

Key inspection report

Care homes for older people

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

The quality rating for this care home is:	one star adequate 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.

Lead inspector:	Date:
Vivienne Morris	2 9 0 9 2 0 0 9

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 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

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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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:	longtonmps@aol.com
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

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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

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 £401:50 to £610:00 per week. Additional charges were being incurred for hairdressing, chiropody, magazines and newspapers.

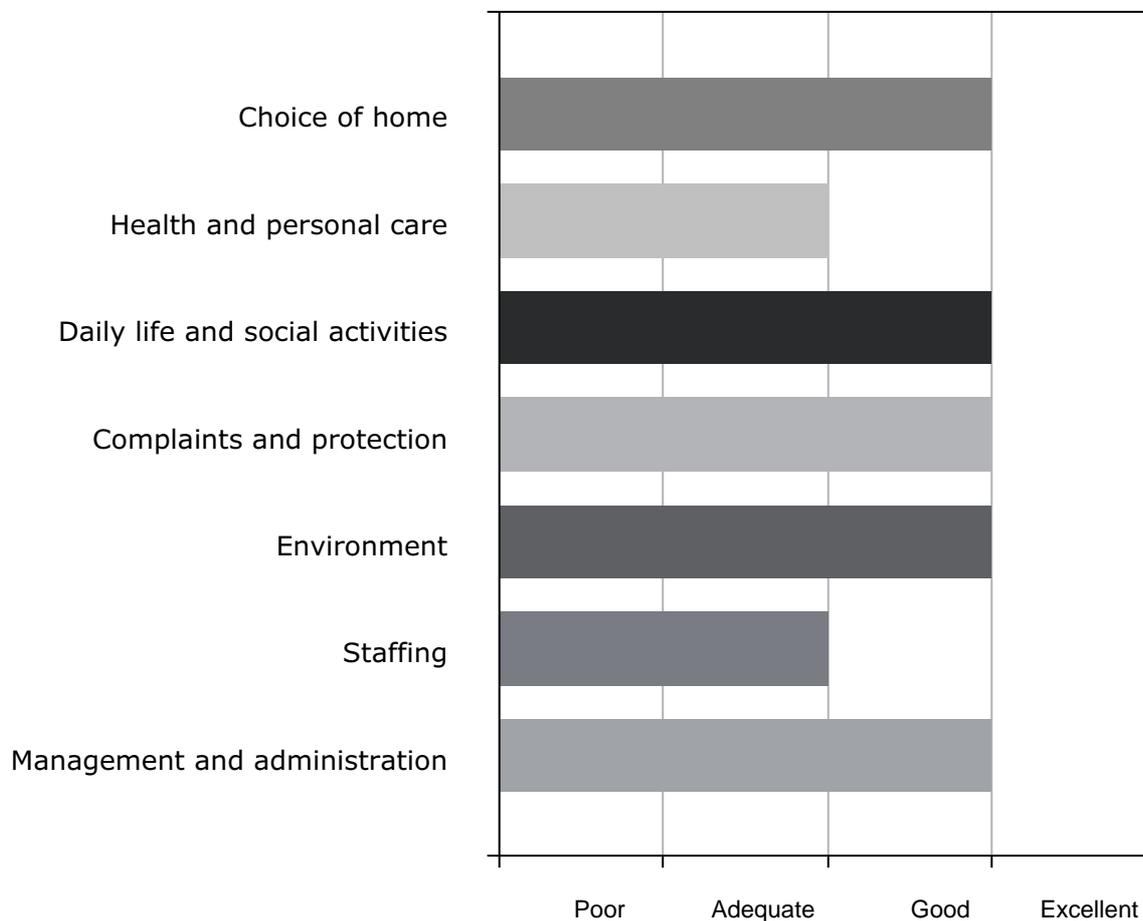
Summary

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

The quality rating for this care home is:

one star adequate service

Our judgement for each outcome:



How we did our inspection:

The last key inspection of Longton Nursing and Residential Home took place on 10th October 2007. The quality rating for this service is one star. This means that people who use this service experience adequate quality outcomes.

The site visit to Longton Nursing and Residential Home formed part of the inspection process and was conducted over one day in September 2009. 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, as well as relatives, 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.

Comment cards were received from twenty people who were living at the home and eight staff members and their feedback is reflected throughout 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 this information from the AQAA is incorporated in this report.

