

# Key inspection report

## Care homes for older people

<b>Name:</b>	Longton Nursing & Residential Home
<b>Address:</b>	11 Marsh Lane Longton Preston Lancashire PR4 5ZJ

<b>The quality rating for this care home is:</b>	two star good service
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A quality rating is our assessment of how well a care home is meeting the needs of the people who use it. We give a quality rating following a full review of the service. We call this full review a 'key' inspection.

<b>Lead inspector:</b>	<b>Date:</b>
Vivienne Morris	2   9   0   6   2   0   1   0

This is a review of quality of outcomes that people experience in this care home. We believe high quality care should

- Be safe
- Have the right outcomes, including clinical outcomes
- Be a good experience for the people that use it
- Help prevent illness, and promote healthy, independent living
- Be available to those who need it when they need it.

The first part of the review gives the overall quality rating for the care home:

- 3 stars - excellent
- 2 stars - good
- 1 star - adequate
- 0 star - poor

There is also a bar chart that gives a quick way of seeing the quality of care that the home provides under key areas that matter to people.

There is a summary of what we think this service does well, what they have improved on and, where it applies, what they need to do better. We use the national minimum standards to describe the outcomes that people should experience. National minimum standards are written by the Department of Health for each type of care service.

After the summary there is more detail about our findings. The following table explains what you will see under each outcome area.

**Outcome area (for example Choice of home)**

**These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:**

This box tells you the outcomes that we will always inspect against when we do a key inspection.

This box tells you any additional outcomes that we may inspect against when we do a key inspection.

**This is what people staying in this care home experience:**

Judgement:

This box tells you our opinion of what we have looked at in this outcome area. We will say whether it is excellent, good, adequate or poor.

Evidence:

This box describes the information we used to come to our judgement.

We review the quality of the service against outcomes from the National Minimum Standards (NMS). Those standards are written by the Department of Health for each type of care service.

Copies of the National Minimum Standards – Care Homes for Older People can be found at [www.dh.gov.uk](http://www.dh.gov.uk) or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: [www.tso.co.uk/bookshop](http://www.tso.co.uk/bookshop)

The mission of the Care Quality Commission is to make care better for people by:

- Regulating health and adult social care services to ensure quality and safety standards, drive improvement and stamp out bad practice
- Protecting the rights of people who use services, particularly the most vulnerable and those detained under the Mental Health Act 1983
- Providing accessible, trustworthy information on the quality of care and services so people can make better decisions about their care and so that commissioners and providers of services can improve services.
- Providing independent public accountability on how commissioners and providers of services are improving the quality of care and providing value for money.

## Reader Information

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Internet address	<a href="http://www.cqc.org.uk">www.cqc.org.uk</a>

## Information about the care home

Name of care home:	Longton Nursing & Residential Home
Address:	11 Marsh Lane Longton Preston Lancashire PR4 5ZJ
Telephone number:	01772616144
Fax number:	01772619144
Email address:	longton@mpscare.co.uk
Provider web address:	

Name of registered provider(s):	MPS (Investments) Limited
Name of registered manager (if applicable)	
Mrs Brenda Heaton	
Type of registration:	care home
Number of places registered:	58

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
old age, not falling within any other category	0	58
physical disability	7	0
Additional conditions:		
The registered person may provide the following category of service only: Care Home with Nursing -Code N To Service Users of the following gender: Either Whose primary care needs on admission to the home are within the following categories: Old Age, not falling within any other category - Code OP (maximum number of places: 58) Physical disability - Code PD (maximum number of places:7) The maximum number of Service Users who can be accommodated is: 58		

Date of last inspection	2	9	0	9	2	0	0	9
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Brief description of the care home
Longton Nursing and Residential Home is situated in a quiet residential area of Longton, close to local amenities and main bus routes. The grounds are landscaped with a large lawn to the rear of the building enabling people living at the home to enjoy the pleasant surroundings. The home is registered to provide both personal and
<b>Care Homes for Older People</b>

### Brief description of the care home

nursing care for older people, although a small number of places are available for people who have a physical disability.

Accommodation is provided on two floors served by a passenger lift. The majority of rooms are single, although a number of double rooms are available for those who wish to share facilities. All bedrooms have en-suite bathrooms, except one, which has a wash hand basin installed.

