

Longridge Care Home Limited

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Inspection report

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Date of inspection visit:
05 April 2018

Date of publication:
17 May 2018

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This unannounced inspection took place on 5 April 2018. This inspection was undertaken to check for improvements following our previous inspection in October 2017. At that inspection we had found that the service was not safe, effective, caring, responsive or well led. We had found seven breaches of the Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

Longridge Care Home Limited 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.

The care home accommodates 32 people in one building. At the time of the inspection 14 people were using the service.

There was a new manager in post who was yet to register with us. 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.

People's medicines were not being consistently well managed and risks of harm to people were assessed however action was not always taken to reduce the risk of harm following incidents.

The principles of the Mental Capacity Act 2005 were not always followed as people who lacked capacity were not always being supported to consent to their care.

Health care advice was sought when a person became unwell, however the advice was not always followed.

The environment required some refurbishment however it had been adapted to meet people's physical needs. There were infection control procedures in place to prevent the spread of infection.

People were not always treated with dignity and respect and people's care needs and preferences required reviewing with them.

There was a new manager in post who was yet to register with us (CQC). Some of the systems in place to monitor the quality of service were yet to be effective. Action to improve had been taken, however further improvements were required.

There were sufficient staff to meet the needs of people and people were safeguarded from the risk of abuse as staff followed safeguarding procedures when they suspected abuse. New staff were employed through safe recruitment procedures.

People's needs were being assessed with them and staff liaised with other agencies to ensure a holistic approach to people's care.

Staff were receiving training and support to be able to meet people's needs effectively.

People were offered a choice of food and drink and they were encouraged to eat and drink sufficient amounts.

People were involved in planning and agreeing their care and their right to privacy was upheld.

The new manager was liked and respected by staff and the culture of the service had improved as people's choices and preferences were being gained and respected.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

People's medicines were not being consistently well managed.

Risks of harm to people were assessed however action was not always taken to reduce the risk of harm following incidents.

There were sufficient staff to meet the needs of people.

People were safeguarded from the risk of abuse as staff followed safeguarding procedures when they suspected abuse.

New staff were employed through safe recruitment procedures.

There were infection control procedures in place to prevent the spread of infection.

Requires Improvement 

Is the service effective?

The service was not consistently effective.

The principles of the Mental Capacity Act 2005 were not always followed.

Health care advice was sought when a person became unwell, however the advice was not always followed.

The environment required some refurbishment however it had been adapted to meet people's physical needs.

People's needs were being assessed with them and staff liaised with other agencies to ensure a holistic approach to people's care.

Staff were receiving training and support to be able to meet people's needs effectively.

People were offered a choice of food and drink and they were encouraged to eat and drink sufficient amounts.

Requires Improvement 

<p>Is the service caring?</p> <p>The service was not consistently caring.</p> <p>People were not always treated with dignity and respect.</p> <p>People were involved in planning and agreeing their care.</p> <p>People's right to privacy was upheld.</p>	<p>Requires Improvement ●</p>
<p>Is the service responsive?</p> <p>The service was not consistently responsive.</p> <p>People' care needs and preferences required reviewing with them.</p> <p>People were supported to be involved in hobbies and activities of their liking.</p> <p>There was a complaints procedure and complaints were dealt with appropriately.</p> <p>There were plans in place to gain people's wishes on how they wanted to be cared for at the end of their life.</p>	<p>Requires Improvement ●</p>
<p>Is the service well-led?</p> <p>The service was not consistently well led.</p> <p>There was a new manager in post who was yet to register with us (CQC).</p> <p>Some of the systems in place to monitor the quality of service were yet to be effective.</p> <p>Action to improve had been taken, however further improvements were required.</p> <p>The new manager was liked and respected by staff.</p> <p>The culture of the service had improved as people's choices and</p>	<p>Requires Improvement ●</p>

preferences were being gained and respected.

Longridge 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 5 April 2018 and was unannounced. It was undertaken by two inspectors and 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.

We looked at the provider's action plan and statutory notifications the provider is required to send us. A statutory notification is a notification of significant incidents that may affect the health or welfare of people who used the service, such as a serious injury.

We spoke with six people who used the service and three visiting relatives. We spoke with the provider, new manager, deputy manager, cook, senior care staff and two care staff.

We looked at the records of five people who used the service. We observed people's care and checked people's medicines. We looked at the systems the provider had in place to monitor and improve the quality of service.



Our findings

At our previous two inspections we found that the service was not safe and the provider was in breach of Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that there had been some improvements and the provider was no longer in breach of regulations, however the service was still not consistently safe.