We observed the activity within the home and 'tracked' the care of three people during the site visit, not to the exclusion of other people living at Longton Nursing and Residential 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.

The Care Quality Commission had not received any complaints during the last twelve months. Two safeguarding referrals had been reported to social services by the home. In both cases the home responded well to the information received and acted in the best interest of the people living at Longton Nursing and Residential Home.

What the care home does well:

The needs of people wishing to move in to Longton Nursing and Residential Home were assessed where possible before admission and information had been gathered, so that the staff team were aware of the care and support needed.

One plan of care contained a lot of details about the individual's assessed needs in accordance with information obtained before they moved in to the home, so that staff were aware of what they needed. The privacy and dignity of people living at Longton Nursing and Residential Home was well promoted through the policies and procedures and the general every day practices adopted by the home.

A variety of external professionals had been involved in the care of people living at the home to ensure that their health care needs were being appropriately met.

The routines of the home were flexible and a range of activities were arranged for those who wished to participate. People living at Longton Nursing and Residential Home were treated equally so that everyone was given the same opportunities despite their disabilities.

Relatives spoken to were happy about how visitors were received into the home and they told us that the staff were all very friendly, kind and caring. Sufficient information was provided to people about the use of the local advocacy services to act on their behalf, should they so require and people living at the home were able to have some control over their lives by managing their own finances, should they wish to do so. Personal allowances were managed well to ensure that people's finances were safeguarded.

People living at the home were provided with nutritious, well balanced meals so that their dietary intake was sufficient and those requiring support with eating their meals were assisted in a gentle manner, whilst others were encouraged to eat independently.

The complaints procedure was freely available within the home and it was also included within the service users' guide so that people were given enough information about how they could make a complaint should they wish to do so.

The policies and procedures in relation to safeguarding vulnerable adults were easily accessible and staff spoken to knew the procedure to take should an allegation of abuse be received by the home.

The home was pleasantly decorated and furnished and effective infection control measures were in place to ensure that the health and safety of people was well protected.

Staff rotas showed that staffing levels had been calculated in accordance with the assessed needs of people living at the home and it was evident that additional staff were deployed during the busier periods of the day, which was considered to be good practice.

The health, safety and welfare of residents was protected by the policies, procedures

and practices adopted by the home to ensure that any hazards, which could pose a potential risk, were minimised or eliminated.

People living at Longton Nursing and Residential Home looked happy and were evidently comfortable interacting with the staff.

A range of systems were in place so that the quality of service provided could be closely monitored in order that any positive outcomes for people living at the home could be noted and any areas for improvement could be quickly rectified.

When asked what the service does well comments included,

'it provides excellent nursing care. The staff are generally excellent, caring and helpful. Senior staff are always on hand to discuss matters and they are very helpful'

'it is very clean. Most staff are friendly and caring'

'the food is good and the care is generally good'

'the meals and laundry services are first class as is the daily cleaning of my room'.

'it provides a lot of training for care staff. There are a lot of domestic staff who work hard. The food is good and plentiful. They try to adapt menus to suit individuals. The pets make a homely atmosphere'.

When asked if there was anything else they would like to tell us one person living at the home wrote on the comment card, 'the staff are quick off the mark to notice when you are not well or out of sorts and they give the attention needed. I would recommend Longton Nursing and Residential Home to anyone, where they would feel valued as a person'.

What has improved since the last inspection?

There were no requirements issued at the time of our last key inspection. Four out of the six recommendations had been appropriately addressed.

Record keeping in relation to dietary and fluid intake had improved since our last key inspection and it was consistent with nutritional care being delivered in day to day practice.

The provision of activities had improved since our last visit to the service with a structured programme of activities and the employment of an additional activities co-ordinator.

Some furniture which was identified as being in poor condition at our last visit had been replaced so that a more comfortable environment was provided for the people living at the home.

What they could do better:

Information gathered about peoples' needs before they were admitted to the home could have been more detailed and could have provided staff with better guidance about how their needs could be best met.

The care planning process could have been much better. One person living at the home had no care plan in place, which was unacceptable and therefore an immediate requirement notice was issued at the time of our visit. A relative of this individual had signed to say they had been involved in the care planning process and agreed with the contents. One care plan seen could have been more person centered by less use of vague statements and more detail about exactly how each individual's needs were to be met. The two plans of care seen could have incorporated how people could be supported to maintain their leisure interests whilst living at Longton Nursing and Residential Home.