Meals are served in the spacious dining rooms, although people can eat in the privacy of their own bedrooms, should they prefer to do so and those living at the home are able to entertain their visitors in the communal areas or within their own bedrooms if they wish.

The fees at the time of this site visit ranged from £464 to £700 (continuing care) per week. Additional charges were being incurred for hairdressing and chiropody.

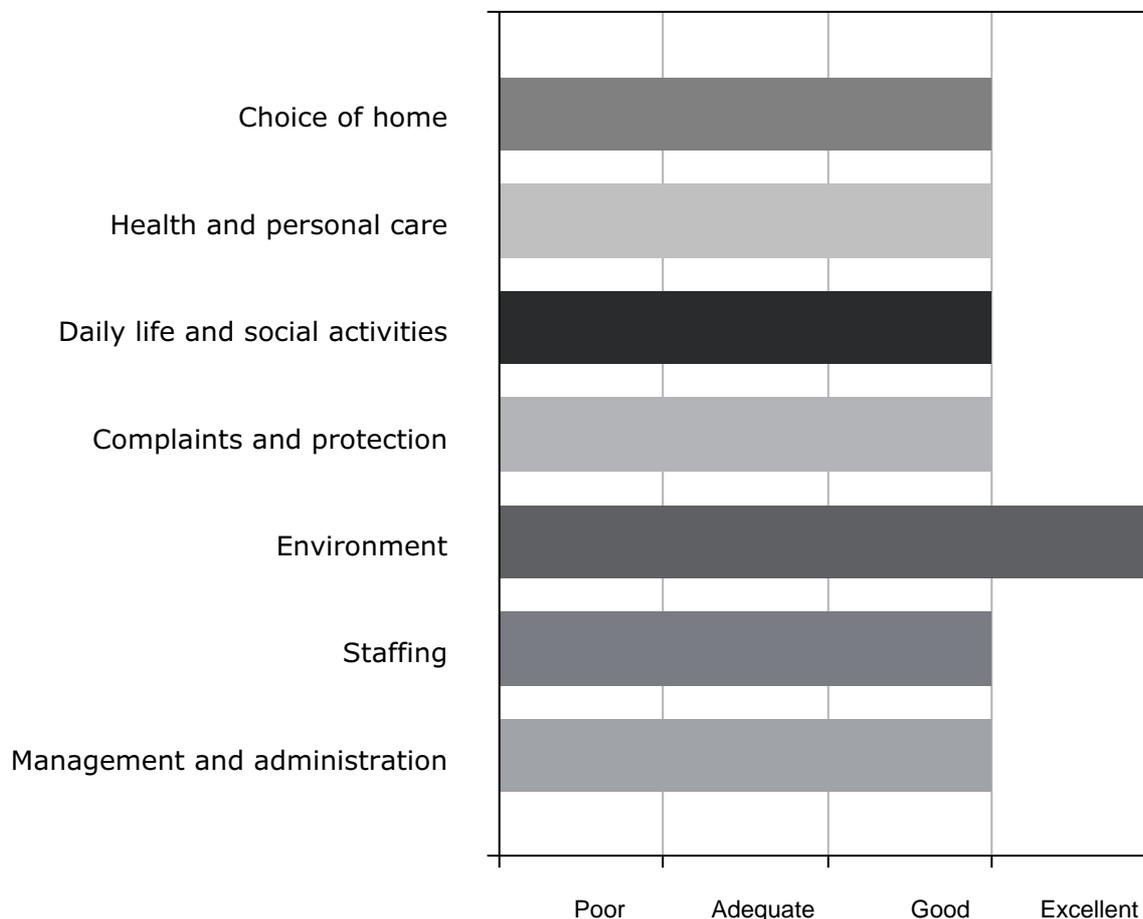
## Summary

This is an overview of what we found during the inspection.

The quality rating for this care home is:

two star good service

### Our judgement for each outcome:



### How we did our inspection:

The last key inspection of Longton Nursing Home took place on 29th September 2009. The quality rating for this service is two star. This means that people who use this service experience good quality outcomes. The site visit to Longton Nursing Home formed part of the inspection process and was conducted over one day in June 2010. It was unannounced, which means that the managers, staff and people living at the home did not know it was going to take place.

During the course of the site visit, discussions took place with those living at the home, staff and managers. Relevant records and documents were examined and a tour of the premises took place, when a random selection of private accommodation and all communal areas were seen. We received comment cards back from fifteen people who lived at the home. Some comments made by the people involved in our survey are incorporated into this report.

