack such as soup, eggs or quiche.

Currently there were no people who used the service who had specific cultural or religious preferences about the food they eat, or had a vegetarian or vegan diet. Special ingredients were purchased for people who were diabetic. The registered manager recognized that meals were an important part of people's day. The registered manager judged the current menu ensured people had a balanced diet which promoted healthy eating and correct nutrition. Meals were appropriately spaced and flexible to meet people's needs.

All people had eating and drinking assessments in their files. Where a person was at risk of for example malnutrition, dehydration or choking suitable approaches were in place to minimize risks. For example, where necessary, detailed records were kept of what people ate or drank. Where necessary meals were pureed or mashed. Where appropriate people had one to one support to eat their meals. Advice was sought from external professionals, such as speech and language therapists, if people had eating difficulties, for example difficulty in swallowing.

People were positive about the food. People told us, "The food is pretty much the same as I am used to. I have a choice but I am easy to please," and "Everything is fine,"

We observed the meal time and had a meal with the people who used the service. The registered manager said the meal time was split into two parts. Four people, who needed a lot of assistance, received their meal first. This enabled these people to have significant support, were not rushed to eat their meals and staff could dedicate their time solely to those people. The registered manager said there was always music during the meal time. We observed the second sitting. The meal was an unrushed occasion.

The meal and support was well organized. There were five or six staff in the dining room, at all times, assisting people. People at each table were served food at the same time, so people were not kept waiting for their meal while others were eating. Staff were seated when they assisted people to eat their meals. Staff spent time talking with people and encouraging them to eat. Where people needed to be fed nobody was rushed to eat, and people were assisted at their own pace. People were offered coffee or tea with their meals, and after their meals.After the meal, where necessary, people received suitable assistance to return to the lounge. People were asked if they enjoyed their meal. Relatives said, "The food I have seen has been of a good standard and my relative is eating really well," and, "My Dad has always been a fussy eater, however he eats well at Longview. The food is of an excellent quality, and Dad often has seconds. When Dad

first arrived at Longview he looked quite thin, however since being at Longview, he is looking so much healthier and filling out in the face."

The registered manager said the service had good links with external professionals to ensure their health care needs were met. The service worked closely with a wide range of professionals such as community psychiatric nurses, social workers, community matrons and general practitioners to ensure people lived comfortably at the service. Chiropody and dental services were also available and these professionals regularly visited the service. People said they could see a GP when they needed toand told us, "Yes I can see a GP. I have seen him a couple of times," and "Yes a doctor comes and sees me."

The professionals we spoke to were all very positive about the service. Their comments received included, "It is a really caring home," "I have found joint working very good," "Mr Patel and his staff go out of the way to help the residents," and, "In my view, and the view of my team, Longview is one of the best residential homes in the county, often able to care for people that other residential homes could not care for."

The registered manager said where appropriate referrals were made for additional support from these professionals and others such as occupational therapists, and speech and language therapists. Where staff had concerns about somebody's welfare the service had good links with professionals to ensure any changing needs were reassessed, and, for example, if necessary, hospital admissions were arranged for people where their needs could be better met. The registered manager said when people had to go to hospital staff from the service were provided to assist and stay with the person. The registered manager said he felt referrals to external professionals were actioned in a timely manner, and there were no significant delays in people subsequently receiving support.

Many people had limited capacity, so if there was significant decisions needing to be made about people's health care needs such decisions were made in through the best interest process, and /or in liaison with the person's power of autoney (if the person had one). On a day to day basis the service had clear procedures to monitor people's healthcare needs. For example if there were changes in a person's behaviour, their eating or sleeping, and so on, this was recorded and discussed at the handover, and health professionals were consulted accordingly.

External doors, at the service, were locked. This was due to people lacking capacity, and there being a safety risk to themselves if people left the building. The majority of people spent most of their time in the main lounge or dining room. There was a secure garden area, where people could sit outside, particularly when the weather was pleasant. People could receive visitors either in their bedrooms, the dining room or the lounge. Activities took place in the lounge.

