

Longlea Limited

# Longlea Nursing Home

## 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

Longlea Nursing Home is registered to provide accommodation and nursing care for up to 22 people. During our inspection there were 19 people using the service.

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 and associated Regulations about how the service is run.

We previously inspected the service on the 19 and 20 May 2016. Following our visit the service received an overall rating of 'requires improvement' with a rating of 'good' in the key question is the service caring. We found there were no records to show what actions had been taken by the service when people had sustained unwitnessed injuries. The service's safeguarding policy was not updated and did not provide staff with the necessary information to handle suspected abuse or unwitnessed injuries. The service did not ensure there were sufficient staff to provide care and support to people at night time. The service did not have sufficient suitably qualified, skilled and experienced staff to meet people's care needs in the absence of the registered manager. There was no structured support for new staff that required additional help whilst undertaking the induction programme and people's social needs were not always being met. After our visit we asked the provider to complete an action plan with a date when they would be compliant. The provider submitted the action plan by the required timescale and informed us improvements would be made by November 2016.

During this visit we found the service had made improvements in all areas previously identified.

People received safe care, treatment and support from staff who were aware of their safeguarding responsibilities. Appropriate action was taken when unexplained injuries occurred and there were sufficient staff to provide care for people during the day and at night. Medicines were administered and handled safely.

People received care from staff who were appropriately inducted, supervised and appraised. The service sought consent from people in line with current guidance and legislation. People were supported to have a well-balanced diet and had access to health services and on-going health care support in order to maintain good health.

Positive caring relationships were formed between staff and people who used the service. People expressed their views and were involved in making decisions about their care. People's privacy and dignity was respected and promoted. The service sought people's wishes and preferences in regards to end of life care.

People received personalised care that was responsive to their needs. The service responded to people's social well-being in order to prevent them from being isolated. People and relatives knew how to raise

concerns and felt they could confidently do this if they needed to. We have made a recommendation for the service to ensure all relevant external agencies contact details are placed in their complaints policy and 'resident's guide'.

People who used the service, relatives and staff felt the service was open and inclusive. Comments received included, "Management are very good and approachable" and "They (management) are most definitely supportive. They are approachable, we have no closed doors." People received care from a service that ensured its staff members' supervision and leadership were met. The service acted upon feedback received to improve on the quality of the service provided. Quality assurance systems were in place to monitor the quality of service being delivered and the running of the home.

## 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.

People received safe care, treatment and support from staff that were aware of their safeguarding responsibilities.

Appropriate action was taken when unexplained injuries had occurred.

There were sufficient staff to provide care for people during the day and at night.

Medicines were administered and handled safely.

### Is the service effective?

Good ●

The service was effective.

People received care from staff who were appropriately inducted, supervised and appraised.

The service sought consent from people in line with current guidance and legislation.

People were supported to have a well-balanced diet.

People had access to health services and on-going health care support in order to maintain good health.

### Is the service caring?

Good ●

The service was caring.

Positive caring relationships were formed between staff and people who used the service.

People expressed their views and were involved in making decisions about their care.

People's privacy and dignity was respected and promoted.

The sought people's wishes and preferences in regards to end of

life care.

### Is the service responsive?

Good ●

The service was responsive.

People received personalised care that was responsive to their needs.

The service responded to people's social well-being in order to prevent them from being isolated.

People and relatives knew how to raise concerns and felt they could confidently do this if they needed to. We have made a recommendation for the service to ensure all relevant external agencies contact details are placed in their complaints policy and 'resident's guide'.

### Is the service well-led?

Good ●

The service was well-led.

People who used the service, relatives and staff felt the service was open and inclusive.

People received care from a service that ensured its staff members' supervision and leadership were met.

The service acted upon feedback received to improve on the quality of the service provided.

Quality assurance systems were in place to monitor the quality of service being delivered and the running of the home.

# Longlea Nursing Home

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was an unannounced inspection which took place on 24 and 25 July 2017 and was carried out by one inspector.

