Longfield (Care Homes) Limited

Longfield Residential Home - MD

Inspection report

Longfield
Preston New Road
Blackburn
Lancashire
BB2 6PS

Tel: 01254675532
Website: www.blackburncarehomes.co.uk

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Ratings

Overall rating for this service	Outstanding ☆

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

Summary of findings

Overall summary

This comprehensive inspection took place on 24 and 25 September 2018; the first day of the inspection was unannounced.

Longfield Residential Home - MD (referred to throughout the report as Longfield) is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Longfield provides accommodation and personal care for up to 24 older people. The service specialises in providing care for people living with a dementia. There were 20 people using the service at the time of this inspection. The home is in a residential area close to Blackburn town centre and local amenities.

There was a registered manager in place. 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. As the registered manager was also registered to manage the provider's sister home a short distance away, they were supported in the running of Longfield by a deputy manager. This ensured there was management cover in the home seven days a week.

At the last inspection in July 2016, the service was rated as good. At this inspection, the rating has improved to outstanding; this was due to the excellent way in which the service was led and the commitment from staff to deliver high quality, compassionate care.

People received care which recognised their individual differences and respected their right to be treated with dignity and respect. Feedback from relatives was extremely positive. They told us staff regularly went the 'extra mile' to provide their family members with person-centred care and to ensure people felt they mattered to them. Our observations throughout the inspection, showed the home was filled with laughter and music and that staff interacted with people in a caring and respectful manner.

The registered manager was creative in developing training which encouraged staff to put themselves in the shoes of the people they supported; the aim of this was to help ensure staff always treated people with the utmost dignity and respect. Staff and relatives told us this training had made a positive difference to the care people received.

Staff had an excellent understanding of people's diverse needs and preferences. Staff used memory books and information about people's social histories to regularly engage them in conversations and discussions to promote their sense of well-being.

The registered manager was committed to ensuring people always received high quality care in Longfield. They led by example, setting high standards for staff and used information from best practice guidance, their own research and learning from accidents, incidents and complaints to make improvements in the home. Quality assurance systems implemented by both the provider and registered manager were robust and used to ensure the quality and safety of the service.

Without exception, staff told us Longfield was an excellent place to work. They told us the registered manager encouraged them to make suggestions about how the service could be improved and was willing to try things out to see if they enhanced people's experience in the home. People were encouraged to provide feedback on the care provided in Longfield. Responses received were used to make any required improvements. Action taken in response to feedback was clearly displayed in the reception area of the home.

People living in the home told us they felt safe and staff treated them well. Appropriate recruitment procedures were followed to ensure prospective staff were suitable to work in the home. There were sufficient numbers of staff to meet people's needs and ensure their safety. The registered manager regularly reviewed people's level of dependency to help ensure there were sufficient numbers of staff to meet their needs and ensure their safety.

Staff had received training in the protection of adults and knew what action they should take if they suspected or witnessed abuse. They told us they would not hesitate to use the whistleblowing (reporting poor practice) procedure should this be necessary, although they had never had any reason to do so.

People received their medicines when they needed them from staff who had been trained and had their competency checked.

People were cared for in a safe, clean and dementia friendly environment. The registered manager had used evidence based practice to help support people to mobilise safely around the home and reduce the risk of falls occurring; this included painting walking frames and handrails in bright colours.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Appropriate arrangements were in place to protect the rights of people who were unable to consent to their care arrangements in Longfield.

Staff received the induction, training and support necessary to enable them to deliver effective care. People who lived at the service and their relatives felt that staff had the knowledge and skills to meet each person's individual needs. Where necessary, staff made referrals to external professionals to ensure people's health needs were met.

People told us they enjoyed the food provided in Longfield. The registered manager had been creative in introducing ways to encourage people to eat and drink as much as possible.

Care plans and risk assessments were person centred and provided guidance for staff on how to provide safe and effective care. There were established arrangements in place to ensure all care plans were reviewed and updated as people's needs changed.

People were encouraged to remain as independent as possible and were supported to participate in a variety of daily activities. Music was used effectively to help promote a sense of well-being in 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 told us they felt safe and well cared for in Longfield.

Staff had been safely recruited. There were enough staff on duty to meet people's needs in a timely way.

Staff had received safeguarding training and were aware of the correct action to take if they witnessed or suspected abuse.

Is the service effective?

Good

The service was effective.

Staff received the induction, training and support necessary to help them deliver effective care.

The standard of food provided in Longfield was very high. Innovative practices had been introduced to help improve people's nutritional intake.