We looked at the incident and accidents reports for the previous three months and saw that the new manager was analysing them. They had recorded what action had been taken to reduce the risk of the incident occurring again. However we saw that one person had a near miss incident with a piece of equipment and the incident report stated that the equipment would be placed in their reach but in a place that would not cause harm. We checked to see if the equipment was in a safe place and found that it was not and that the person was at risk of serious harm if the incident occurred again. We reported this to the manager and deputy manager who made the person safe by modifying the equipment whilst we were there.

We were made aware of one person who had become unwell and was admitted to hospital for treatment due a medical condition that staff at the service had been unaware the person had. We looked to see if a care plan for the management of their condition had been implemented since the person had returned to the service and found that it had not. Staff we spoke with were unable to tell us the signs and symptoms of the condition and what they needed to do if they suspected the person was becoming unwell. We discussed this with the new manager who assured us that a care plan would be put in place to ensure staff had the information they required to keep this person safe.

We found that people's medicines were not always being managed safely. A person who used the service told us: "No, medication is not on time. I've been waiting for my pain cream, it's run out. I see no reason why they haven't got a repeat prescription". We found that two people had gone without their pain relief as it had run out. We heard one person asking for their prescribed medicine and we observed that they were not administered it until lunch time. We looked at the person's medical administration record (MAR) and saw that this had been signed as being given in the morning. The senior staff told us that they had not administered the medicine at the prescribed time and had signed for it incorrectly. We found that the stock of medicine did not always tally with the record of what was available. Following the inspection the new manager told us that they were reviewing the provider's medication policy and refreshing senior staffs medication training.

We saw that one person was prescribed a topical cream which required a risk assessment for its use in certain circumstances. We found that a risk assessment had not been completed and the person was at high risk of harm. The person had not been informed of the dangers of using the topical cream in certain circumstances and they continued to put themselves at risk. Following the inspection the manager told us that they had spoken to the person and advised them of the dangers of using the cream. They had also asked the prescriber for a different cream which would not have the associated risks.

At the last inspection we found that action had not been taken to reduce the risk of people falling. At this inspection we found that assisted technology such as alarm sensor mats had been sourced to alert staff to when a person who was at high risk of falling was mobilising. We saw one person had been falling regularly and the manager had referred the person for medical and occupational support to try and identify why and prevent the person from further falls. However people's risk assessments had not been up dated to reflect the changes in their needs and the information was clearly available to new staff who had been employed at the service. This meant that people may be at risk due to there not being up to date care plans and risk assessments which reflected people's current needs.

Previously we had found that the provider was in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 as they had not responded to potential incidents of abuse. At this inspection we found that improvements had been made and they were no longer in breach of this regulation. Since being in post the manager had reported a potential safeguarding incident to the local authority and we found that unexplained injuries to people were being investigated to ascertain how they had occurred. When they had been unable to identify how the injury had occurred a safeguarding referral had been made. Staff we spoke with knew what to do if they suspected someone may have been abused and they felt confident that if they reported abuse to the manager that it would be dealt with according to the safeguarding procedures.

We observed people's care and saw that they did not have to wait for long periods of time to have their care needs met. Staff told us that they thought there were enough staff to be able to meet people's needs in a timely manner. One staff member told us: "There is enough staff now with the number of people we have". The manager told us that consideration to staffing levels would be made if new people were admitted into the service.

We found that the service was clean and that staff followed safe infection control procedures. One person told us: "That's one thing you can't complain about it's always clean. Care staff used gloves when delivering personal care and when helping people to eat. This meant that people were being protected from the risk of infection.

New staff were in the process of being recruited and we spoke to two new staff members who confirmed that pre-employment checks were carried prior to them starting work at the service. Pre-employment checks would include the completion of disclosure and barring service (DBS) checks. DBS checks are made against the police national computer to see if there are any convictions, cautions, warnings or reprimands listed for the applicant.



Our findings

At our previous inspection we had concerns that people were not always consenting to their care at the service. We found that the provider was in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the new manager had identified that some people required mental capacity assessments and were possibly being restricted of their liberty at the service, however further improvements were required.

The new manager understood the principles of the Mental Capacity Act 2005 (MCA), however staff we spoke with told us that they did not fully understand the MCA. 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. The manager told us they had identified that several people had memory problems and required a mental capacity assessment to be completed to assess as to whether they had the capacity to consent to their care at the service. They told us that two people who used the service regularly requested to leave and 'go home'. However, they had not taken action and referred them to the local authority for an urgent Deprivation of liberty Safeguarding (DoLS) authorisation. The DoLS legislation sets out requirements to make sure that people in care homes are looked after in a way that does not inappropriately restrict their freedom. Following the inspection the new manager referred these people for a DoLS authorisation this meant that they would not be unlawfully restricted of their liberty.