Every year the provider completes a self assessment, known as an AQAA, which gives information to the Commission about how the service is meeting outcomes for the people living at the home and how the quality of service provided is monitored. It also gives us some numerical information about the service. Some of the information from the AQAA is incorporated in this report. We observed the activity within the home and tracked the care of four people during the site visit, not to the exclusion of other people living at Longton Nursing Home. The total key inspection process focused on the outcomes for people living at the home and involved gathering information about the service over a period of time from a variety of sources.

The Care Quality Commission had not received any complaints about this service since the last key inspection.

## What the care home does well:

The needs of people living at the home had been assessed before they moved in, to ensure that the staff team could provide the care and support needed by each individual.

The care records of one person living at the home, whose care we 'tracked' were detailed and well written, as a self care deficit had been developed for each area of assessed need.

Good pressure relief and nutritional care was being delivered and a wide range of external professionals had been involved in the care of people living at the home, to ensure that health care needs were being appropriately met. A variety of assessments had been conducted, so that any potential risks were identified.

People living at the home were treated with respect and detailed policies and procedures were in place, showing that privacy and dignity was consistently promoted.

A good social history had been obtained about the people living at the home and a range of leisure pursuits were provided for them. including in house activities, trips to local events and excursions within the wider community, in order to promote interests and to prevent boredom.

Visiting arrangements were widely advertised and people were made to feel welcome to the home, so that they felt comfortable and relaxed when visiting their loved ones. Meals were managed well and the quality of food served was good, so that a nutritious and well balanced diet was provided for the people living at Longton Nursing Home.

A system was in place so that any complaints received could be recorded and monitored and the policies and procedures adopted by the home safeguarded the people living there and protected their financial affairs.

The home was well maintained, warm and comfortable with good quality furnishings and fittings, providing a very pleasant and homely environment for the people living there. Clinical waste was being disposed of in the correct manner and appropriate precautions were being taken, so that the control of infection was promoted.

The home was being managed well by a competent person and several good comments were received from staff about the positive approach of the management team, which demonstrated strong leadership qualities and good team dynamics.

The quality of service provided was being monitored in a variety of ways, so that any strengths could be identified and developed further and any areas of weakness could be appropriately addressed.

Systems and equipment within the home had been appropriately serviced by external contractors to ensure that it was safe for use and in order to promote the safety of the people living at Longton Nursing Home and those working there.

When asked what the home does well, comments received from people living at the

home included;

'Good food. Friendly staff. Nice pets';

'The meals are good. The home is clean and comfortable';

'They(the staff) look after me well. I enjoy going to coffee mornings and I enjoy meal times. My room is very nice' and

'The home provides good care. I am not left to struggle. The food is good and there is always a cup of tea available'.

When asked if there was anything else people would like to tell us, one person living at the home wrote on the comment card, 'I have recently lost my son and everybody here has been very kind and supportive'.

### **What has improved since the last inspection?**

A plan of care was in place for each person living at Longton Nursing Home, whose care we 'tracked', so that staff were aware of the assessed needs of people in their care.

The management of medications had, in general, improved since the last inspection, so that the health and safety of people living at the home was not compromised.

A lot of maintenance work had been carried out since our last visit to this service, which enhanced the environment for people living there, so that more pleasant and comfortable surroundings were provided.

At the time of this visit to Longton Nursing Home references for staff were found to be current, so that they were authentic and provided up to date information about the people they related to.

Training provided for staff had greatly improved since our last inspection to this service, so that those working at the home were up to date with current regulations and new ways of working to ensure that they were able to provide the care and support required by those living at the home.

### **What they could do better:**

The care planning process could have been better, so that detailed, person centered information was provided for staff about the assessed needs of people and how all these needs, in respect of their health and welfare were to be best met, including how people were to be supported in maintaining their independence and how they could be assisted to maintain their leisure interests whilst living at the home.

Vague terminology could have been avoided within the care planning process so that clearer guidance was provided for staff about the specific needs of people in their care.

Strategies implemented as a result of risk assessments could have been recorded within the risk management framework, so that staff were aware of what they needed to do in order to eliminate or reduce the potential risk factor.

Any hand written entries on the Medication Administration Records could have been signed, witnessed and countersigned in order to avoid any transcription errors and the amount of variable dose medication given could have been recorded in order to reduce the possibility of drug errors.