Before the inspection we reviewed all the information we held about the service. We looked at statutory notifications the provider was legally required to send us. Statutory notifications are information about certain incidents, events and changes that affect a service or the people using it.

We looked at the provider information return (PIR) which the provider sent to us. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at all the information we have collected about the service.

We were unable to speak at length to some of the people who used the service, due to their capacity to understand or communicate with us. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us.

We spoke with one person who used the service; one relative; two care workers; the registered manager and the operations manager. We looked at two care records; three staff records and records relating to the management of the service.

# Is the service safe?

## Our findings

At our previous inspection on the 19 and 20 May 2016 we made a recommendation for the service to seek current guidance in relation to the completion of body maps and what to do when unexplained injuries occurred. This was because body maps did not record actions taken when injuries were found or if appropriate agencies were notified. The service had a safeguarding policy in place. We noted it did not clearly record the procedures staff should follow if they suspected abuse had occurred or what to do if they found unexplained. We found a breach in Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because there was not sufficient staff to meet people's support needs at night.

We issued a requirement notice against the provider and instructed them to complete an action plan with a date for compliance. After our visit the provider sent us an action plan by the required deadline which stated improvements would be made by 1 September 2016.

People and relatives felt safe from harm. Comments included, "I do (feel safe), there's no reason not to. My windows are not left open at night" and "I've been coming here for eight months, four hours a day and have never heard anyone being shouted at."

People were protected from abuse and improper treatment. This was because the service had acted upon our recommendation and ensured body maps recorded detailed information and where unwitnessed injuries had occurred showed appropriate action was taken. A review of the service's safeguarding policy showed it had been reviewed and updated to reflect local and national guidance. Staff had signed to confirm they had read and understood their responsibilities in regards to dealing with suspected or alleged abuse. This meant people would be protected by staff that could identify and report abuse.

People and relatives felt there were enough staff to ensure their care, treatment and support needs. Comments included, "There is enough staff for me" and "Yes, I know who all the staff are."

We found there were sufficient staffing numbers available during the day and night to meet people's care needs. This was confirmed by a review of the staff roster; staff dependency assessments (undertaken to ensure appropriate staffing levels) and our discussions with the registered manager and staff members. The registered manager spoke about the adjustments they had made to the night time rota to ensure people's needs were met. Staff felt they were enough of them to look and respond to people's care needs. For instance, one staff member commented, "Everyone's needs are met without a question of a doubt." This meant that staff were able to carry out their caring responsibilities in a way that ensured people's welfare and safety.

Risk assessments were in place to support people to be as independent as possible. These protected people and supported them to maintain their freedom. For instance, care records showed risks that had been identified which covered areas such as falls and malnutrition. Risk management plans in place showed how these risks were managed. We saw they were regularly reviewed and updated.

Safe recruitment procedures ensured people were supported by staff with the appropriate experience and character. Staff files included application forms, records of interview and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults. Records seen confirmed that staff members were entitled to work in the UK.

There were arrangements in place to keep people safe in an emergency and staff understood these and knew where to access the relevant information. For instance, an emergency grab bag which contained; people's individual personal evacuation plans; relevant agencies and relatives' contact numbers were accessible near the front entrance. There were clear instructions displayed showing what action should be taken in the event of a fire. This showed people were kept safe because the service had procedures in place to deal with unforeseen events.

People and relatives were happy with how staff supported them with medicines. Comments received included, "I take my own (medicine). I only take eye drop twice a day" and "Absolutely (happy with the support), they (staff) give [name of family member] her medicines 6.30pm every evening."

People's medicines were managed and administered safely. People's medicine records were clear in respect to what they were prescribed, route and frequency of administration. The service's medicine policy followed national guidelines which ensured staff followed best practice. An observation of a medicine round showed the staff member handled and administered medicines in line with the medicines policy. We noted where people self-administered risk assessments were in place and were regularly reviewed. Staff had undertaken the relevant training and medicine competency assessment were undertaken to gauge their understanding of their responsibilities in regards to medicines. We noted these were reviewed and kept up to date. This meant medicines were handled and given to people safely.



