

Longwood Care Home Ltd

Longwood Grange

Inspection report

Longwood Gate
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Overall summary

We inspected Longwood Grange on 23 February 2015 and the visit was unannounced. Our last inspection took place in July 2014 and, at that time; we found the service was not meeting the regulations relating to care and welfare of people who used the service, management of medicines and effective quality assurance monitoring system. We asked them to make improvements. The provider sent us an action plan telling us what they were going to do to ensure they were meeting the regulations. On this visit we checked and found improvements had not been made in all of the required areas.

Longwood Grange is a registered care home situated in the village of Longwood, three miles outside Huddersfield. It provides accommodation and personal care for up to 34 people. At the time of our inspection there were 12 people living in the home. The home is set in its own grounds and there is ample car parking available.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

During our visit we saw people looked well cared for. For example, people were wearing jewellery, had their hair styled and the men shaven. We observed staff speaking in a caring and respectful manner to people who lived in the home. Staff demonstrated that they knew people's individual characters, likes and dislikes.

We believe more staff is required on a night. The home had two staff members on night duty and the support needs of some of some people who used the service necessitate two members of staff with them to ensure their care was met safely. This left others unattended which is a breach of regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The organisation's staff recruitment and selection procedures are robust which helps to ensure people are cared for by staff suitable to work in the caring professional. In addition all the staff we spoke with were aware of signs and symptoms which may indicate people were being abused and the action they needed to take.

The staff have access to a range of training courses relevant to their roles and responsibilities and are supported to carry out their roles effectively through a planned programme of training and supervision. However these were not always kept up to date.

Medication administration records (MAR) sheets were in place with photographs available as identifiable resource files. However, there was a risk to people's safety because medicines were not always managed consistently and safely. This was in breach of regulation 13 of the Health

and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's care plans and risk assessments were person centred and the staff we spoke with were able to tell us how individuals preferred their care and support to be delivered. Care plans and risk assessments were reviewed on a regular basis to make sure they provide accurate and up to date information and were fit for purpose.

The registered person did not have suitable arrangements in place for acting in accordance with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards. This was in breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us the food at the home was good and that they had enough to eat and drink. We observed lunch being served to people and saw that people were given sufficient amounts of food to meet their nutritional needs.

There is an effective quality assurance monitoring system in place which quickly identifies any shortfalls in the service and there are systems in place for staff to learn from any accident, incidents or complaints received.

We found three breaches of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 come into force on 1 April 2015. They replace the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

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 were not protected against the risks associated with the unsafe management of medicines.

There were not enough staff to keep people safe. The recruitment process was robust this helped make sure staff were safe to work with vulnerable people.

People lived in a safe environment. In the main, the home was clean and hygienic.

Requires Improvement



Is the service effective?

The service was not always effective.

Staff told us they require more training around Deprivation of Liberty Safeguards.

People were asked to give their consent to their care, treatment and support.

People enjoyed the meals and were supported to have enough to eat and drink. People's nutritional needs were met.

Requires Improvement



Is the service caring?

The service was caring.

Staff engaged with people in a warm manner which was observed throughout the inspection.

People valued their relationships with the staff team and felt that they were well cared for.

Staff understood how to treat people with dignity and respect and were confident people received good care.

Good



Is the service responsive?

The service was not always responsive to people needs.

The registered manager stated that they knew things were missing from the care files and that they were being addressed.

There was opportunity for people to be involved in a range of activities within the home.

Complaints were responded to appropriately and people were given information on how to make a complaint.

Requires Improvement



Is the service well-led?

The service was not always well led.

Requires Improvement



Summary of findings

Some staff had not received regular individual supervision of their work which could enable them to express any views about the service in a private and formal manner.

The registered manager was supportive and well respected.

The provider had systems in place to monitor the quality of the service.

Longwood Grange

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.

The inspection took place on the 23 February 2015 and was unannounced. We used a number of different methods to help us understand the experiences of people who used the service. We spoke with 12 people who used the service, seven members of staff, the registered manager and the regional service manager.

We spent time observing care and support being delivered. We looked at five people's care records and other records which related to the management of the service such as training records and policies and procedures.

The inspection team consisted of one inspector, a specialist advisor with a background in dementia care and an expert by experience with expertise in caring for older adults. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before our inspection, we reviewed all the information we held about the home, including previous inspection reports. We also spoke with the local safeguarding team.

Is the service safe?

Our findings

In discussion with people who used the service we were told that quite a few times they had to wait a long time for support from staff. “They appear rush so I don’t always like to ask for help.” “They are not always available when I need the toilet.” This was in breach of regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The staff told us they felt that the staffing levels on the day shift were appropriate but felt that the night shift needed extra support. But in all cases they were satisfied that the manager had worked to resolve this and that the appointment of a further team member was imminent.