The social needs of people living at the home could have been included in the care planning process, so that staff were aware of their histories and therefore could better support people to relate to significant events in their lives and help them to maintain their leisure interests whilst living at the home.

The home should continue to work toward 50% of care staff having achieved a recognised qualification in care, so that the workforce as a whole is well trained.

The recruitment process adopted by the home could have been better by making sure that prospective employees do not start working at the home until a Criminal Records Bureau (CRB) has been obtained, so ensure that all new staff are deemed fit to work with this vulnerable client group. New staff should have only been employed before a CRB had been obtained in exceptional circumstances, which should be clearly documented alongside the constant supervision record.

The system for monitoring the safe use of bedrails could have been better in order to reduce any potential harm to those using such equipment.

The auditing process could have been more extensive, to include a wider range of facilities and services provided by the home, so that the overall quality of service was being more closely monitored.

When asked what the home could do better, comments received from people living at the home included;

'Call bells could be answered quicker and lunch could be served quicker. I don't like sitting, waiting at the dining table for my meals' and one person simply wrote.

'I don't think it could do anything better'.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details on page 4.

The report of this inspection is available from our website [www.cqc.org.uk](http://www.cqc.org.uk). You can get printed copies from [enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk) or by telephoning our order line 0870 240 7535.

## Details of our findings

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## Choice of home

**These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:**

People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them and the support they need. People who stay at the home only for intermediate care, have a clear assessment that includes a plan on what they hope for and want to achieve when they return home.

People can decide whether the care home can meet their support and accommodation needs. This is because they, or people close to them, have been able to visit the home and have got full, clear, accurate and up to date information about the home. If they decide to stay in the home they know about their rights and responsibilities because there is an easy to understand contract or statement of terms and conditions between them and the care home that includes how much they will pay and what the home provides for the money.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People's needs are assessed before they move into the home, so that the staff team are sure they can provide the care and support required by each person living at Longton Nursing Home.

Evidence:

At the time of our visit to Longton Nursing Home there were 55 people living there. We 'tracked' the care of four of these people and found that their needs had been assessed before they moved in, so that the staff team were confident they could provide the care and support required by each individual living at the home.

When asked how the home had improved within the last twelve months the registered manager wrote on the home's self assessment, 'Service users are encouraged to participate in the completion of their care plans using an holistic assessment including reference to equality and diversity with attention being given to gender, age, sexual orientation, race religion or belief and disability'.

## Health and personal care

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People's health, personal and social care needs are met. The home has a plan of care that the person, or someone close to them, has been involved in making. If they take medicine, they manage it themselves if they can. If they cannot manage their medicine, the care home supports them with it, in a safe way. People's right to privacy is respected and the support they get from staff is given in a way that maintains their dignity.

If people are approaching the end of their life, the care home will respect their choices and help them feel comfortable and secure. They, and people close to them, are reassured that their death will be handled with sensitivity, dignity and respect, and take account of their spiritual and cultural wishes.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The personal and health care needs of people living at the home are consistently met and their privacy and dignity is always maintained. However, the care planning process could have been more detailed and person centered.

Evidence:

The care planning process could have been more person centered, providing staff with clearer guidance about all the assessed needs of people and how these were to be met.

New residents were assessed against a set of essential care components, which were standard statements and therefore not person centered and which did not reflect the care and support needed by each individual, such as, 'Independent with or without assistance of aids (including wheelchair). Able to manage steps/stairs independently'. The results of these assessments determined if a self care deficit of service users' needs should be implemented, which was a more detailed account of the care and support needed by each individual. However, self care deficits were only completed for more complex needs and therefore clear guidance was not always provided for staff

## Evidence:

about how all assessed needs could be met, including how people were supported to maintain their abilities and leisure interests whilst living at the home. Some vague terminology was being used, such as, 'if needed' and 'when required', which did not promote a person centered approach to care. However, there were self care deficits in place for all assessed needs of one individual whose care we 'tracked', as he was more dependant on staff intervention and therefore his care plan was much more person centered than the other three, providing staff with clear guidance about how all assessed needs could be best met.

Records showed that a wide range of external professionals were involved in the care of people living at the home and that a variety of assessments were conducted so that any potential risks were identified. However, strategies implemented in order to minimise the element of risk had not always been recorded, so that staff were aware of what action was necessary as a result of the risk assessments. However, good pressure relief and nutritional care was being delivered, to ensure people's health care needs were being appropriately met.