## Is the service effective?

### Our findings

At our previous inspection on the 19 and 20 May 2016 we made a recommendation for the service to seek current guidance on how to carry out inductions for staff who required additional support. This was because there was no structured support to for new staff that required additional help whilst undertaking the induction programme.

During this visit we viewed the induction programme for a new member of staff. The staff member had undertaken a comprehensive induction which covered amongst others, what to do in the event of a fire with instructions; health and safety at work; policies and procedures; training; supervision and appraisal; confidentiality and how to raise a concern and moving and handling observations. The induction programme indicated what had been shown and explained to the staff member and the tasks they were able to perform. This was signed by the staff member and person who carried out the induction. We noted the staff member had not yet fully completed the Care Certificate. This is a recognised set of standards that health and social care workers adhere to in their daily work. The staff's records clearly documented the reasons for this and the support offered to them. This showed where staff needed reasonable adjustments suitable plans were put in place for their on-going support.

People and their relatives felt staff had the knowledge and skills required to carry out their roles and responsibilities. Comments included, "Yes I do (believe staff are skilled)" and "From bathing; feeding and caring, top marks."

People's needs were met by staff who had access to the training they required. Staff training records showed that amongst others, staff had received training in; nutrition and hydration; safeguarding adults; food hygiene; end of life care and dementia care. This was supported by staff whose comments included, "My knowledge was zero but the training has helped me to do my job" and "I think the fact training is repetitive helps us to keep up to date with any changes. We can also ask to go on courses."

Supervisory support arrangements were in place for staff. A view of supervision records showed this was carried out regularly on either on a one to one basis or in a group setting. Staff spoke about the support they received. For instance one staff member commented, "If you've got something you want to air but don't want to speak in a group, there is an opportunity to do this on a one to one basis. Also if there's anything that you need, the support given is good." Annual appraisals documented examples of what worked well for staff; their positive attitudes and behaviour and how they effectively communicated. This meant the development of staff was supported through a system that promoted their personal development.

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 decisions made on their behalf must be in their best interests and be as least restrictive as possible.

People's rights were protected because staff acted in accordance with the Mental Capacity Act 2005 (MCA). Staff demonstrated a good understanding of the Act. For instance one staff member commented, "It's (the MCA) about people who can no longer make certain decisions for themselves. We carry out mental capacity assessments to determine what decisions they are able to make and encourage people to make decisions by giving them choices." Care records showed 'best interest' meetings had taken place with people; their representatives; the service and other health professionals in order to establish least restrictive ways of providing care, treatment and support. We noted people or those who legally represented them, signed to give consent to various aspects of care.

People can only be deprived of their liberty so that they can 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). 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 were being met. We found the registered manager had identified a number of people who they believed were being deprived of their liberty. They had made DoLS applications to the supervisory body and kept an audit of the outcome of applications.

People and relatives were positive about the meal time experience and said staff were aware of their preferences. Comments included, "Staff support her (family member) with breakfast; lunch and I support her with her supper. The food is nutritious and staff knows her preference" and "I am very fond of cheese and staff get this for me."

An observation of the lunch time period showed people ate their meals in a relaxed and cheerful environment. The food was delivered promptly and at the right temperature, with adequate amounts of drink available. People either ate independently or where further support was required were assisted on a one to one basis by staff. Staff were attentive and engaged in meaningful discussions with people whilst encouraging them to eat. We heard a staff member explaining to a person what they were going to have for lunch and informed them they could have an alternative meal if it was not to their liking. The menu displayed showed people were offered a hot meal with a selection of vegetables and a dessert. The chef demonstrated an awareness of people's preferences and special dietary requirements and devised the menu based upon this knowledge. This ensured people's nutritional and hydration needs were met.

The service conducted nutritional screening assessments in order to identify if people were at risk of malnutrition or dehydration. These were viewed in care records and showed what action was taken by staff to reduce or minimise risks, with further advice sought from relevant health professionals.

People's care records showed relevant health and social care professionals were involved with their care. Care plans were in place to meet people's needs in these areas and were regularly reviewed. This ensured people were supported to maintain good health.