The management of medications could have been better by a record being maintained of all medicines received into the home and any hand written entries on the Medication Administration Records being signed witnessed and countersigned so that people living at the home were protected from possible medication errors and drug misuse. Records showed that one controlled drug had not been given as prescribed as the home had run out of this medication, which could have seriously affected the individual's health.

Some areas of the home, particularly the en-suite bathrooms were being used as storage areas making the bathing facilities inaccessible for the people living at the home. Although the premises were in general well maintained some minor repair work was needed in certain areas as described within the section 'environment' of this report.

Recruitment practices could have been better by ensuring that all checks for new employees had been obtained before people started to work at the home so that people living there were always protected.

When asked what the service could do better a relative wrote, 'sometimes mum's clothes do go missing, but I imagine this is understandable when dealing with a lot of people' and one person living at the home commented, 'sometimes I have to wait a long time to use the toilet. Other than that I am quite happy'.

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. You can get printed copies from enquiries@cqc.org.uk or by telephoning our order line 0870 240 7535.

Details of our findings

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Requirements and recommendations from this inspection

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 were assessed, where possible, before they moved into the home but the information gathered could have been more detailed.

Evidence:

We 'tracked' the care of three people living at Longton Nursing and Residential home. One of these people had been admitted under emergency circumstances and therefore limited information was available before they arrived at the home. However, more detailed information was gathered at the time of admission and the home's emergency admission procedure was followed to ensure that the individual was provided with enough information about the services and facilities available to them.

Another person had been transferred from the South of England and therefore the home had not conducted a face to face assessment of this person's needs before admission, but had gathered information from different sources, such as the General Practitioner.

Evidence:

An assessment of needs had been conducted for a third person whose care we 'tracked'. which provided staff with basic guidance about the care and support required so that the staff team were confident that they could meet his needs. However, the information recorded could have been more individualised by a more person centred approach being adopted by the home.

We received comment cards from 19 people who lived at the home, ten of who said that they were given enough information to help them decide if the home was the right place for them to live. One of these people wrote, 'yes about keeping animals. I was able to bring my cat with me'. Four people said that they were not given enough information about the home and five were not sure. The majority of staff who sent us comment cards said that they were usually given up to date information about the needs of people they supported.

The manager of the home sent us the Annual Quality Assurance Assessment which was very detailed and told us what the service does well and any areas for development.

She wrote, "Prior to admission detailed pre-admission assessments are carried out and documented by qualified nursing staff to assure that the needs of the service-users can be met at the home. Service-users and their representatives are given time to discuss their needs and expectations with staff prior to admission in order to ensure a smooth transition process. The information gathered is then used in the compilation of the service-users plan of care. Prospective service users are introduced to people already living in the home and given the opportunity to discuss their experiences of the service provided".

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

The privacy and dignity of people living at Longton Nursing and Residential home was consistently maintained. However, staff had not always been provided with clear guidance about how peoples' needs were to be appropriately met and the management of medications could have been better.

Evidence:

Of the three people whose care we 'tracked' only two had plans of care in place. One person had been living at the home for seven weeks and there was very little written information about her needs available. A plan of care was not in place, although a relative had signed a declaration stating that she had been involved with the care planning process and agreed with the contents of the care plan.

The policies and procedures of the home were not always being followed in day to day practice as they stated, 'every service user has an individual care plan. This is based on a thorough assessment of their needs, both physically and spiritually of each service user'. The Statement Of Purpose told people that care plans were compiled within 48 hours of admission to the home.

Evidence:

An immediate requirement notice was issued at the time of our visit in relation to a care plan not being in place for one person living at the home and therefore regulation 15 was not being met.

One care plan seen was well written providing staff with clear guidance about the care needs of the individual and how these could be fully met. This plan of care was person centered and had been reviewed each month showing any changes in care needs, so that staff were given up to date guidance about what this person required. However, the plan of care could have shown how support should be provided in order to maintain their leisure interests whilst living at the home. The relative of this resident had signed to indicate he had been involved in the care planning process.

A wide range of assessments were in place for this person with strategies implemented to minimise any element of risk identified. This individual's likes and dislikes were recorded well, which included dietary preferences and leisure activities enjoyed.

It was pleasing to see that a deprivation of liberty check list had been incorporated into the care records to determine if this person had capacity to give informed consent or if they were being deprived of their liberty.