A range of policies and procedures were in place at the home in relation to the administration of medications. In general, medications were being well managed. However, hand written entries on the Medication Administration Records had not always been signed, witnessed and countersigned in order to avoid any transcription errors and the amount of variable dose medication given had not always been recorded in order to reduce the possibility of drug errors.

Staff were observed speaking to people with respect and detailed policies and procedures were in place in relation to privacy and dignity. The Service Users' Guide and Statement of Purpose told readers about the importance of promoting people's privacy and dignity whilst living at the home and this was evidently an important aspect of care provided.

The manager told us on the self assessment what the home does well and any areas that could be improved. She wrote, 'A system for enabling the quality of the services provided at the care home to be monitored has been established and the feedback from this is acted upon where practicable and possible'.

We received 15 comment cards back from people living at the home, who all said that, in general, they received the care and support needed, including medical attention.

## Daily life and social activities

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

Each person is treated as an individual and the care home is responsive to his or her race, culture, religion, age, disability, gender and sexual orientation. They are part of their local community. The care home supports people to follow personal interests and activities. People are able to keep in touch with family, friends and representatives. They are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. People have nutritious and attractive meals and snacks, at a time and place to suit them.

There are no additional outcomes.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The daily routines of the home are flexible and people are encouraged to maintain their leisure interests and activities whilst living there. The management of meals is good and visitors are made welcome to the home.

Evidence:

A planned programme was in place at the home, which showed that a variety of activities were provided by social care co-ordinators and records of participation were maintained so that any potential isolation could be identified and monitored at an early stage.

On our arrival to this service some people were being assisted to attend a local coffee morning at a nearby church, which was a weekly event. Later in the day others were seen sitting outside in the sunshine enjoying a relaxing afternoon.

People spoken to told us that they enjoyed the variety of activities provided, including regular trips out and visits to the home by external entertainers. Staff told us that they felt there were sufficient activities provided for the people living at the home and records showed that residents' birthday parties were held and any significant events were celebrated.

## Evidence:

One person told us that they enjoyed visiting the local pub occasionally. We were told that one of the younger adults living at the home was taken into the community by his parents on a regular basis, whilst another enjoyed an occasional fishing trip.

A good social history was recorded in some cases, but this was not transferred into the care planning documentation to show how staff could incorporate significant events in to the every day life of those living at the home.

The care records of the one person showed that the individual had brought her own bookcase and books to the home because she loved to read, which was pleasing to see.

The manager told us how the service had improved in this area within the last twelve months, which included, 'Volunteers from the Harris museum visit on a regular basis. They bring memorabilia and reminisce with the service users. The 'Ye Olde Tea Shop' is held once a month. We use china tea services and the staff wear aprons and caps to make it look more authentic. Relatives and the local church are encouraged to come along. Canal boat trips have continued twice yearly and our Blackpool illuminations outing is always popular with the service users. We have a birds of prey display twice yearly. Reminiscence equipment has been purchased to use with the service users'.

Visiting arrangements were explained in the home's statement of purpose so that people were aware of visiting policies. One visitor told us that she was made to feel very welcome to the home and that she was able to see her relative within the privacy of her bedroom or within the communal areas of the home, in accordance with the resident's wishes. She also told us that the staff were 'lovely'.

At the time of our visit to Longton nursing home there was no-one living there using an advocate to act on their behalf. However, we were told by the manager of the home that some residents had previously accessed a solicitor to deal with their affairs. The Service Users' Guide and Statement Of Purpose provided people with information about how they could access local advocacy services if they wished to have an independent person acting on their behalf. Information was also displayed in the reception area of the home and advocacy leaflets were widely available, so that sufficient information was available for people about the use of local advocacy services.

On the day of our visit a barbeque was arranged at lunch time. However, the weather was a little disappointing for such an event. Therefore, people were given the option of

## Evidence:

sitting outside on the patio or remaining indoors to eat their lunch. The food served was sampled. It was well cooked and tasty and the majority of people living at the home said they had enjoyed having a barbeque.