## Is the service caring?

### Our findings

People and relatives spoke positively about the caring attitude of staff. A person who used the service was comfortable and relaxed when talking to us about how staff had cared for them. They told us staff were kind and caring in their approach. A relative commented, "Her (family member) smile lights up the room and staff love her for that. They give her massages and their energy levels are incredible."

Positive and caring relationships were developed with people who used the service and staff. Staff engaged positively and respectfully with the people they interacted with and people appeared relaxed and comfortable in their surroundings. People were seen exercising their freedom of choice and chose to either remain in their rooms; socialise in the lounge or spent time with their friends or family members who visited them. We noted people's relatives and friends were able to visit without restrictions. Staff demonstrated a good understanding of people's care; support; treatment and family histories. What they had told us corresponded with what was written in people's care records.

People were supported to express their views and be actively involved in decision making. A relative commented, "I have not had to ask any reasonable question as to why (referring to the delivery of care), in the eight months she (family member) has been here. I am kept well informed about any changes." Whilst a person who used the service told us they were able to express their views and felt listened to. They commented, "They (staff) always put it right if they can." Care records documented people and their representative's involvement in the form of verbal or written consent and in care review meetings held.

People could be independent as they wanted to be. A staff member summed up how this was achieved. They commented, "Where you can see residents can do things for themselves, you let them do it." This was supported by a person who told us, "I can do most things for myself. I dress and bath myself." Care records had specific goals set to promote and maintain people's optimal level of independence.

Staff were provided with equality and diversity training, which enabled them to respect people's privacy, dignity and human rights. Staff told us they would knock on people's door and waited for permission before entering; ensure doors were closed and curtains were drawn before carrying out personal care. This was confirmed by people and relatives we spoke with and observed throughout our visit. A dignity charter on display dated July 2016 listed how people should be treated with respect. For instance, to address people politely and by their preferred names; to receive all personal medical or nursing care in privacy at all times and for people to have all their spiritual, linguistic, cultural and dietary needs and practices respected. This ensured people's privacy and dignity was respected and promoted.

People and their relatives were given support when making decisions about their preferences for end of life care. These were clearly documented in care records and staff had received the appropriate training. A relative commented, "We have discussed this (end of life care) with the home before [name of family] was admitted. We have sorted this out." Where necessary, people and staff were supported by palliative care specialists. Services and equipment were provided as and when needed.

## Is the service responsive?

### Our findings

At our previous inspection on the 19 and 20 May 2016 we made a recommendation for the service to seek current guidance on how to carry out meaningful activities that promoted people's health and well-being.

During this visit we viewed the activities schedule displayed in the lounge. We noted social and recreational activities were now held twice a day (mornings and afternoons) which included programmes such as, morning armchair exercises; board games; bible study discussions and viewing films of people's choice. The registered manager explained since our last inspection the minibus had been used to take people to the seaside. However, this year people preferred to remain in the safety of the home. Staff we spoke with were confident with leading activities, comments received included, "We talk to them (people who used the service) all the time and engage in conversations with those residents who choice to stay in their rooms" and "We try and get as many people involved in the activities on offer but always give them choice." A review of staff training records showed they had received training on how to provide activities that stimulated people, especially those living with dementia. This meant the service responded to people's social well-being in order to prevent them from being isolated.

The service carried out an assessment of needs and preferences for care and treatment for people that used the service. We found them to be comprehensive and covered areas such as, communication needs; mental state, cognition and comprehension; representatives who held legal powers of attorney on behalf of people who did not have capacity of make specific decisions; past and present medical histories; end of life preferences and personal preferred daily routines. This ensured the service was able to meet and respond appropriately to people's care, treatment and support needs.

People and relatives told us the service provided care that was specific to their individual needs and they were very happy with this. We observed people's rooms were personalised and decorated to their individual taste. Care records clearly documented how people's needs should be met. Staff demonstrated a good understanding of how to provide care that centred on people's individual needs and preferences. Comments included, "It's just the little things that are done the way they (people who used the service) like it, from personal care to what clothes they want to wear" and "We give people choice and then act on what they say they want." This meant the service did everything practicable to make sure people received person-centred care and treatment that was appropriate, met their needs and reflected their personal preferences.