The building was very clean and well decorated. There was no signage so this may be confusing for some people if they were unable to find their way around. The registered manager said signage to communal rooms, the kitchen, and bathrooms would be improved. The service had a passenger lift to improve accessibility to the first floor for people who were frail or had a physical disability. The registered manager said since the last inspection, in the summer of 2017, work had started to make the upstairs bathroom accessible for people with physical disabilities, four bedrooms had been redecorated and the safe area in the garden had been finished. There was a large fishtank in the lounge. The registered manager said pictures were changed every two months so people had something different to look at. There was a large board in the lounge which stated the day and date, and what the weather was like. A relative told us: "The main rooms and the bedrooms I have seen are bright, clean and well decorated."

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager said people accommodated did not have capacity. Consequently applications to deprive people of their liberty had been submitted for everyone who lived at the service. The registered manager said some DoLS applications had been approved, and he was waiting for the remaining applications to be authorised. A relative commented, "There are no unreasonable restrictions placed upon (my relative) with regards to when she gets up or goes to bed. Should she wish to go to bed early or get up she can."

Each person had a mental capacity assessment on their files. Copies of DoLs applications were available along with any approvals received. The registered manager said he had a system for monitoring DoLS orders to ensure they were implemented, and reviewed before any authorisations expired. No physical restraint was used at the service.

From the files inspected there were clear records to assess people's mental capacity. There was evidence that people had best interest meetings. There was clear evidence of input from external professionals about decisions regarding people's care.

The registered manager said staff had received training about the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and this was evident in training records we inspected.

Good

Is the service caring?

Our findings

We received many positive comments about the attitudes of staff. People and their relatives said people were treated with kindness, respect and compassion. People told us, "Staff are lovely and kind," and "Staff are lovely people. I can do whatever I want-every day I go out walking. "Relatives were very positive about their experiences of the home. One relative said, "I am so lucky (my relative) is here. It could not be better." Another relative said, "All staff are approachable. They are easy to talk to… It gives me peace of mind to know mum will be well looked after." Other comments received about staff included "They are lovely," "Absolutely amazing, " "Brilliant," "Can't praise them enough," "Staff have a wonderful passion. Not just for the residents, but for the family. They make me feel at ease 24 hours a day." Another relative said, "They are always cheerful in what is a very challenging environment." A staff member said, "There is a nice homely feel here," and, "There is a lovely, giggly atmosphere."

We observed staff sitting and talking with people in lounges in a respectful and friendly manner. Staff did not rush people and took time to listen to them. There was lots of talking and laughing between staff and people who lived in the home.

People and their relatives said staff responded to people quickly if they needed help for example if people called or pressed the call bell. Relatives told us, "The few times I have hear the call bells sound they are always answered promptly."

When people came to live at the service, the registered manager gave a life history questionnaire to relatives, and requested it was completed. Staff also added to this information based on their ongoing experience of working with the person. The information gathered assisted staff to understand people's lives before they lived at the service.

People were encouraged to make decisions about their care, for example what they wished to wear, what they wanted to eat and how they wanted to spend their time. Where possible staff involved people in care planning and review. However due to people's capacity involvement was often limited, and consultation could only occur with people's representatives such as their relatives. People and their relatives were provided with information about external bodies (such as the local authority) community organisations and advocacy services.

Everyone we saw looked well cared for. People were clean, well dressed and their hair combed nicely. People's fingernails were also clean and nicely manicured. There was a regular routine for people to have baths and showers. We were told, "They look after me well. I find it easy to talk to the staff and there is always someone here to talk to. I can get up and go to bed when I like," "These people (the staff) respect you and are kind. They call me 'Mr'," and "The staff are absolutely wonderful and if they were my own family it could not be better. I have no trouble with any of them and I look forward to seeing them every day," and "All of them are very friendly and treat me well. It is entirely up to me when I go to bed and get up." Relatives were positive about people's personal care. One relative told us: "Dad is always clean shaven, well dressed and well looked after. I feel that Dad is receiving the very best care possible and am glad that he is getting

this at Longview. I am happy to leave him in their care, and don't worry about leaving him when I visit. Dad has never asked to come home which I think is testament to how homely and welcome Mr Patel and his staff have made Dad feel."
Staff we spoke with said they felt they had enough time to sit and spend time with people. We did not see staff rushing or ignoring people. Staff took time to listen to people, and give people time to respond to questions. Staff were friendly.