A four weekly menu was in place, which provided a nutritious, and well balanced diet for those living at the home. Residents spoken to confirmed that they were able to have a variety of alternatives if they did not want what was on the menu. The dining room was pleasantly arranged with nicely set tables providing condiments and beverages, so that people could independently help themselves, which was considered to be good practice. The dining room was a hive of activity with lots of pleasant 'chatting' and clean 'banter' between residents and staff, showing that people living at the home were comfortable in their surroundings.

Staff were seen assisting people with their meals, as necessary in a discreet manner and were speaking to people with respect. The whole dining experience was pleasant and specialised utensils and equipment were provided, as was required in order to promote independent eating.

Thirteen of the people who returned comment cards said that, in general, the home arranged activities they can take part in if they wanted to and all fifteen said they like the meals at the home. When asked what the service does well one person wrote, 'Good outings (canal trips and Blackpool lights especially). I enjoy the food. The garden is nice and I like sitting out in the summer' and two others told us that they liked the food.

When asked what the home could do better comments included:

'Provide more comfortable chairs in the main sitting room, so more of us could sit around in the afternoon';

'We sit too long at meal times and it hurts my back. There could be more punctuality with meals';

'Answer the call bell quicker when I ring it' and

'The evening meal could be improved as it is frequently sandwiches, which I do not like. Otherwise everything is fine'.

## Complaints and protection

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

If people have concerns with their care, they or people close to them know how to complain. Any concern is looked into and action taken to put things right. The care home safeguards people from abuse and neglect and takes action to follow up any allegations.

People's legal rights are protected, including being able to vote in elections.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Complaints are managed well and people living at Longton Nursing Home are appropriately safeguarded by the policies and procedures adopted by the home

Evidence:

Policies and procedures were in place at the home, so that people were aware of the complaints process, which was included in the Service Users' Guide and was prominently displayed within the reception area of the home. A system was in place, so that any complaints received could be recorded and monitored, although no complaints had been entered since our last inspection. People we spoke to told us that they would know how to make a formal complaint, should they need to do so.

The manager of the home told us, 'The Complaints policies and procedures are available to service-users, representatives and staff. They clearly state the appropriate procedure to be followed in the event of a complaint. The procedure is available on notice boards at various points around the home, in the brochure (service user guide) and in the Statement of Purpose'.

Fourteen of the people who returned comment cards said that there was someone they could speak to informally if they were not happy. However, six people said that they would not know how to make a formal complaint if they wanted to do so.

Policies and procedures were in place in relation to the protection of vulnerable adults,

Evidence:

including whistle blowing, so that staff were aware of their responsibilities in reporting any concerns about the welfare of people in their care.

There had not been any safeguarding referrals made since our last inspection, but staff spoken to told us that they would know what to do if they felt that anyone living at the home was being mistreated. The matrix showed that staff had received training in relation to the protection of vulnerable adults and this was confirmed by staff spoken to.

## Environment

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People stay in a safe and well-maintained home that is homely, clean, pleasant and hygienic.

People stay in a home that has enough space and facilities for them to lead the life they choose and to meet their needs. The home makes sure they have the right specialist equipment that encourages and promotes their independence. Their room feels like their own, it is comfortable and they feel safe when they use it.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The environment is safe and comfortable for the people living at Longton Nursing Home.

Evidence:

A projected five year programme was in place, which showed future plans for maintenance of the home over this period of time, with some estimated costs of work for imminent repairs, which was considered to be good practice.

Records showed that a lot of environmental improvements had been made this year, including decorating, replacement of some furniture, renewal of some carpets, painting of corridor walls and refurbishment of a bathroom. These improvements were pleasing to see.

On touring the environment we found the home to be warm, welcoming and tastefully decorated, providing pleasant surroundings for people to live in. Bedrooms were adorned with personal belongings and good quality furniture, making private accommodation homely and comfortable.

The environment was pleasant smelling throughout and people spoken to were happy with their private accommodation. They told us that the home was always clean and tidy and that their bedrooms were well kept.

## Evidence:

The manager told us what the service does well. She wrote on the home's self-assessment, 'The home is well maintained through a continuous refurbishment programme. Risk assessments of the environment are carried out and acted upon, (if necessary), annually. The grounds are extensive and well laid out. There is disabled access to the grounds to enable all service-users to make use of them'.

The laundry department was fit for purpose and was well organized. We were told that two new driers were on order to enhance the laundry facilities. Policies and procedures were in place at the home in relation to infection control, so that staff were aware of their responsibilities in preventing cross infection. Clinical waste was being disposed of in the correct manner to reduce the risk of infection and appropriate training had been provided for staff to ensure they were up to date with current infection control guidance.