People's care needs and risk management plans were regularly reviewed. We noted care review meetings were held with people and their relatives on a monthly basis. A view of one person's care review meeting notes showed the person and their family member was given the opportunity to express what areas they felt supported in or areas where they had concerns. We noted this was signed and dated by the person and the staff member who carried out the review. This meant the service gathered feedback to ensure it could respond appropriately to people's changing care, treatment and support needs.

The service had a complaints procedure which was visibly displayed in the front reception area. This detailed who people or their relatives should contact in the first instance if they wanted to raise a concern

and who to contact if they wished to escalate their complaint further within the service. This information was also available in the 'resident's guide' however, we noted there was no contact details for the Local Government and Social Care Ombudsman and local authority commissioners of care should people chose to take their complaint externally.

We recommend the service ensure all relevant contact details for external agencies are clearly indicated on their complaints policy and 'resident's guide'.

People and relatives knew how to raise concerns and felt they could confidently do this if they needed to. Staff knew the procedure to follow when handling complaints. We noted only one complaint was received since our last visit. We saw the complaint was handled in a prompt manner and resolved to the complainant's satisfaction. This showed the service had systems in place to identify; receive and record; handle and respond to complaints by people who used the service.

## Is the service well-led?

### Our findings

At our previous inspection on the 19 and 20 May 2016 we found the registered manager did not receive appropriate supervisory support and there was no contingency plan in place in the event they were not able to work. The provider did not consistently act upon the feedback given by people who used the service. Policies and procedures were not always reviewed and kept up to date and there were no analysis of trends or triggers when accidents occurred.

We issued a requirement notice against the provider and instructed them to complete an action plan with a date for compliance. After our visit the provider sent us an action plan by the required deadline which stated improvements would be made by 1 September 2016.

During this visit we found the provider had recruited an operations manager and a deputy manager. The registered manager spoke positively about how this change had enabled them to be more focussed on their regulatory responsibilities. It also meant in the registered manager's absence, appropriate managerial support would be available in the service. Supervision meetings notes confirmed the operations manager met regularly with the registered manager to review their personal development needs and discuss quality assurance matters. This meant people received care from a service that ensured its staff members' supervision and leadership were met.

People and those important to them had opportunities to feedback their views about the home and quality of the service they received. We noted feedback received was acted upon. For instance, we observed the provider had carried out some refurbishment in the building which included replacement of stained carpets in the hallway and lounge; bed room furniture and equipment used to deliver personal care. We viewed the service's '2017 quality assurance responses' which captured feedback from relatives; friends and stakeholders. We noted that amongst others, 95% of respondents felt that the choice offered to people were good or excellent. Some respondents thought further improvement could be made with regular outings in the minibus; however the registered manager stated people had chosen to remain in the safety of the home and it was their duty to respect their wishes. The 'monthly manager's reports' documented how the service continually evaluated the feedback received on various aspects of care in order to improve the quality of care provided.

We reviewed the service's policies and procedures and found they were now up to date and had been developed using relevant nationally recognised guidance. Staff had signed and dated to confirm that they had read the policies and were aware of responsibilities and the procedures to follow. This ensured people received safe and appropriate care.

Quality assurance systems were in place to monitor the quality of service being delivered and the running of the home. For instance, internal audits which covered care plans; medicines; infection control; health and safety; accident and incidents identified shortfalls and actions that had been taken. We found analysis not undertaken of the audits to pick up trends or any emerging patterns. The registered manager explained the operations manager had recently taken up their post and will be assisting them to carrying out this task.

People and their relatives felt the service was well led. Comments included, "It's managed very well and they (management) seem to be respected by their staff who are excellent and energised" and "Management are very good and approachable." This was further supported by staff whose comments, "They (management) are most definitely supportive. They are approachable, we have no closed doors. If something needs to be done, it gets done" and "Management are very good and approachable. Feedback given is constructive."