We had previously found that people were not always consenting to and offered choices about what they did and where they spent their time. At this inspection we found that improvements had been made in this area as people were now free to spend time as they chose. For example, one person had previously been made to sit in the lounge during the day when they wanted to stay in their room. We found that this person was now spending their time in their room as they requested. The new manager told us that there were no rules and restrictions and people could choose and were free to spend time where they liked.

At our previous inspection we had concerns that people's health care needs were not always being met. At this inspection we found that some improvements had been made however further improvements were required. We saw that staff at the service contacted other health professionals when people became unwell or their needs changed. However we saw that one person's doctor had advised that staff undertook observations of one person twice a week and recorded them due to a recent change in their medication. We found and the new manager confirmed that these observations had not been completed. This meant that this person was at risk due to the health advice not being followed.

Since the last inspection the new manager had requested people's medical information from their GP as they had recognised that people's care plans did not contain up to date medical information on people's health care needs. This information was in the process of being transferred into new care plans which were being developed following planned reviews of all people's care by the new manager, people, their relatives and representatives. This showed that people's needs and choices were being assessed to ensure that they received care that met their needs.

At our previous inspection we found that staff were not always supported to fulfil their role through effective supervision and training. At this inspection we found that the new manager had plans in place for ensuring that staff training was up to date and that staff were competent in their roles. Staff we spoke with told us that the new manager was supportive and they felt that things had improved. A training room had been created and the manager and deputy manager were receiving training on the day of the inspection to be able to competently train staff in moving and handling and the administration of medicines. The new manager was still in the process of identifying which staff had attended which training as there were no training records available. They told us they could not be sure that staff were currently competent in their roles however they were working on developing a training matrix to identify staffs training needs and access the relevant training.

People told us that they liked the food and that there were choices. The new manager told us that they had added more choices of a healthier option such as pasta dishes as they had recognised that there were a lot of fried foods on the menu. Most people were on a normal diet and were able to eat and drink independently. At lunchtime we saw people had a choice of main course, which had been decided when the cook came to each person to ask what they wanted earlier in the day. Two people required a fork mashed diet to prevent them from choking and we saw one person required staff support to eat and this was given. People were offered regular drinks and there were drinks available throughout the service which had been freshly prepared on the day.

The environment was in need of some refurbishment. However, people's needs were being met in relation to the design and adaption of the service. There were hand rails in the corridors and bathroom and toilet facilities were designed to support people to be able to use them independently. People's bedrooms were decorated and personalised to their own individual preferences.



Our findings

At our previous inspection we found that people were not always treated with dignity and respect and the provider was in breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that improvements had been made and the provider was no longer in breach of this regulation, however further improvements were required

We had previously found that there were routines and restrictions within the home that affected people who used the service. People had been routinely got out of bed early when they had not requested to do so. At this inspection we found that this was no longer taking place. The new manager told us that they ensured that people were free to choose what time they got up and went to bed. They told us: "Everyone has their own free choice; it's not a production line. We have no right to tell people what to do". However, we saw one incident that had occurred since the last inspection prior to the new manager commencing their role where one person was told that they had to go to bed. The staff had recorded that the person had refused to go to bed and had become aggressive towards them when asked. The new manager told us that they had not seen this incident record and that this would be addressed with the staff members involved.

People told us that staff were usually kind and respectful to them. However one person told us: "The staff say good morning and treat you as well as they can but there's just a few. They're what you call side-steppers. If you call them for the toilet, they look the other way". We observed at lunchtime that one person said it was cold. The dining room windows were open. A staff member shut one of the open windows stating, it was not cold and there was no breeze. They did not respond in a respectful manner excepting that this person felt the cold.

We observed other interactions between people and the staff that were kind and respectful. One person told us: "The staff are all very helpful and pleasant". A relative told us: "My relative was really poorly with the flu and wanted to stay in their room. The staff looked after [My relative] taking their food, drinks and medication to them and were really good to them".

People were now able to spend time on their own as previously they had been discouraged or stopped from doing so. The new manager told us that people were asked if they wished to come to the communal areas but if they chose not to this was respected. One person told us: "I can go to my bedroom when I want and take my visitors". This meant that people's right to privacy was being respected.

The new manager told us that they were involving people in reviewing their care. They told us that two

reviews had taken place with people and their representatives and there were plans to complete reviews for everyone. We saw one completed review and saw that it was recorded '[Person's name] has adapted to their own routine and prefers to spend time alone in their bedroom. Staff to please encourage [Person's name] to take part in activities. This showed that people were being involved in and their views respected about how they wished to be cared for.



Our findings

At our previous inspection we found that the service was not responsive to people's needs. The provider had been in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that improvements had been made and they were no longer in breach of this regulation however further improvements were required.