The second care plan seen provided basic information about the resident's needs and limited guidance only about the care and support required by this individual. There was evidence that a variety of external professionals were involved with the health care of people living at the home. However, the plan of care in relation to mobility showed that pressure relief was needed and that pressure ulcers were present to the legs. Although the District Nurses attended to this person's ulcerations there was no care plan in place specific to pressure relief to ensure that all staff working at the home provided the same level of care. However, the daily records showed that pressure relief was being provided although written guidance had not been provided for staff. The care plan as a whole for this resident contained some vague statement which did not promote a person centered approach to care for this individual.

The care records seen included independence, privacy and dignity, particularly when providing personal care. The Service Users' Guide, policies and procedures of the home supported the six values of care and staff were seen to be treating people living at the home with respect and were speaking to them in a kind and caring manner.

People living at the home and who sent us comment cards told us that they usually

Evidence:

received the care and support they needed and that in general they always received the medical care they needed.

When asked what the home could do better one staff member wrote on the comment card, 'open lines of communication across shifts and workers to ensure we are always aware of changes or deterioration in clients conditions'.

The management of medications could have been better. Although the Medication Administration Records seen had been completed correctly the quantity of medications received in to the home had not always been recorded so that drugs could be accounted for and any discrepancies highlighted. Hand written entries had not always been signed, witnessed and countersigned so that the possibility of transcription errors was minimised. The Controlled Drug register showed that one person was prescribed Fentanyl patches 25mcgs every three days, but had missed two doses and a third had been administered a day late because the home had 'run out' of the prescribed medication. We were told that this medication had been ordered on time but that it had not been despatched by the pharmacist despite regular prompts, which were recorded. However, this could have seriously affected this person's health. Medication Administration Records showed the amount of variable dose medications given and identified why medications had been omitted.

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

Evidence:

Two activity co-coordinators were employed at Longton Nursing and Residential Home. They were responsible for organising and implementing activities within the home, in the local community and further afield dependent on the weather conditions and activities planned.

We saw some people being assisted to attend a coffee morning at a local church, which was a regular activity. It was pleasing to see other people coming and going throughout the course of the day, some with relatives, others being supported by staff members and some on their own. We were told that a trip to Blackpool illuminations had been arranged for the evening of our visit and some people spoken to were looking forward to their trip out. We saw that one person whose care we 'tracked' had equipment in her room in accordance with her preferred leisure activities.

A colourful activity programme was clearly displayed within the home, which showed a

Evidence:

variety of daily activities, but we also established that a range of other activities were provided which interested those living at Longton Nursing and Residential Home. These included gardening at the raised flower beds which were wheel chair friendly, talks by representatives from a local museum and flower arranging by a visiting florist. People were getting quite excited about the imminent hatching of chicks and told us that they really enjoyed the visits from the PAT dog and folk group.

We spoke to the activity co-coordinators who showed us that activity assessments were conducted for everyone once they had settled in to the home, usually after about 4 weeks and a monthly communication sheet was to be implemented shortly. which was considered to be good practice. Records showed that one of the activity co-coordinators had received specific training and it was evident that the activities provided were in general more person centered. However, The plan of care for one person stated under 'leisure interests', 'to compile a full programme of leisure activities in accordance with resident's wishes'. There was no evidence that this had been done and staff spoken to told us that this individual was not interested in doing anything. Therefore, the plan of care did not reflect what was happening in day - to - day practice for this person.

Those spoken to told us that they felt a good range of activities were provided at the home but were pleased that they could choose which ones to join in and were not forced to participate if they did not want to. People who lived at the home and who sent us comment cards felt that in general the home arranged activities which they could take part in if they wished. They also told us that they enjoyed the meals served at the home.

It would be beneficial if a separate area could be provided for the provision of activities so that a smoother activity programme could be established for the people living at the home instead of activities being disrupted by dining tables needing to be set and other possible interruptions.

We established that one of the younger people attended college and that another resident pursued his leisure interest by occasionally going fishing. There was a homely feel to the place, especially with a variety of pets living at the home, including two dogs, four cats and a variety of tropical fish. People living at the home obviously enjoyed the company of the various pets and one person said, "it is very comfortable here. Like home from home" and when asked what the service does well one person wrote on the comment card, 'the home feels very homely with the various pets and the food is very good' and a staff member commented, 'it makes people feel at home in a helpful and caring way'.