The registered manager and staff worked with a range of health professionals to help ensure people's health conditions were appropriately treated.

Is the service caring?

Outstanding

The service was exceptionally caring.

People consistently praised the staff and the way they provided high quality, person-centred, compassionate care. Staff were described as going the extra mile to ensure people felt they mattered to them.

Dignity and respect were at the centre of the values of the home. Staff had an excellent understanding of people's diverse needs and preferences.

Throughout the inspection, we observed the atmosphere in the home was one filled with laughter and music.

Is the service responsive?

Good

The service was responsive.

People received care that was personalised to their individual needs and preferences.

A range of activities were provided to help maintain, and where possible improve, people's sense of well-being.

Processes were in place to help ensure people received compassionate end of life care.

Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

The registered manager led by example and inspired staff to provide the best possible person-centred care and experience for people living in Longfield.

There was an emphasis on continuous improvement in the service. The registered manager had developed small scale research projects to improve the outcomes for people who lived in the home.

Feedback from people was sought and used to make improvements in the way the home was run.

Longfield Residential Home - MD

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 was planned to check 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 comprehensive inspection took place on 24 and 25 September 2018. The first day of the inspection was unannounced. We told the provider we would be returning on the following day to continue to review the care people received in the service.

On the first day of the inspection the inspection team consisted of one adult social care inspector, and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Expert had experience of residential care services. The second day of the inspection was carried out by one adult social care inspector.

In preparation for the inspection, we reviewed the information we held about the service including notifications the provider had sent to us. A notification is information about important events which the provider is required to send us by law. We also contacted the local safeguarding and quality assurance teams and the local Healthwatch team to gather their views about the service.

Before the inspection, the provider submitted a detailed Provider Information Return. This is information we ask providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We used this information in planning the inspection.

During the inspection we spoke with four people who used the service, four visiting relatives and a visiting health professional. In addition, we spoke to a further five relatives on the telephone. We also spoke with a total of 10 staff employed in the service. The staff we spoke with were the registered manager, the deputy

manager, the office manager, a senior carer, three members of care staff, the activity coordinator, the chef and the maintenance person.

We carried out observations in the public areas of the service. We also undertook a Short Observation Framework for Inspection [SOFI] in one of the communal areas. A SOFI is a specific way of observing care to help us understand the experiences of people who could not talk with us.

We looked at the care and medication records for four people who used the service. In addition, we looked at a range of records relating to how the service was managed; these included four staff personnel files, staff training records, staff supervision and appraisal records, minutes from meetings, incident and accident reports, complaints and compliments records as well as quality assurance audits.

Good

Is the service safe?

Our findings

At our last inspection in July 2016, this key question was rated as good. At this inspection, the rating remains good.

People who lived in Longfield told us they felt safe and had no concerns about the care they received. One person told us, "I enjoy being in this home." We also received positive comments from relatives when we asked them if they thought their family member was safe in Longfield. Comments people made included, "I definitely feel [name of person] is safe. He wouldn't be here if I didn't think he was" and "I wouldn't have [name of relative] anywhere else. She is safe and I am 110% sure that when I walk away she gets great care."

The registered manager was proactive in trying to ensure the safety of people who lived in the home. They had painted people's walking frames in bright colours to encourage them to use this equipment and handrails in the home had been painted in primary colours; this meant they stood out against the wallpaper and helped people to mobilise independently and safely throughout the home.

The registered manager told us they had a strong focus on ensuring safe moving and handling techniques were used by staff. To facilitate this, a senior staff member had undertaken additional training to be able to train staff in correct moving and handling practices. In addition, they were also able to quickly assess the support and equipment people who used the service required when their mobility needs changed.

Systems were in place to keep people who lived in the home safe from abuse or poor practice. Records showed staff had completed training in safeguarding. Policies and procedures were in place to guide staff. All the staff spoken with demonstrated they understood the importance of keeping people safe and reporting any concerns they might have, including using the whistleblowing (reporting poor practice) procedure if necessary. Staff told us they were confident senior staff would listen and take action should they raise any concerns about the care people received.

Staff had been safely recruited. We looked at four staff recruitment files and noted all required pre-employment checks had been completed which included references from previous employers. As required, any unexplained employment gaps were checked and Disclosure and Barring Service (DBS) checks were in place. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. This demonstrated that appropriate checks were undertaken before staff began work.

People spoken with during the inspection told us staffing levels were sufficient to meet people's needs; this was confirmed by our observations during the inspection. We saw that staff took time to sit with people and involve them in conversation. All call bells were answered promptly throughout the inspection. The registered manager told us they regularly reviewed the dependency levels of people who lived in the home. They also told us they had arranged for additional staff to be added to the rota in the morning to help ensure staff were able to respond to people's need for assistance in a timely manner.