We observed staff making sure people's privacy and dignity needs were understood and always respected. Where people needed physical and intimate care, for example if somebody needed to change their clothes, help was provided in a discreet and dignified manner. When people were provided with help in their bedrooms or the bathroom this assistance was always provided behind closed doors. When people were experiencing discomfort or emotional distress we observed staff providing suitable support to comfort people. Staff worked with people to encourage and / or respect people's right to be as independent as possible. We did not witness staff talking about people in front of others, and written information was stored confidentially.

The relatives we spoke with said they could visit the service at any time. For example we were told, "You can come at any time of the day or evening," Visitors said they always felt welcome and were offered a drink. One relative told us, "The staff make us very welcome when we come to visit. We are always offered tea or coffee, and biscuits. When I bring my grandchildren they are also welcomed." Relatives said staff always answered any questions they had. Visitors said they felt managers were helpful if they had any queries or concerns.

Good

Is the service responsive?

Our findings

Everyone who used the service had a care plan. Where possible people, and their representatives, were consulted about people's care plans and their review. Care plans were detailed and included information about people's physical and mental health care needs and information about their lives before living at the service. Care plans also included risk assessments for example in relation to people's mobility, and any risks in relation to eating and drinking. Care plans outlined people's preferences and interests. Reports about the person's needs were also obtained from the person's CPN and social worker. All staff were able to access people's care plans which were stored in the office. Records showed skin integrity and the risk of pressure areas were checked regularly. People were monitored monthly and records presented no concerns. People's eating and drinking was monitored appropriately. Where people had behaviours which were seen as challenging, information was detailed and provided staff with clear instruction how to provide suitable care.

The management of care planning was organised by the registered manager. The registered manager said he met with relatives to gather information to draft the care plan, and would meet them after the care plan was written, explain it to them, and ask them to sign the document. The person's relatives were telephoned, at least on a monthly basis, to provide an update on the person's needs. A relative confirmed this: "They give us a call monthly…When we come we are always updated. We feel part of things." Another relative said, "(My relative) has a care plan which is reviewed frequently, and we are always consulted."

The registered manager organised activities and an extremely comprehensive programme was in place. The registered manager said there was at least one organised activity a day, and two activities on the majority of days. People were happy with the activities. We were told, "I love them. I don't want to stop enjoying life, " and, "I love the bingo and the singing. I join in and have a bit of fun. I have the 'Daily Mirror' and 'The Sun' each week. I have got access to everything." A relative told us, "There is lots of stimulus." Activities available included various musicians and singers, visits from a choral society, an art group, reminiscence and a drumming group. On one of the days of the inspection, we saw people participating in a music activity and also an exercise group. People did not have to participate in any activities if they did not want to. For example some people slept, walked around, or had a chat with others. Staff were also observed carrying out one to one activities with people, such as jigsaws or looking at the newspaper. Due to people's disabilities it could be difficult for people to go out in small groups into the community. No external activities were currently regularly organised, and the service did not have any transportation, such as a minibus. A vicar from Perranporth visited the service. There was also a 'Hymns and praises," session held at the service .A relative said, "There are plenty of activities arranged for the residents such as water painting and arts and crafts, and a good amount of music is provided, either through bands and musicians, or music playing in the lounge."

All of the people at the service had limited skills understanding correspondence due to their dementia. When people received correspondence staff would read this to people.

The service had a complaints procedure. This was issued to people, and their relatives as part of the service's service user guide. This was issued to people when they moved into the service. The people and

their relatives, who we spoke with, said if they had any concerns or complaints, they felt they could discuss these with staff and managers. They felt any concerns and complaints would be responded to appropriately. The service had a system to record complaints made although the registered manager said there had been no formal complaints made. A relative said "I am aware of how to raise concerns and complaints, and I am certain they would be listened to and dealt with in an appropriate manner." An external professional said, "There have never been any significant issues. If there were they would address it." People's relatives, who we contacted, said they did not think they would be subject to discrimination, harassment or disadvantage if they made a complaint. The registered manager said if complaint was made, the management team would assess the complaint and its findings and use the experience as an opportunity to learn from what had occurred.