Evidence:

Information within the home which was readily available for those living there and their relatives told people about the activities which take place and that ministers of all faiths are welcome to the home in order for religious rights to be upheld. People told us that they are able to attend church services should they wish to do so. It was quite evident that the home had strong links with the local churches and the local community.

The manager told us how the service had improved in this area within the last twelve months, which included, the employment of a second Social Activities Coordinator to support the service users to enable them to enjoy a full and stimulating lifestyle with a variety of options to choose from and the introduction of a visiting pat dog.

When asked what the service could do better one person wrote on the comment card, 'social activities. Anyone not very able seems to be left out. Maybe the activities coordinators could just go and chat 'one to one' with people confined to their rooms. Even just five minutes would be nice for some residents' and another wrote, 'I would like it to be quieter. I can hear other people's televisions and it upsets me'.

The Statement Of Purpose showed that visiting times were unrestricted and that friends and family were able to visit people within the privacy of their own rooms if the person living at the home wished. It was quite evident that family and friends were encouraged to take part in any activity or outing arranged by the home so that they were included in the life of their relative.

We noted that there were a lot of visitors coming and going, which gave us the opportunity to obtain their views about the service provided by Longton Nursing and Residential Home. All said that they felt comfortable visiting the home and that they are made to feel very welcome by staff. One of these people said, "it is lovely here. The atmosphere is great because everyone is so friendly" and another commented, "the staff are all superb. They are always smiling and happy".

Information was readily available about the use of the local advocacy service so that people could access a person to act on their behalf if they wished to do so.

We observed lunch being served. The dining facilities were very pleasant with dining tables tastefully laid. Age appropriate background music was playing and a well kept tropical fish tank was situated in the dining area. This all added to the relaxed dining ambiance and it was pleasing to see one member of staff sitting having her lunch with the people living at the home. Those spoken to were aware of what they had selected

Evidence:

from the choice of meals available and appeared to be thoroughly enjoying their selected option. The meals served were well presented and specialised utensils were provided as required to promote independent eating. People requiring help with their lunch were discreetly assisted by staff in a kind and caring manner. We noted that the meals served did not co-incide with the printed menu although the choices made by the people living at the home were in accordance with the options given. We were told that the menu is under review and that a new menu is in the process of being introduced. People spoken to all were all very complimentary about the meals served and we sampled the food, which was very tasty and nutritious.

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 were managed well and people living at Longton Nursing and Residential Home were appropriately safeguarded by the robust policies and procedures adopted by the home.

Evidence:

The manager of the home told us on the home's self assessment that complaints policies and procedures were available to service-users, representatives and staff, which clearly stated the appropriate procedure to be followed in the event of a complaint. She also told us that the procedure was available on notice boards at various points around the home, in the Service Users' Guide and in the Statement Of Purpose.

We saw that the complaints procedure was displayed in the reception area of the home and was included within the Service Users' Guide so that people would know how to make a complaint should they wish to do so. However, this procedure needed to be updated to include contact details of the local funding authority as they are the lead body for the investigation of complaints.

At the time of our visit we were told that there was a system in place for the recording of complaints but that this documentation was locked away and not accessible as the manager of the home was on a training course. People spoken to on the day of our visit told us that they would know how to make a complaint should the need arise and

Evidence:

13 of the 19 people who sent us comment cards indicated that they were aware of how to make a complaint, but the other six said that they would not know how to make a formal complaint. However, all but one person said that there was someone they could speak to informally if they were not happy and that, in general, staff listened to them and acted on what they said.

All eight staff members who sent us comment cards said that they would know what to do if someone had concerns about the home.

Policies and procedures were in place in relation to safeguarding vulnerable adults, which included a 'whistle blowing' policy so that staff were aware of their responsibilities if they felt that someone living at the home was being mistreated. Staff spoken to told us that they were aware of what they needed to do if they felt that someone in the home was being abused.

We were told that staff had POVA (Protection Of Vulnerable Adults) training as part of their induction programme, during which they watched a DVD and completed a questionnaire to make sure they knew the correct procedure to follow should they have concerns about the treatment of someone living at the home. In addition staff then attended a six monthly training update, which was a compulsory part of their ongoing training programme. A safeguarding referral was made on the day of our visit and this was handled appropriately by staff.

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

The home provided a safe and comfortable environment for the people living at Longton Nursing and Residential Home.