Medicines were safely managed at the service and in accordance with the provider's policy and procedure. Staff who administered medicines had received appropriate training and had their competency assessed. We checked the medicines administration record (MAR) charts for four people and found they were fully completed. Except for one minor error which was immediately investigated by the registered manager, we found the stock of medicines corresponded accurately with the records we reviewed.

There were appropriate systems in place for the management of risks. Care records we reviewed showed each person had individual risk assessments in place, which were relevant and specific to their needs. There were also risk assessments in place in relation to the environment and equipment used by staff when caring for people. Detailed management strategies had been drawn up to provide staff with information on how to manage risks in a safe and consistent manner. Examples of risk assessments relating to personal care included moving and handling, hydration and nutrition, tissue viability and falls. We saw the risk assessments were updated at monthly intervals or in line with people's changing needs.

Evidence seen during the inspection showed the registered manager had systems in place to analyse trends from any incidents or accidents which had occurred. This meant action could be taken to minimise the risk of reoccurrence. Any learning points from accidents and incidents were disseminated and discussed with the staff team.

Policies and procedures were in place to prevent the risk of cross infection. People who lived in Longfield and their relatives told us they always found the home to be spotlessly clean. Staff were provided with appropriate protective clothing, such as gloves and aprons. There were contractual arrangements for the safe disposal of waste.

People were protected in the event an emergency occurred at the home. Personal emergency evacuation plans (PEEPs) had been completed and these gave details about how each person should be assisted in case of an emergency. A business continuity plan was in place; this provided information about the action staff should take in the case of utility failures or other events which might affect the safe running of the home. We also saw documentation and certificates to show that relevant checks had been carried out on equipment including hoists and the stair lifts in place throughout the building. A fire risk assessment had been carried out and regular checks of the fire alarm system, fire extinguishers and emergency lighting were carried out to ensure they were in safe working order.

Good

Is the service effective?

Our findings

At our last inspection in July 2016, this key question was rated as good. At this inspection, the rating remains good.

Staff had the skills, knowledge, training and support to enable them to deliver effective care. Staff told us they had an induction when they started work at the home which had prepared them well for their role. The registered manager told us all new staff were required to complete two days shadowing before they started their induction; this was to check they had the skills to be able to communicate effectively with people living with dementia. Staff new to care were also required to complete the Care Certificate; this qualification aims to equip health and social care workers with the knowledge and skills which they need to provide high quality, safe and compassionate care.

Staff received training in a range of topics, including those relating to the specific needs of people who lived in the home. This included dementia awareness, moving and handling, first aid, fire safety and the Mental Capacity Act (MCA). Individual staff training records and an overview of staff training was maintained. A training plan was in place to ensure staff received regular training updates. Staff told us the quality of training was good. We saw that staff were asked to complete a knowledge check after finishing a course. The registered manager also used supervision sessions with staff as a forum for checking their knowledge about topics such as safeguarding.

The 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).

We checked whether the registered persons were working within the principles of the Mental Capacity Act 2005 by obtaining consent in the right way and by applying for authorisations to deprive a person of their liberty when necessary. Records showed the registered manager had carried out assessments of people's ability to make specific decisions regarding their care arrangements. Where necessary, appropriate best interest decisions had been made to help ensure people received the care they needed.

The registered manager understood when an application for a DoLS should be made to the relevant local authority and how to submit one. At the time of the inspection, they had submitted 20 applications for consideration and 13 of these had been authorised. This ensured that people were not unlawfully restricted. We saw the registered manager had a central register of the applications and checked progress with the local authority on a regular basis.

Staff had a good understanding of the MCA and the need to seek consent from people before providing any care or support. When we asked staff about this they told us, "I always ask people if they are happy with what I am doing. If people can't speak, I know them well enough to understand their non-verbal signs", "You don't assume everyone wants the same thing. I know people really well and what they like me to do" and "I tell people step by step what I am doing."

People's needs were assessed to help ensure care and support could be delivered to achieve effective outcomes. Records we looked at showed that, prior to moving to Longfield, a pre-admission assessment was undertaken. This assessment looked at areas such as people's personal history, medical history, sexuality, physical health, social activities and personal care. The information gathered during the assessment identified if the service could meet the person's needs.