Our observations and discussion led us to believe that things would very likely be stretched at night with only two staff members as the support needs of some of some people who used the service necessitate two members of staff to ensure their care was met safely. Therefore leaving everyone else without support during this activity. The staff were also quite stretched during the day and the level of activity on offer was limited, if greater levels of activity were on offer the levels would be insufficient to meet need.

Medication administration records (MAR) sheets were in place with photographs available as identifiable resource files were generally quite tidy and well maintained. However, there was a risk to people’s safety because medicines were not always managed consistently and safely.

At the last inspection concerns were expressed about stock control of medications not contained within the Blister packs, on initial examination of the medication records it was noted that countdown sheets were included for boxed medications, this was a positive attempt to address the concerns raised at the previous inspection.

However the sheets included instructions which were both misleading and potentially dangerous. For example, ‘take 1 or 2 tablets as required’ was written on the MAR sheets. We also saw the MAR sheets did not include enough detail for as required medications with regard to both frequency and maximum dosage over a 24 hour period. This was in breach of regulation 13 of the Health and Social Care Act 2008

(Regulated Activities) Regulations 2010, which corresponds to regulation 12(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because people could be given more medication than required.

The controlled drug storage and records were also inspected. The records were well kept and related only to the controlled medications currently stored within the controlled drug cabinet.

The provider had a policy in place for safeguarding people from abuse. This policy provided guidance for staff on how to detect different types of abuse and how to report abuse. There was also a whistle blowing policy in place for staff to report matters of concern. Staff told us they understood both policies. In addition, the manager told us they operated an open door policy and people who used the service, their relatives and staff were aware that they could contact them at any time if they had concerns.

Safe recruitment procedures were in place to ensure only staff suitable to work in the caring profession were employed. This included ensuring a Disclosure and Barring Service (DBS) check and at least two written references were obtained before staff started work. We spoke with two recently employed members of staff who told us the recruitment process was thorough and they had not been allowed to start work before all the relevant checks had been completed.

Staff disciplinary procedures were in place and the manager gave examples of how the disciplinary process had been followed where poor working practice had been identified. We saw evidence of this. This helped to ensure standards were maintained and people were kept safe.

People we spoke with told us that they were happy and settled at the home. The lounge was spacious not cluttered and allowed safe and free movement by all. During our visit we saw staff supporting the people and interacting well with them. When people living with dementia wanted to move around they monitored and supported carefully.

Some people had a pressure mat at their bed which alerted staff to their need for help. When a pressure pad was tested there was a prompt response. This told us staff were aware of people’s safety. One person who had remained in bed that morning had their call bell very conveniently at hand if needed. When we spoke with the person they said, “I like staying in bed and I might get up this afternoon.”

Is the service safe?

We saw the environment was well maintained and we saw documentation which showed that regular checks were carried out on the fire alarm system, emergency lighting, fire extinguishers, nurse call system and water temperature within the home. We looked at records which showed that if repairs were required to the environment, these were recorded and when completed they were signed to show

the action had been carried out. The manager told us a member of maintenance staff was available five days a week and if urgent repairs were required, there was an on call system available to ensure repairs were carried out promptly. This meant people were cared for in a suitably maintained environment.

Is the service effective?

Our findings

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered person did not have suitable arrangements in place for acting in accordance with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards. This was in breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke with the registered manager about a person wanting to leave the home. They informed us they had a discussion with the commissioners in respect of that person. The manager explained the person was very emotional around that time. There was a significant wedding anniversary and the person's general unhappiness was the cause of their desire to leave Longwood. The person was also reported to be unhappy with the level of family contact. It is reported that the person in question is now more than happy at Longwood.

The main entrance door to the home was restricted by a key code but whilst all people who had capacity knew the code, the registered manager did not recognise that there was a need for a DoLS assessment and application for people who lacked capacity and stated clearly "All Mental Capacity Act (MCA) assessments are in place and we have no DoLS issues." We spoke with the manager and they informed us that they would be contacting the local commissioning teams to request DoLS assessments for those people lacking capacity.

Staff told us that training generally was too reliant on mandatory computer based training and they needed more training around DoLS and MCA. Staff were positive that the manager was working hard to facilitate further training and one staff member reported that the manager had arranged for her to attend some detailed dementia training.

We looked at the training matrix which showed the staff team had accessed a range of training courses and refresher training was being provided in line with the provider's recommended timescales. We also looked at a random sample of four individual staff files and found they contained evidence that an appropriate programme of

training was completed. Mandatory training was provided on a number of topics such as safeguarding vulnerable adults, manual handling, first aid and medication awareness. Additional training was provided on topics such as the reporting and recording of incidents. Staff had access to a range of policy and procedure guidance about how to carry out their work. The registered manager had identified that staff would benefit from some additional training. Mental Capacity Act 2005 and dementia training was being planned.