Previously people were restricted by routines within the service which meant that care was not personalised and met people's individual preferences. People had been routinely woken in the morning to support the staff in their routine and they were being restricted in where they could spend their time. At this inspection this was no longer happening and people were free to get up when they wanted and spend time where they preferred.

Previously we found that people's care was not being reviewed with them to ensure that it met their needs and preferences. At this inspection the new manager told us that they were planning reviews of everyone's care with people and their representatives. These reviews would include people's preferences and diverse needs. We saw one person had their review and their care plans were up to date. Another person had had a review however their care plans were yet to be up dated. Other people we spoke with were not aware of their care plans and told us they had not been involved in decisions about their care at the service.

The manager told us that they could not be sure that the information within people's care records was correct and reflective of their current needs. We found that people's care plans and risk assessments had not been updated following a change in their needs. For example, one person now chose to stay in their room and they had assisted technology to support them to do this. This person's care plans were not reflective of this change. We also saw that staff did not have the information they required to respond to people's health needs. For example, several people had diabetes and there was no clear guidance to staff as to how to respond and support people at these times. A member of staff told us: "I don't know the signs of diabetes and what to look for with [Person's name]". This meant that people were at risk of not receiving the right care at the times they needed it.

There were some activities available to people and the manager told us of plans for trips into the community in the warmer weather. One person told us: "Only thing is I could do with going shopping, to go out and get some powder and cream for myself. Only time I go out is to the hospital". People had access to games, jigsaws and other in house activities. Outside entertainment was occasionally arranged with singers and a regular game of bingo which we saw took place on the day of the inspection.

There was a complaints procedure and we saw forms were available in the reception areas. We found that action was taken when a complaint or suggestion was made. We saw that a relative had complained about their relative having access to out of date juice as the juice had not been made fresh. The manager had incorporated a system where a member of staff was responsible for refreshing and replenishing people's jugs of juice.

There was no one receiving end of life care at the time of the inspection. The new manager told us that people's preferences and end of life wishes would be discussed at their upcoming reviews. We will check to see if this has happened at our next inspection.



Our findings

At our previous inspection we found that the service was not well and the systems the provider had in place to improve the service were not effective. The provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that improvements had been made and the provider was no longer in breach of this regulation. However further improvements were required.

Since the last inspection the provider had employed a consultant and a new manager. The new manager discussed with us their plans for improvements and the issues they had identified since being at the service. However, they told us that the support from the consultant was minimal and there were no formal support systems for the provider to monitor and check for the improvements being made to the quality of service.

We saw that the new manager was analysing accidents and incidents and action taken to minimise the risk of it occurring again was recorded. However we found that action had not always been followed through by staff. For example, one person who had been found using equipment unsafely was found on the day of the inspection to have the equipment still in reach. This meant that the analyses of this incident had not been effective in ensuring that the risks of incidents were minimised from occurring again.

People's views were being sought on the service they received through a questionnaire which had been completed in March 2018. These had yet to be analysed for the information contained within them to ensure that any necessary action could be taken to improve the service for people.

The new manager had recognised that people's capacity to consent to their care and other decisions required assessing. They told us that they would be completing assessments with everyone to ensure that they were meeting the requirements in relation to the MCA.

Everyone who used the service was having a review of their care. The new manager had identified through an care plan audit that people's plans did not contain the correct information for staff to be able to provide care that met their needs and reflected their preferences. Two people's care had been reviewed and one person's care records were up to date and reflective of their needs.

At our previous inspection there had been a culture of institutional care and people were not having their choices respected. At this inspection we found that these practises were no longer happening. We saw the manager was conducting observations of staff practise and identifying and addressing poor practise. For

example we saw it recorded on one staff observation 'It has been observed that residents who lack capacity are not always consulted when assisting with transfers'. This showed that poor practise was being noted and action taken to improve.

New systems to support staff to fulfil their roles effectively had been implemented which included staff being delegated areas of responsibility throughout their shifts. Staff we spoke with told us that they liked and respected the new manager and liked the new system of working. One staff member told us: "I think [New manager] is going to be good, strict but passionate. Things have improved already". The new manager demonstrated a passion in delivering a high quality service to people who used the service. They told us: "I know we are not there yet. I am starting from scratch with assessing people's needs".

At the last inspection we found that the provider was in breach of Registration Regulations 2009 (Regulation 18) as they were not always notifying us of significant incidents. At this inspection we found that the provider was no longer in breach of this regulation as the new manager had notified us of a safeguarding incident.

At our previous inspection we found that the provider was not meeting the fire regulations and the provider had not acted to ensure that the regulations were met and that people were protected in the event of a fire. Since the last inspection the fire officer had revisited the service and had found that the required work had been completed to a satisfactory standard.