The registered manager and staff made sure people had the support of local healthcare services whenever necessary. From our review of care records, we could see that people's healthcare needs were monitored through the involvement of a broad range of professionals including GPs, district nurses and speech and language therapists. A person who lived in Longfield told us, "If my health isn't good, the girls get me the doctor." Recommendations made by healthcare professionals were incorporated into people's care plans for staff to follow. We spoke with a visiting health professional who told us staff were knowledgeable about people's needs and always acted upon any advice given.

The registered manager had developed a hospital transfer form which included a summary of people's needs; this should help people to receive appropriate care in the event of their admission to hospital.

People were supported to eat and drink enough to maintain a balanced diet. People told us the quality of food in Longfield was very good. Comments people made included, "The food is very enjoyable and we have a good choice" and "The food is really good and I get plenty to eat." The registered manager demonstrated a commitment to improving the nutritional intake of people who used the service. They told us they had tried a number of initiatives to encourage people to eat. This included the introduction of a 24-hour snack service and several food related activities including 'Mocktail Monday', 'Fizzy Friday' and food tasting events, one of which took place on the second day of the inspection. A relative confirmed the positive impact of these when they told us, "There is always plenty to eat. [Name of relative] did have a weight problem but the home got her special drinks in and boosted her appetite. She has gained weight."

We noted the team of chefs in the home had developed a 'Care dine with me' concept; this enabled people who lived in the home to invite their relatives or friends to an evening of fine dining, the most recent of which had been held to celebrate Valentine's Day. The registered manager had also used best practice guidance to ensure people were provide with a range of crockery and cutlery designed to meet the needs of people living with dementia. They told us this had been successful in helping people to be as independent as possible when eating their meals as well as increasing their nutritional intake.

We observed a lunch time meal in the main dining room. The menus were on display and included details of the choices available. We noted the atmosphere was calm and relaxed. The meals looked well-presented and appetising and staff provided people with discreet support to eat as required. People were encouraged to make choices about condiments they wished to have with their meals. They were also offered alternatives if they did not like what was on the menu.

All food was made daily on the premises from locally sourced, fresh produce. There were arrangements in place to ensure the chefs were fully aware of people's dietary requirements including allergies and all diets were fully catered for. The chef we spoke with told us they took pride in ensuring people were provided with

high quality meals and were encouraged to try different tastes. They had also developed a finger food menu to help encourage people to eat independently. We noted they were present in the dining room after all the meals were served; this meant they could get immediate feedback from people about the food.

The environment had been adapted to meet the needs of people living with dementia. The registered manager had improved the lighting to help reduce the risk of falls and signage was used throughout the home to help people maintain their independence. We also noted memory boxes had been placed outside people's rooms and filled with memorabilia to help individuals identify their own bedroom. In addition, the registered manager had supported people to personalise their rooms to represent their interests by purchasing murals or artefacts of places and things people loved.

Outstanding ☆

Is the service caring?

Our findings

At our last inspection in July 2016, this key question was rated as good. At this inspection, the rating has improved to outstanding.

During the inspection, we noted the atmosphere in the home was one filled with laughter and music. Staff took time to ensure every interaction with individuals was caring, reassuring and respectful of people's individual needs. We observed staff respecting people's privacy and dignity by knocking on their doors, speaking to them respectfully, listening to their choices and using their preferred name.

Without exception, people spoken with provided extremely positive feedback regarding the kind and caring nature of all staff in the home. Comments people who lived in Longfield made to us included, "We have lots of laughter and fun" and "The girls really care. They are nice." One person who lived in the home said to a member of staff, "I do love you."

We observed how one person's face lit up with joy when they saw a staff member with whom they had a particular connection come into the room. We also saw how this individual, who was not a member of care staff, took the time to go round to each person to check that they were okay and if there was anything they needed. When we spoke to this staff member they told us that they knew the histories and backgrounds of everyone who lived in the home and used this information and shared experience of the local community to engage them in conversation and discussion when carrying out their duties.

The registered manager had been creative in developing memory books for individuals who lived in the home, with the support of their families. The memory books included photographs of family, places of interest and significant events; these books were used by staff and relatives to engage people in conversation and help improve their sense of well-being. During the inspection, we also noted how a member of staff noticed a person had a book about roses in their lap. They immediately took the time to engage the person in discussion about the types and colours of flowers shown in the book. We saw this person enjoyed this spontaneous exchange of communication and time spent with them. This and numerous other interactions we observed during the inspection, helped to develop an atmosphere in which people felt staff really cared about them.