The service had a programme of supervision and appraisal to ensure staff were appropriately supported. It was stated in the provider's policy that each member of staff was expected to have one-to-one supervision at least once every three months. We looked at a copy of the record for monitoring staff supervision and saw that the service was not maintaining this frequency however they had plans in place to do so. The information we reviewed also showed that staff received annual appraisals.

The registered manager told us all staff completed a comprehensive induction programme which took into account recognised standards within the care sector and was relevant to their workplace and their roles. We were also told following induction training new members of staff always shadowed a more experienced member of staff until they felt confident and competent to carry out their roles effectively and unsupervised. This was confirmed by the staff we spoke with.

During the visit we spoke at length to a number of people who used the service about the quality of food available and everyone was very happy with the quality of the food on offer. Our observations confirmed that the food was very appetising and of high quality, all people were eating the food very enthusiastically and clearly enjoying it. There was a good balance of colour with the vegetables so that those with confusion would have a better chance of distinguishing what they liked.

The home has put together a pictorial guide to assist the people who used the service to understand the different dishes offered daily.

The staff worked sensitively with people during meal times encouraging those with poor appetites to eat what they could, and people who needed assistance were supported. The portions offered were appropriate.

Is the service effective?

During the afternoon tea, homemade cake was available and again the quality and attention to detail observed was excellent, cakes were well presented on china cake stands and china mugs also added to what was clearly an experience enjoyed by people who used the service. Food was served by tongs and staff took great care in ensuring the needs of people were respectfully met during this activity which was a great example of good practice.

There were care plans in place in respect of eating and drinking but these lacked detail. Our observations however, showed that the food offered was balanced and of a high quality. One person's file showed evidence that food and fluid charts had been in place during a period of illness which is positive practice but given the nature of dementia in relation to nutrition more emphasis was needed in this area. The registered manager agreed to act on this.

There was generally good evidence available of healthcare needs being met for example the district nursing team visit the home morning and night to administer insulin to people who are diabetic and they were used as a resource to for other concerns in relation to health which is positive.

There was evidence of improved healthcare monitoring since September 2014 with weight and BMI recorded on a regular basis at least monthly which is good practice.

Ongoing dependency assessments were in place to routinely assess the changing needs of people which again is good practice.

We found positive improvements to the environment had been made by the registered manager with particular focus on the orientation needs of people suffering from dementia for example letterboxes and door knockers on bedroom doors making a clear statement about personal space and allowing people some ownership of the home.

The registered manager is redesigning the garden using colour coded paths and circular routes to avoid people becoming disorientated or lost.

Is the service caring?

Our findings

Discussion with people who used the service revealed that they felt involved respected and listened to. They told us, “The staff are very good, they listen to me and get me what I need.”

People told us they had good relationships with staff and on the day of the inspection we observed friendly chatter and banter between them. One person said, “The staff are all very nice.” Another person said, “I know them all and they always have a bit of a chat.” We observed staff speaking in a friendly and relaxed manner and it was evident from the discussions they knew the people they were supporting very well. We saw people’s privacy was of paramount importance. Staff were respectful and always knocked before entering bedrooms.

We were told that two people had been appointed with Independent Mental Capacity Advocates (IMCA) as defined in the Mental Capacity Act 2005 (MCA). Their involvement in the care planning and review process showed that the appropriate care, treatment and support was provided.

We saw that all care plans and documents relating to individual people were securely stored thereby providing a good degree of confidentiality.

During our visit we observed the vast majority of staff members interacted very well with people who used the service. They quickly responded to people requests and were being respectful and polite. They were communicating clearly and appropriately with people. Through those interactions showed real regard and concern for the people they supported.

In the files reviewed we found the end of life care plans were not detailed enough and the profile sheets did not provide enough details about family involvement, legal representation and power of attorney.

Visitors were able to visit at any time but the home did have protected meal times so people did not miss out on required nutrition. The relatives spoken with felt that the care their relative was in receipt of was good. They said, “The care is good I have no complaints. I have been involved with decisions but mum is capable of saying what she wants.”

Another said, “I have no problems. I would recommend this home.”

Other relatives who had only just entered the system said, “The manager’s been very helpful and explained things to us so I could understand and answered my questions.”

Is the service responsive?