People who returned comment cards to us said that, in general, the home was fresh and clean. One person wrote, 'I like my room'.

## Staffing

**These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:**

People have safe and appropriate support as there are enough competent staff on duty at all times. They have confidence in the staff at the home because checks have been done to make sure that they are suitable to care for them. Their needs are met and they are cared for by staff who get the relevant training and support from their managers.

There are no additional outcomes.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The number and skill mix of staff on duty meets people's needs, but the recruitment practices adopted by the home could be more robust in order to consistently protect those living at Longton Nursing Home.

Evidence:

We examined the duty rota, which showed staff on duty at any time of the day or night. At the time of our visit to this service there were 55 people living at the home and we found that the needs of those whose care we 'tracked' were being appropriately met by the number and skill mix of staff on duty.

When asked if staff are available when they are needed responses varied from the people who returned comment cards. Three told us that staff were always available, nine said they usually were and three responded by saying staff were sometimes available when needed.

A good percentage of care staff had achieved a recognised qualification in care, so that the workforce as a whole was trained to provide the care and support required by the people living at the home. However, the recommended level of 50% of care staff with this qualification had not yet been met, although the home was evidently working toward this figure.

## Evidence:

We examined the records of three people employed at Longton Nursing Home in order to assess recruitment practices adopted by the home. Although Independent Safeguarding Authority (ISA) checks had been conducted before they all started work, for two of these staff members Criminal Records Bureau (CRB) disclosure had only been obtained after employment had commenced. Although we were told these people had been constantly supervised until their CRB's had been received, new staff should only be employed before receipt of a CRB in exceptional circumstances, which should be fully recorded alongside the record of constant supervision.

A training co-ordinator was employed at the home, who was responsible for ensuring that the staff team received relevant training to allow them to do the job expected of them. We discussed the programme with the training co-ordinator, who was very motivated to maintain a high level of training for those working at the home. The staff matrix showed that a wide range of training was provided and a high percentage of staff had completed each mandatory course, which was commendable. Moving and handling packs had been prepared for staff linked to their individual job role, to ensure that everyone was able to work safely, which was considered to be good practice.

Records showed that the training co-ordinator and some senior staff had attended a variety of external training courses, such as Deprivation of Liberty Safeguards, equality and diversity and the mental capacity act and had then passed on the information to the rest of the work force, so that everyone was working in the same way. An appropriately trained nurse and the training co-ordinator had prepared packs for staff in relation to the mental capacity act before they delivered this specific training. Training specific to the needs of people living at the home had been introduced, such as, dementia care and catheterisation, which was considered to be good practice.

Records showed that new staff were assigned a mentor, who guided them through a robust induction programme to ensure that they were provided with all the information they needed before they started to work alone. We asked staff about training provided at the home. One of these people commented, 'we get loads of training' and another simply laughed and said, 'we are always on training courses, which is really good!'

The manager of the home told us on the self assessment what the home does well and how the service has improved in this area during the last twelve months.

When asked what the service does well she wrote on the home's self assessment, 'The majority of care staff have now attained NVQ level 2 in care. Several staff have started Level 3. Staff are encouraged to achieve NVQs and attend study days and

Evidence:

training. Service-users are supported and protected by the home's recruitment policy and procedures. The home provides a stable workforce which allows for continuity of care'.

## Management and administration

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have confidence in the care home because it is led and managed appropriately. People control their own money and choose how they spend it. If they or someone close to them cannot manage their money, it is managed by the care home in their best interests. The environment is safe for people and staff because appropriate health and safety practices are carried out.

People get the right support from the care home because the manager runs it appropriately with an open approach that makes them feel valued and respected. The people staying at the home are safeguarded because it follows clear financial and accounting procedures, keeps records appropriately and ensures their staff understand the way things should be done. They get the right care because the staff are supervised and supported by their managers.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The home is managed well so that the health and welfare of people living and working there is protected, but the safety of residents is not consistently promoted.

Evidence:

The manager of Longton nursing home, Brenda Heaton had been registered with the Care Quality Commission and therefore considered fit to manage the home. During the course of our inspection the manager was cooperative and helpful throughout. One staff member who we spoke to told us that she had worked there for many years. She said, 'I love working here. Brenda, the manager is very supportive. I can ask her anything, she is very approachable and so are her deputies'.