Relatives spoken with commented that they felt all staff regularly went above and beyond what would normally be expected of them in their roles, particularly in the way they supported the families of people who lived in the home. Comments they made to us included, "Staff really made the extra effort to ensure [name of relative] settled in", "Staff treat people like family; there is a little more of the personal touch and everyone is so loving", "They [staff] go the extra mile that you wouldn't expect with the support they offer to us as a family" and "They go above and beyond. [Name of registered manager] took my mum to hospital in their own time so that she could be with my dad." One relative also told us how they had been particularly impressed that the maintenance person had recognised one person who lived in Longfield did not have a relative to invite to the 'Care Dine with me' experience. They had therefore attended the event as the person's guest and had brought them a rose; this had made the experience very special for the person

concerned. This relative also told us how this staff member read up about dementia in their own time. They told us, "[Name of staff member] wants to understand the illness and how it affects people." Another relative told us, "I was so impressed that [name of staff member] took mum to the local market and they had a piece of cake when I know she needs a lot of support; to me that's going the extra mile."

The service had a strong, visible, person-centred culture in which each person was treated as an individual with diverse needs and preferences. It was evident from our discussions with staff that they had an excellent understanding of people's needs and the way they wanted to be cared for. Comments staff made to us included, "We don't assume everyone wants the same thing. We know people really well" and "Everyone is different. People like us to do things in different ways." The individualised nature of the service was also commented on by relatives. One relative told us, "Staff are very caring. They treat each person as an individual so I like it very much." Another relative commented, "I am very happy with how people are treated as individuals."

An equality, diversity and human rights approach to supporting people with dignity and respect was well embedded in the service; this had also been reinforced by the training delivered by the registered manager which focused on putting staff in the place of people living with dementia and emphasised the importance of being respectful of their individual needs, wishes and preferences. Relatives told us they had been particularly impressed by this training and considered it had made a positive difference to the care their family members received. This was confirmed by a staff member who told us, "The dignity training was so good. It was fun but helped us to understand what it would be like to be in dirty, unmatched clothes. We want people to look nice. I do that for myself so we should expect to do it for the people we care for. I put myself in their shoes before I do anything to check it is the right thing to do." We also noted the registered manager had appointed a dignity champion; their role was to encourage excellent practice through challenge, discussion and sharing of knowledge.

Visitors we spoke with told us they regularly observed staff doing the small things which made a difference to people who lived in the home. These included immediately getting a cardigan for a person who they had overheard telling their visitor they were a little chilly as well as getting the favourite sweets of a person which they particularly enjoyed if they were upset.

People's religious and spiritual needs were documented when relevant. The registered manager told us how they had been proactive in ensuring the service was able to meet the cultural and spiritual needs of people who might choose to live in the home. In support of this, they had copies of prayers in different languages which reflected the population served by the home. They also supported people to maintain contact with the church with which they were familiar prior to entering Longfield; this helped individuals to maintain links with communities which were important to them and to promote a sense of well-being.

During the inspection we observed staff encouraged people to be as independent as possible. They were discreet in the support they offered and careful to ensure they did not do things for people which they were able to do for themselves. We were told that people who used the service were encouraged to assist staff in completing tasks to help promote their sense of well-being. This was confirmed by one person who told us, "I sometimes do filing for the manager. I used to work in an office so I enjoy doing this." In addition, two people who used the service organised and operated a weekly shop for other people in the home; this helped to give them a sense of independence and personal responsibility.

We observed visitors were welcomed into the home throughout the inspection. The registered manager told us families were encouraged to visit the home even after a relative had died. They told us how one relative continued to find comfort in visiting Longfield several years after the death of their family member and were

always welcomed by staff and other visitors; this demonstrated commitment of the service to providing compassionate care and support to individuals who lived there and their families.

We saw the home had received numerous 'Thank You' cards from both people who had spent time in the home and relatives. These all focused on the kind and caring nature of staff. We saw that one person had written, "[Name of relative's] care plan is so accurate which shows how well you know her and understand her needs. It is lovely to see every time I visit the home that all residents are treated with the same love, care and respect despite often difficult behaviour." Another person had commented, "From start to finish, you have all worked tirelessly in a caring and professional way. The compassion you have shown, not only to [name of relative] but to us as well, has been of great comfort."

A visiting health professional told us, "The care here is brilliant. People are always happy and well looked after. It's one of the best homes I visit and I would definitely be happy for a relative to live here."

The registered manager regularly completed a human rights checklist; the aim of this was to ensure processes were in place to ensure people's choices, dignity, privacy, diversity and independence needs were met. These processes included the provision of appropriate information to enable people, as far as possible, to make their own decisions as well as ensuring people could make choices about how they lived their lives in Longfield. In support of this, the registered manager had developed a range of pictorial communication tools to help people express their views about issues such as how they wanted to take their medicines; this had been successful in helping to protect people's rights.