Evidence:

We toured the premises during the course of our inspection and found the home to be in general clean and hygienic. Bedrooms and communal areas were pleasantly decorated and nicely furnished providing a comfortable and homely environment for people to live in. One relative said, "the home is always lovely and clean".

There was an unpleasant smell in one bedroom and the carpet in this room was in need of hoovering. The person living in this room slept in her own reclining chair rather than a bed, which was her preference. We noted that specialised mattresses were in place on a good percentage of beds and that a range of equipment was available to meet the needs of people living at the home.

We observed that some walls were scuffed, possibly due to wheelchairs, and so were in need of painting. The corridor carpet outside the lounge on the first floor was badly marked and in need of a thorough clean. We were told that this had already been identified and was being addressed.

Infection control policies and procedures were in place at the home and clinical waste

Evidence:

was being disposed of correctly so that the possibility of cross infection was minimised. Staff were seen disposing of soiled linen appropriately and the laundry department was fit for the purpose of the home.

Those who lived at the home and sent us comment cards said that, in general, the home was fresh and clean.

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 **adequate** 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 met people's needs, but the staff team could have been better trained and the recruitment practices could have been more robust so that people living at the home were better protected.

Evidence:

At the time of our visit to this service there were 48 people living at Longton Nursing and Residential Home. The rota showed an appropriate skill mix of staff on duty at any time of the day or night. The duty rota demonstrated good planning so that shifts were staggered, allowing more staff to be on duty during the busier periods of the day and in accordance with individual needs of people living at the home.

The majority of those living at the home who sent us comment cards said that in general staff were available when they were needed.

When asked if there were enough staff on duty to meet the individual needs of all the people who use the service, responses on comment cards from staff varied. One person felt that there was always enough staff on duty, others felt that there usually were or sometimes were sufficient staff to meet the needs of those living at the home. Comments from these staff members included, 'more staff would be beneficial for all concerned, but we do have legal numbers on site' and 'more carers are always needed in all homes'. When asked what the home could do better one staff member wrote,

Evidence:

'we could work more as a team. We could have fewer trained nurses on duty and more carers (there are sometimes four trained nurses in the office). Residents often wait too long when needing the toilet and are left sitting at dining tables too long at meal times'.

At the time of this key inspection the duty rota showed that there were 36 care staff employed at the home, five of whom had completed a recognised qualification in care, which falls short of the National Minimum Standards recommendations of 50% of care staff being appropriately qualified. However, a number of care staff were progressing through the award showing that the home was working towards a more qualified staff team.

We examined the records of three people working at Longton Nursing and Residential home. All appropriate checks had been conducted for one of these staff members before they started employment.

The Protection Of Vulnerable Adults (POVA) register had been checked for the other two staff members before they started to work at the home, but the Criminal Records Bureau (CRB) disclosure had been obtained for one person after they started work and the home was still awaiting receipt of the CRB for the other person who commenced employment directly on to night duty on 16th September 2009. An offer of employment letter was on file for this staff member, which was dated the day before she started night duty informing her of her start date four weeks hence. An offer of employment letter was on file for the other person telling them that they would be contacted again following receipt of a satisfactory CRB disclosure. We were told that both staff members would be supervised until receipt of their CRB's and relevant records were later forwarded to us. The CRB guidance states that staff should only be employed before receipt of a CRB in exceptional circumstances. There was no record within these staff members' files to show what the exceptional circumstances were at the point of employment.

A reference for one staff member who commenced employment in August this year was written in April 2007 and was completed by a previous manager the day before he left their employment two and a half years ago, which was considered not to be current. We were told that a more current reference had been requested but not yet received.

The Nursing and Midwifery Council register had been checked to ensure that all trained nurses were eligible to practice so that they were able to work as qualified nurses.

Evidence:

A training matrix was in place at the home and certificates of training were retained on staff files showing that staff continued to update their knowledge, skills and personal development. Records showed that each new employee had completed an induction programme when they started working at the home to ensure they were provided with all relevant information and were competent to do the job expected of them. Each member of staff had an individual training profile, showing what training courses they had completed, which was considered to be good practice. However, training provided could have been extended to include that specific to the individual needs of people living at the home. The matrix showed that a good percentage of staff had completed training in the Protection Of Vulnerable Adults, moving and handling and fire safety, but very few had completed training in Health and Safety, infection control and food hygiene, all of which should be considered as mandatory training for all relevant staff members. We were told that all care staff had commenced a new training programme which covered all the mandatory elements of training and other areas related to specific conditions and illnesses so that staff gained a broad knowledge base to enable them to care and support the people living at the home.