Our findings

With regard to people giving consent to care and treatment care files revealed that there were service user agreement sheets in place in the files. In relation to agreement of care plans and also administration of medications, this in principle is good practice however, the documents had not been signed by people who used the service and therefore there was no evidence of consent or involvement. Before we looked at one person's file the manager had stated when making reference to their file that, "They are very proud of their care plan" and yet they had not been involved to the degree of signing their agreement to it and this is an important omission. This was in breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

In the case of one person there was no diabetes care plan in place which is a very important area as staff need to be aware of how to manage the risks associated with diabetes care. Also another care plan stated daily recording of tissue viability but we could find no reference to this in their daily entries sheets.

Similarly in the file of one person care plan in relation to sleeping and waking, this was incomplete. They were also noted to receive medication to support sleep but there was no mention of this in the care plan or arrangements for reviewing effectiveness of long term use sedatives. In one file we noted a GP request for monitoring and reporting in relation to pressure areas on heels and we again could find little reference to this in daily entries. We discussed these areas of concern with the registered manager at the inspection. They agreed to take prompt action to address all the areas of concern relating to care records..

The registered manager stated that they knew things were missing from the care files and that they were being addressed systematically and they indicated that numerous changes in management prior to their appointment had contributed greatly towards the issues presented.

The observations of interactions between people who used the service and staff were positive and those who were less able to relate coherently were listened to and their needs interpreted to minimize problems ie: "Do you need the toilet." "I think that we need to go to the toilet" while the person was supported appropriately.

Many of the people who used the service said, "If I had any problems or concerns I would be able to raise them with the manager to get them sorted."

Since the appointment of a new registered manager people who used the service have been involved with the recruitment of new staff. People told us, "We were asked to interview for staff it was good to be asked to look at staff."

People confirmed that their needs were being met well and that they were able to make choices and that the home responded to their needs.

The provider's policy for dealing with complaints and receiving compliments indicated timescales within which complaints should be dealt with. The policy stated they wished to act with transparency and be reflective in their approach in order to learn from it. The registered manager said people's complaints were fully investigated and resolved where possible to their satisfaction. The complaint's file contained details of three complaints received within the past year. We saw no evidence of a recurrent theme to complaints. We saw that during the same period letters had been received complimenting the service.

A variety of activities were provided to engage the people who used the service and they were encouraged to take part in them. The activities co-ordinator had not long been in post but there was an activity programme in place for people. More development in this area would offer a richer environment for people as there was a spread of abilities. A pool table had been provided and a person who used the service and the cook (on their break and out of uniform) played most mornings, the person looked forward to this. Some people wanted to remain in their room one person said, "I don't want to go out from here I like to read and knit I am happy."

Is the service well-led?

Our findings

We interviewed 4 staff all of whom displayed a high level of loyalty and respect for the registered manager, all were sensitive to the fact that the manager was very focussed on turning the service around. Comments included such things as: “The manager is great her door is always open and she listens to us too. Whatever the time of day she always responds to us and helps us.” “She always makes sure we have what we need to do the job appropriately.”

In discussion with the manager she was honest and realistic in terms of the development of the home, she was honest about things that were outstanding and needing to be done. She has certainly brought about positive change since the last inspection in July 2014 and the staff seem to be on-board with her in supporting the home development.

Whilst we were inspecting the service the regional operation manager visited the home. The registered manager reported that she receives a high degree of support. She told us that the operations manager visits the home a number of times per week and will be basing herself locally in the near future.

We saw evidence of a rolling programme of meaningful audit to ensure a reflective and quality approach to care. Audits carried out by the registered manager included

medicines, care plans and the internal environment and fabric of the building. The outcomes of these audits were translated into action to ensure problems were addressed speedily. For instance, we saw that any maintenance issues within the home were identified quickly and recorded in the maintenance register for action by the home’s handyman or suitable contractor.

Resident and staff meetings were in place, which were an opportunity for staff and people to feedback on the quality of the service. Staff and residents both spoke positively about these meetings and said management listened and acted on their comments.

We saw evidence of staff supervision. However this showed some staff had not received regular individual supervision of their work which could enable them to express any views about the service in a private and formal manner. The registered manager was aware of this and people booked in for weeks to come.

Staff were aware of the whistle blowing procedures should they wish to raise any concerns about the manager or provider.

Reference was made specifically about management by one individual who had found the previous management difficult and felt that there was a ‘them and us’ situation. The person said this had now changed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care
Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
The registered person did not protect service users and others against the risks associated with unsafe use and management of medicines.

Regulated activity

Accommodation for persons who require nursing or personal care
Treatment of disease, disorder or injury

Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent
The registered person did not have suitable arrangement in place for acting in accordance with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards.

Regulated activity

Accommodation for persons who require nursing or personal care
Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing
The registered person must take appropriate steps to ensure that, at all times, there are sufficient numbers of appropriate staff.