Information about advocacy services was on display in the home; these are services which people can access, should they need the support of an independent person to help express their views or concerns. The registered manager gave us an example of how they had protected a person's rights by referring them to an advocacy service when they realised the individual's nominated representative in relation to DoLS was not visiting them at the frequency required to protect their rights.

People who lived in the home and their relatives were provided with information about the service in the form of a service user guide. We were told a copy of the guide was given to people during the pre-admission assessment process. This information would help people to decide whether the home was suitable for their needs or the needs of their relative.

We noted people's personal information was stored securely to protect their right to confidentiality. The registered manager had taken steps to inform people how their information was used in line with updated data protection regulations.

Good

Is the service responsive?

Our findings

At our last inspection in July 2016, this key question was rated as good. At this inspection, the rating remains good.

People told us they received care which was responsive to their individual needs. One person commented, "I really enjoy it here. If I don't like things I will tell the girls and they will deal with my issues." A relative also told us, "[Name of family member] fell and broke her hip. It was nothing to do with the care she receives here. There are two steps to her room and the manager made arrangements to put an extra stair lift in so she could return to the home and access her bedroom. You don't expect them to do things like that." In addition, the registered manager told us how they had installed ceiling hoists in certain areas to ensure people in wheelchairs were able to access communal areas and were not socially isolated.

People's care had been appropriately planned and reviewed. The registered manager had introduced a 'care needs summary' which was placed at the front of people's care records. This provided staff with a brief summary of the care people needed as well as any equipment used to ensure people's safety. People's care records were detailed and written in a person-centred way which enabled staff to respond effectively to each person's individual needs and preferences. We saw records to demonstrate the care plans were reviewed on a monthly basis and were updated as necessary. Staff told us they referred to people's care plans on a regular basis and felt confident the information was accurate and up to date.

The provider had arrangements in place to ensure they responded promptly to people's changing needs. For example, we saw the staff had a handover meeting at the start and end of each shift. During the meeting, we observed staff discussed people's well-being and any concerns they had. Staff were also provided with a written summary of people's needs which they could refer to throughout their shift; this approach ensured staff were kept well informed about the care of people living in the home. Care records documented the care people had received each day. We also noted charts were completed, as necessary, for people who required any aspect of their care monitoring, for example nutrition and hydration.

People were allocated a key worker to help ensure consistency of care. We noted personal profiles for all keyworkers were displayed in the dining room; this meant people who lived in the home and relatives were able to easily identify the relevant keyworker and find out some information about their interests and background.

There was a 'resident of the week' system in place. This helped to ensure people were able to discuss their care needs with all the staff in the home. They were also given flowers or chocolates, a hand massage, had lunch with one of the managers in the home and were provided with one-to-one support to visit a venue of their choice in the community.

People were supported to follow their interests and take part in activities that were socially and culturally relevant and appropriate to them. The provider employed an activities coordinator for 25 hours a week to organise and coordinate activities in the home. Due to their research about best practice in reducing

agitation and falls, they had changed the working hours of the activity coordinator so they were available in the early evening to provide 'wind down' activities; these included the use of sensory equipment, calming music and hand massage. Evidence seen showed this had made a positive difference to people's level of anxiety and the number of falls which had occurred.

The activities coordinator told us they spent time with people on an individual basis, particularly those people who did not enjoy organised group activities. They had a trolley full of games and activities which they took round to people's bedrooms to try and engage them in things. They also told us how they had recognised that one person enjoyed keeping the home tidy and therefore put things out so they had things to do such as folding towels. In addition, they informed us they were currently developing a set of flash cards containing photographs relevant to an individual who often became frustrated due to their difficulty in communicating.

All the staff were aware of the positive benefits of music on people living with dementia. During the inspection, we observed numerous occasions on which staff encouraged people to use a range of musical instruments as well as sing-along activities to promote a sense of well-being.

The provider was following the Accessible Information Standard (AIS); this standard applies to people who have information or communication needs relating to a disability, impairment or sensory loss. We saw care plans identified any requirements relating to disability or sensory loss and included details about people's communication needs, any equipment they used and how staff should support them. The registered manager told us all information could be provided in different font sizes and languages, as appropriate to people's needs. However, we were told there was no policy in place to underpin the provision of care and support to people whose needs were covered by the AIS; the registered manager assured us this policy would be developed to help ensure that all staff acted consistently.