People were supported at the end of their lives to have a comfortable, dignified and pain free death. Where appropriate people had an end of life care plan which outlined their preferences and choices for their end of life care. The service consulted with, where appropriate, the person and their representatives about the development and review of this care plan. Some staff had received training about end of life care, and the registered manager said more staff would receive this training. The registered manager said there were good links with GP's to ensure people received suitable medical care during this period of their lives.

Good

Is the service well-led?

Our findings

The registered manager worked full time at the service, and lived at the property next door. The head of care was the wife of the registered manager. Both demonstrated a comprehensive awareness of people's needs, and day to day issues at the service. The registered manager said, "I spend a lot of time sharing my vision, and getting staff to be part of that vision, " and "It is not just a business, we are here whatever the staff or resident's needs are." The registered manager said it was important he spent time listening to staff and enabling them to share ideas about people's care. The registered manager said he believed it was important to make himself available so staff could talk with him, and to be accessible to them. He said it was important to treat staff equally and well. The registered manager said "I try to ensure there are not too many barriers between me and the staff." The registered manager said it was "Important to allow people to make mistakes," and when this occurred invite them to discuss how practice can be changed so improvement could occur. The registered manager said he believed it was important to 'Practice what we preach,' so management would carry out any tasks they asked other staff to do.

The registered manager said he met regularly with staff informally and formally to discuss any problems and issues. The registered manager viewed staff as 'The spine of the home.' Staff were asked for their opinions about people's needs, and their ideas about how any problems could be solved. There were handovers between shifts so information about people's care could be shared, and consistency of care practice could be maintained. The service had staff meetings. We saw detailed minutes of four meetings since December 2016.

We received many positive remarks about the owners. For example they were described as "Dedicated," "The manager is extremely helpful and has always been available to talk to me, and has been very reassuring, especially in the first few days of my husband being in the home." An external professional said, "It is hard to imagine an owner who cares more than Mr Patel. He is forensic in meeting the needs of his residents and fights and advocates for thm on a daily basis."

The service had a clear management structure. The registered manager and head of care owned the service. A deputy manager post had recently been created, and the person appointed assisted the registered manager with the day to day running of the service. One of the seniors had responsibility for the management of the medicines system, and for co-ordinating the cleaning staff. There was always a senior care assistant on duty.

Staff members we spoke with said their colleagues were supportive. For example we were told, "It is a nice, supportive team."

The registered persons had ensured all relevant legal requirements, including registration, safety and public health related obligations, and the submission of notifications had been complied with. The previous rating issued by CQC was displayed. The registered manager said issues relating to previous inspections had been communicated to staff. The registered manager said staff had a clear understanding of their roles and responsibilities. This was evident to us throughout the inspection. There were policies in relation to

grievance and disciplinary processes.

The registered manager said both paper and electronic data was stored securely, and there were systems in place to ensure data security breaches were minimised.

The registered provider had a quality assurance policy. The service's approach to quality assurance included completion of an annual survey. The results of the most recent survey had been positive. There was also a system of audits to ensure quality in all areas of the service was checked, maintained, and where necessary improved. Audits regularly completed included checking care practice, for example checking records demonstrated people had regular food and drinks; checking the quality of the food provided; monitoring care plans were to a good standard and regularly reviewed; monitoring accidents and incidents; auditing the medicines system and checking property standards were to a good standard. The registered provider also commissioned an external consultant to undertake a 'Dignity Audit,' to assess staff practice.

Relatives of people who used the service said the registered manager was friendly and approachable. We were told they could discuss any problems with him, and relatives we spoke with said these matters would be addressed. We were told communication between the service and relatives was good. Relatives said, "I am included in everything. There is good communication," and "Any mishaps, illnesses or occurrences are phoned through to us immediately and we are always informed of any decisions made and if new clothing etc. is required."

The registered manager said relationships with other agencies were positive. Where appropriate the registered manager said he ensured suitable information, for example about safeguarding matters, was shared with relevant agencies.