It was pleasing to see that the manager of the home had completed Deprivation Of Liberty Standards (DOLS) training so that she was fully aware of the new legislation and how to access an assessor to determine if someone was being deprived of their liberty or not.

The majority of staff who sent us comment cards responded positively when asked about recruitment practices, induction programmes and training provided by the home.

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 was managed well so that the health, welfare and safety of the people living and working there was protected.

Evidence:

The current manager, Brenda Heaton has been employed by the home for several years but has only recently taken up post as manager. Therefore, she has not yet been registered with the Care Quality Commission. Those spoken to felt that the home was being well managed and staff who sent us comment cards told us that in general they felt supported and methods of communication between staff and managers usually worked well.

One person living at the home when asked on the comment card what the service could do better wrote, 'improve on client communication and another commented, 'things vary from day to day depending who is on duty'.

A wide range of surveys had been conducted by the home, the results of which had

Evidence:

been produced in a graph format so that people could easily see how the service was performing. A variety of meetings took place with minutes retained, so that any interested parties could be kept informed and up to date about topics discussed.

A variety of internal audits had been conducted so that any strengths or areas for improvement could be identified and addressed as was required. The company conducted regular inspections of the home to determine if the service provided was performing to a good standard or not. In addition the policies and procedures of the home were reviewed at intervals so that staff were provided with up to date information about changes in legislation and current working practices.

The manager told us on the self assessment what the home does well and any areas that could be improved. She told us, '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'.

A range of risk assessments were in place with strategies implemented in order to protect people from harm and people's monies were being well managed to ensure that their finances were sufficiently safeguarded.

A random selection of service certificates were examined showing that equipment and systems within the home were tested by external contractors at appropriate intervals to ensure that they were safe for use. In addition records showed that a range of internal checks were conducted regularly to ensure that people living at the home and staff were protected. Accident records were completed as was necessary but these were not being retained in line with data protection to ensure that confidentiality was consistently maintained. Health and safety information was readily available for staff and those working at the home had received some training in relation to health and safety matters.

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
1	7	15	<p>The registered person must ensure that a care plan is prepared for everyone living at the home, which shows how the individual's needs in respect of their health and welfare are to be met.</p> <p>This is so that staff are given clear guidance about how they need to support people in their care to ensure that their assessed needs are fully met.</p>	01/10/2009

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	9	13	<p>The registered person must make arrangements for the safe management of medications.</p> <p>This is so that the health and safety of people living at the home is not compromised.</p>	15/11/2009

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	3	The information gathered about the needs of people before they move into the home should be more specific and more person centered so that an individualised package of care can be developed.
2	7	The plans of care should always accurately reflect what is happening in day to day practice to ensure that all staff are delivering the care and support required.
3	7	One plan of care should have been more specific to the individual and less vague statements used, so that a more person centered approach was adopted by the home.
4	7	The plans of care should include how people can be supported to maintain their leisure interests whilst living at the home to ensure that they continue to do what they enjoy.
5	12	The plans of care should reflect what is happening in day to day practice in relation to people maintaining their leisure interests whilst living at the home.
6	12	It would be beneficial if a separate area of the home could be dedicated to the provision of activities so that interruptions would be less likely.
7	16	The complaints procedure should be updated to contain details of the local funding authority as they are the lead body in the investigation of complaints.
8	19	The home should as far as possible ensure that the environment is free from offensive odours throughout and carpets should be clean and free from bits, so that pleasant surroundings are provided for everyone living at the home. Walls should be painted where scuff marks are evident so that the environment continues to be maintained to a good standard.
9	28	The home should continue to work towards achieving 50% of care staff with a recognised qualification in care.
10	29	References for prospective staff should not be accepted unless they are current to ensure that up to date information is obtained about people employed at the home.
11	29	Staff should only be employed before Criminal Record Bureau disclosures are obtained in exceptional

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
		circumstances and recorded evidence of what these circumstances are should be retained.
12	30	Staff training programmes should be extended to incorporate training specific to the needs of people living at the home and to include more mandatory courses, so that staff keep up to date with new ways of working and the changing needs of those living at Longton Nursing and Residential Home.

Helpline:

Telephone: 03000 616161

Email: enquiries@cqc.org.uk

Web: www.cqc.org.uk

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