The provider used technology to support people to receive timely care. There was a new call bell system in place at the service which people could use when in their bedrooms or communal areas to request assistance from staff. Sensor equipment was used to alert staff to movement when people were assessed as being at high risk of falls. In non-urgent medical situations, staff had access to a tele-medicines system. This enabled staff to speak with a healthcare professional at a hospital via a computer link.

The registered manager had developed a closed social media group and used this to post evidence of activities which had taken place in the home. Relatives we spoke with told us they found this to be useful in helping them keep in touch with their family member's progress, particularly if they did not live locally and therefore were limited in their ability to visit the home. Appropriate measures had been put in place to gain consent from people to post information in this way or to ensure it was in their best interests to do so. The registered manager also supported people to use tablet computers to maintain contact with family members who lived abroad. An internet enabled speaker system was used to support the provision of activities and music in the home.

Complaints and concerns were taken seriously and used as an opportunity to improve the service. There was a complaints policy and procedure in place and people spoken with felt they would be able to raise any concerns and be confident they would be dealt with appropriately. However, no one spoken with throughout the inspection had any issues to raise. Records we reviewed showed five complaints had been received since the last inspection. We saw all complaints had been recorded and thoroughly investigated. The registered manager had considered the themes from the complaints to inform future practice.

People were supported to have a comfortable, dignified and pain free end of life. Staff had completed

training in end of life care. The registered manager told us that, because of this training, they had made a referral for a person to attend the local hospice for day care; this was a service they had not previously been aware of but considered it would be of benefit to the person concerned.

People and their relatives were supported to complete advance care plans in line with their wishes and preferences. The registered manager had replicated the systems in place for end of life care which had been judged as outstanding at the sister home they managed. These included a book which was placed in the room of any person who was receiving end of life care and support; this contained a stated commitment to providing high quality personalised care which included massage therapy if they so wished and the dedicated attention of a keyworker on each shift. Poems and prayers reflecting different faiths were also included for people to read and share as well as information about bereavement counselling support available. The registered manager had also purchased a guest bed and toiletries for the comfort of relatives who wished to stay overnight with their family member when they were receiving end of life care.

The registered manager organised a service of remembrance every six months at Longfield's sister home which was a short distance away and had a much larger garden. This gave the families and friends of people who had died at both homes the opportunity to remember them in a caring and supportive environment. Roses had been planted in memory of people and a tree of remembrance was placed on the patio area with photographs of people placed on it by families. This demonstrated the service placed importance on celebrating and remembering the lives of people who had lived in both homes.

Outstanding ☆

Is the service well-led?

Our findings

At our last inspection in July 2016, this key question was rated as good. At this inspection, the rating has improved to outstanding.

The leadership team in Longfield showed a clear commitment to providing a high quality service which ensured that people could live as fulfilled and enriched lives as possible.

The service had a registered manager in place as required under the conditions of the provider's registration with CQC. 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 registered manager had submitted the provider information return(PIR) as required. This was completed in detail and showed that the registered manager was aware of the areas in which the service performed well and those where they planned to make further improvements; this demonstrated their focus on continuous improvements for the benefit of people using the service.

The registered manager led by example, and people spoken with felt the registered manager was a strong, visible and approachable presence in the home. Comments relatives made to us included, "[Name of registered manager] works tirelessly to ensure people receive the best care" and "The home is very well led. Everyone knows their responsibilities and the manager expects high standards from staff."

Since the last inspection, the registered manager had been creative in ensuring staff received training which helped ensure people received high quality care. We saw photographic evidence from a training session during which they had blindfolded individual staff members while they were fed by another staff member. They had also put staff in mismatched clothing and asked them how they would feel to leave the premises dressed in this way. They intended that this would help staff better understand the experience of people living with a dementia and the need to provide sensitive care which met each person's individual needs. Feedback from staff spoken with was that this training had had a massive impact on their understanding of how they could better support people living in Longfield.

There was a particularly strong emphasis on continuous improvement in the service. In support of this, the registered manager had undertaken a number of small scale research projects in the home, based on the findings from published research and best practice guidance. These projects included those related to falls, nutrition and the management of behaviour that challenges others.

In relation to falls, the registered manager had noted research had shown a link between hydration and falls, particularly that increased hydration during the first three hours of a person's day reduced their instance of falls by up to 66%. As a result of these findings, the registered manager had ensured staff concentrated on ensuring people were offered an increased number of drinks during the morning period. More activities were

also introduced which were aimed at increasing people's fluid intake including Mocktail Mondays. Additional initiatives introduced by the registered manager included painting people's walking frames in bright colours of their choice to improve their usage by people at risk of falls. They also nominated a key worker for each shift who was responsible for hourly checks on the people assessed as being at high risk of falls. As a result of all these initiatives, we saw evidence that over a 12 month period there had been over 80% reduction in the falls experienced by people living in the home.