All staff spoken to said they were supported by manager of the home. One of these people said, 'Brenda is always there for us, as are the other managers. We even see the company reps regularly and they are accessible too'.

The quality of service provided was being monitored in a variety of ways, so that any

## Evidence:

strengths could be built upon and any areas for improvement could be identified, with strategies implemented to address areas of weakness.

A wide range of surveys had been conducted, so that views of people interested in the service provided for those living at the home were sought. Feedback received was correlated and produced in a graph format for easy reference, so that people could access results of the surveys.

A company representative generated a monthly report following an unannounced inspection, so that any areas of concern could be identified.

A variety of meetings were regularly held, with minutes retained, so that information could be shared with relevant parties and so that open discussions could take place about appropriate and current topics.

Audits had been introduced, so that the management of medications and the care planning process was quality monitored. This process could now be extended to include many other areas of the service provided.

Personal allowance records were seen which were clear and easy to follow. Any transactions were signed by two staff members in order to protect the financial affairs of people living at the home. Receipts of expenditure were retained with the personal allowance records to show what had been purchased on behalf of people and those living at the home had access to their money at all times, which was retained securely within the home.

Accident records were maintained in line with data protection regulations, so that the personal details of people were protected. However, we noted from these records that four incidents had occurred during June 2010 involving bedrails, which was concerning. Three of these incidents were recorded as being due to bedrails needing to be adjusted. One person had received minor injuries due to being trapped between the bars of the bedrail and the side of the bed. These concerns need to be addressed, so that the safety of people living at the home who use bedrails is maintained at all times. We were told that bedrails are routinely checked to ensure they are fitted appropriately. The system in place at the home needs reviewing, so that more robust checks are introduced.

We saw a random selection of service certificates, which showed that systems and equipment within the home were checked regularly by external contractors to ensure that they were safe for use.

Evidence:

Duty of care transfer notices were seen, showing that clinical waste was appropriately collected and infection control training had been provided, so that staff were fully aware of precautions to take in order to prevent the possibility of cross infection.

The registered manager wrote on the home's self-assessment when asked what the service does well, 'The home has achieved the Investors in People Award. A quality assurance system is in place and the information collated and improvements made where necessary. Internal audits take place regularly. The service-users financial interests are safeguarded and documents maintained. The Registered Manager ensures that the health, safety and welfare of staff and service-users are paramount at all times'.

When asked what the service does well one resident wrote on the comment card, 'Good organisation. It is as homely as possible' and another commented, 'Everything runs OK, so far as I can tell'.

Are there any outstanding requirements from the last inspection?

Yes

No

## Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action

## Requirements and recommendations from this inspection:

### Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action

### Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
1	29	19	<p>The registered person must not employ a person to work at the care home unless a Criminal Records Bureau disclosure has been obtained, unless in exceptional circumstances, which must be clearly documented.</p> <p>This is so that new staff are deemed fit to work with this vulnerable client group to ensure they are consistently protected.</p>	31/07/2010
2	38	13	<p>The system for checking the safety of bedrails must be reviewed and made more robust.</p> <p>This is so that the safety of people living at the home is maintained at all times.</p>	31/07/2010

## Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No	Refer to Standard	Good Practice Recommendations
1	7	Care plans should be more person centered, providing staff with clearer guidance about how all assessed needs can be best met, including how people are supported to maintain their independence and leisure interests whilst living at the home. Vague terminology should be avoided, so that a more holistic approach to care is promoted.
2	8	Strategies implemented as a result of risk assessments should be recorded within the risk management framework, so that staff are aware of what they need to do in order to eliminate or reduce the potential risk factor.
3	9	Any hand written entries on the Medication Administration Records should be consistently signed, witnessed and countersigned in order to avoid any transcription errors and the amount of variable dose medication given should always be recorded in order to reduce the possibility of drug errors.
4	12	The social needs of people living at the home should be included in the care planning process, so that staff are aware of their histories and therefore can support people to relate to significant events in their lives and help them to maintain their leisure interests whilst living at the home.
5	28	The home should continue to work toward achieving 50% of care staff having completed a qualification in care, so that the workforce is well qualified as a whole.
6	33	The auditing process should be extended to include a wider range of areas provided by the home, so that services and facilities can be more closely monitored.

## Helpline:

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