The registered manager had reviewed published best practice guidance on the management of behaviour which challenges others within care homes. As a result of these findings, they had undertaken research in Longfield to assess whether, as suggested the provision of music and activities later in the day and the offering of caffeine free drinks in the evening had a positive impact on people's behaviour. The registered manager had therefore changed the working hours of the activity coordinator to later in the day so that they were available to provide 'winding down time' for people who lived in the home through the use of sensory activities, hand massage and calming music. The registered manager had also worked in partnership with people's GPs to review their prescribed medicines to ensure these were the most appropriate for their needs. As a result of these initiatives, there had been a reduction in the number of incidents of aggressive behaviour and people's anxiety levels were reported to have decreased; this had also enabled a reduction in the amount of medicines prescribed to people to help manage their behaviour.

As well as using research findings to make improvements in the home, the registered manager regularly reviewed published CQC inspection reports to learn from services which had been rated as good or outstanding, particularly those which specialised in the care of people living with dementia. In addition, we noted staff had been asked to review the report from a service which had received a negative rating to help ensure none of the practices detailed in the report were taking place at Longfield.

In support of the process of continuous improvement, in July 2018 the provider had arranged for an external consultant to undertake an inspection of the service based on the five key questions asked by CQC. We noted the consultant had documented that, "The manager's passion in providing an exceptional service is apparent and clearly influences the staff team to create a homely, safe and loving environment for all the people who live there."

The registered manager was proactive in listening to feedback to help improve the quality and safety of the service. A person who lived in Longfield told us, "I do make suggestions and it's acted upon." Surveys provided opportunities for people who lived in the home and their relatives to comment on things that worked well and others that could be improved. We saw that feedback received had been analysed and the registered manager had introduced a, 'you said – we did' approach so people were able to see what action had been taken because of their comments. For example, a digital photo frame had been placed in the reception area so visitors could easily see the activities in which people had been involved. The 'you said – we did' information was on display so all staff and relatives were aware of the actions taken.

Records we reviewed showed the service was an excellent role model for other services. The registered manager was a member of several forums, the emphasis of which was to improve the experience of people living in care homes. From the minutes of these meetings, we saw the registered manager had shared their learning from initiatives implemented in Longfield with other providers, including the post fall assessment process and the processes in place for end of life care.

The registered manager had also taken advantage of training provided by partner organisations to help improve outcomes for people, including a course aimed at ensuring people at risk of sepsis received timely medical care. Without quick treatment, sepsis can lead to multiple organ failure and death. They told us that

as a result of the learning they had gained, they had identified a person who they thought was at risk of sepsis although this had not been picked during two visits to the home by their GP. Following the completion of the relevant screening tool, the person was admitted to hospital and successfully treated for sepsis.

There was an emphasis on staff engagement to help improve the quality of the service. Without exception, staff spoke about Longfield being an excellent place to work. They told us the registered manager expected high standards of them and that they received excellent training, supervision and support. They also told us their views were sought by the registered manager about ways to continuously improve the service. Comments staff made to us included, "I made a suggestion about improving paperwork which was taken on board", "[Name of registered manager] will get us to try new things to see if they improve things for people" and "I love it here. We all expect high standards but I have never been in a home where everything is so relaxed."

In order to demonstrate their appreciation of the hard work of staff, the registered manager had introduced an 'Employee of the Month' award. They told us they were in the process of changing the process of selection for this award so that it was based on feedback from people who used the service and relatives.

The provider had robust and effective systems to continuously assess and monitor the quality of the service. These included managing complaints, safeguarding concerns and incidents and accidents. The registered manager had an excellent understanding of the duty of candour following any incidents; this requires providers to be open and transparent with people who use services and their families when any incidents occur. The documentation we saw showed that management took steps to learn from such events and put measures in place which meant they were less likely to happen again. For example, following their learning from an incident in which a person had sustained a serious injury following a fall, the registered manager had introduced a 'post fall assessment tool'. This document was used by staff to help ensure appropriate medical attention had been sought. This demonstrated that learning from incidents was a key contributor to continuous improvement. In addition, the provider monitored the service through regular detailed audits; these included checking the environment, complaints, care records and speaking with staff and people who lived in the home. We saw that action plans were put in place to address any shortfalls highlighted, although these were usually extremely minor.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given; this is so that people can be informed of our judgements. We found the provider had shared their last rating which was displayed in the service and on their website.