

Key inspection report

Care homes for older people

Name:	Longfield
Address:	Preston New Road Billinge End Blackburn Lancs BB2 6PS

The quality rating for this care home is:	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.

Lead inspector:	Date:
Graham Oldham	2 4 0 6 2 0 0 9

This report is a review of the 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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Internet address	www.cqc.org.uk

Information about the care home

Name of care home:	Longfield
Address:	Preston New Road Billinge End Blackburn Lancs BB2 6PS
Telephone number:	01254675532
Fax number:	
Email address:	longfieldcare@btconnect.com
Provider web address:	

Name of registered provider(s):	Longfield (Care Homes) Ltd
Name of registered manager (if applicable):	
Type of registration:	care home
Number of places registered:	24

Conditions of registration		
Category(ies):	Number of places (if applicable):	
	Under 65	Over 65
dementia	24	0
mental disorder, excluding learning disability or dementia	24	0
Additional conditions:		
The registered person may provide the following category of service only: Care home only - Code PC to service users of the following gender: Either whose primary care needs on admission to the home are within the following categories: Dementia - Code DE Mental disorder, excluding learning disability or dementia - Code MD The maximum number of service users who can be accommodated is: 24		

Date of last inspection:	0	6	1	0	2	0	0	8
Brief description of the care home:								
Longfield Care Home provides 24 hour long term personal care for up to 24 older people who have a mental disorder or dementia.								
The property is a detached, converted house in its own grounds. The enclosed garden area is accessible to all residents. Parking for staff and visitors is available to the side of the property.								
Accommodation is offered in single and twin-bedded rooms. Communal rooms are								

spacious.

The home is situated on a main road leading into Blackburn, approximately one and a half miles from the town centre and easily accessible by public transport.

The current fees charged at Longfield range from £417 to £439 per week. Additional charges are payable for hairdressing and newspapers.

A copy of the statement of purpose and service user guide is available to prospective service users and their relatives on request.

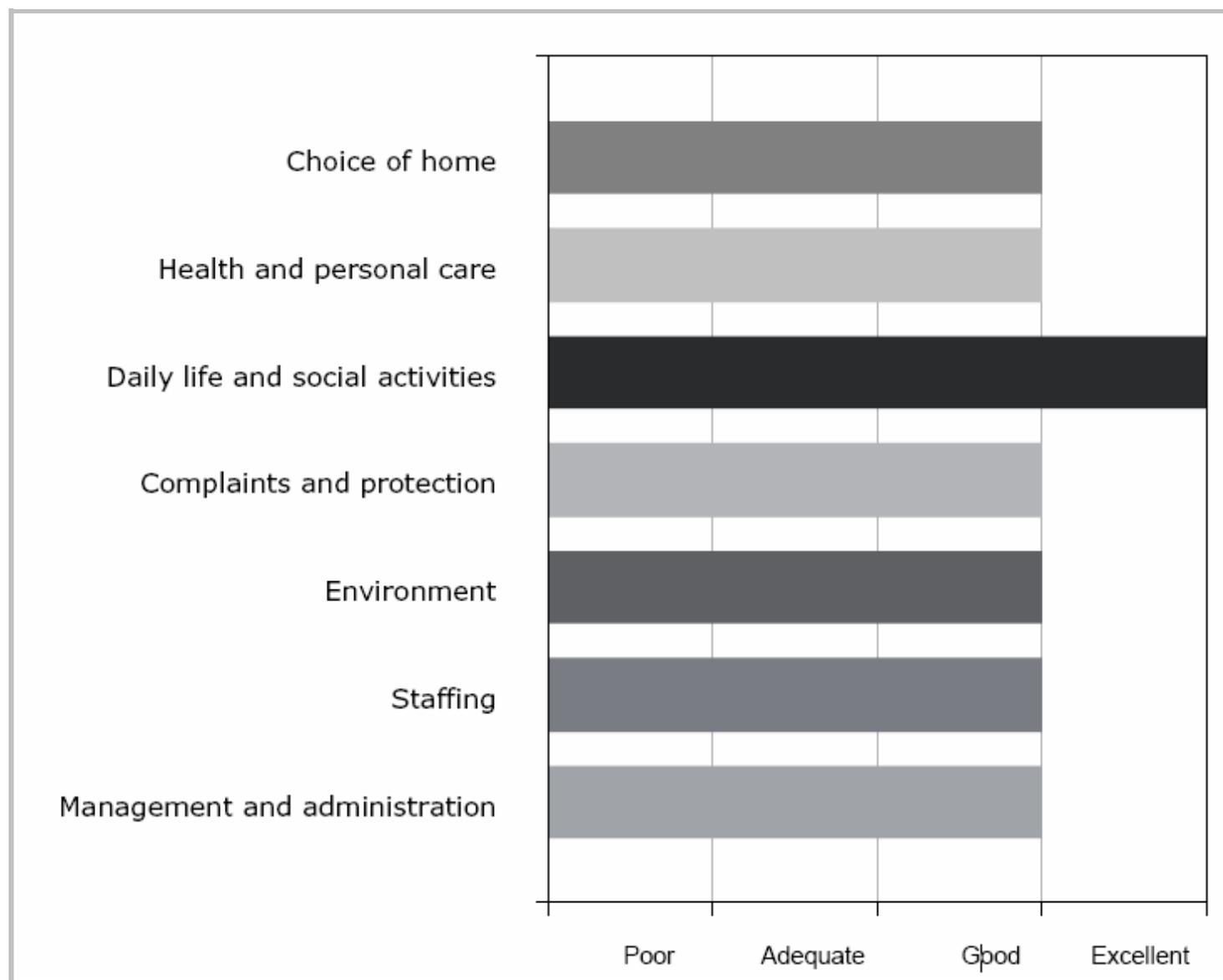
Summary

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:

This unannounced key inspection, which included a visit to the service, took place on the 24th June 2009. Much of the information gained was obtained from talking to residents and staff members. The views of residents were obtained on a variety of topics.

Two residents were case tracked. Case tracking gave the inspector an overall view of the specific care for the individual resident by checking the plans of care, other documentation and talking to residents and staff. Two staff members were questioned

about the care of the residents case tracked.

Some of the views have been reported collectively with specific comments contained within the body of the report.

Staff were directly and indirectly observed carrying out their tasks and interacting with residents. Paperwork examined included plans of care, assessment documentation, policies and procedures or documents relevant to each standard.

A tour of the building was conducted to check over the facilities.

The service provided us with a lot of information in a quality assurance document we sent them. This told us what the service provided, what they did well and how they thought they may improve.

What the care home does well:

The good assessment process ensured people who used the service were correctly placed.

Plans of care contained sufficient details for staff to deliver effective care.

People who used the service had access to specialists to help keep their treatments up to date.

People who used the service said, "The food is all right. My favourite breakfast is bacon on toast" and "the food is reasonable. Other people who used the service said food was good and met their expectations.

The garden area was secure and attractive for people to enjoy.

Staff were observed to treat people with privacy and dignity to ensure they were comfortable with their personal care.

Plans of care has been developed with people who used the service and their families to help demonstrate that choice was offered to help promote independence.

People who used the service said, "I have a nice room" and "I have a nice room. Its nothing special but its all right. I have some of my own things in to make it personal". The environment was well presented and was homely for people who used the service.

The registered person undertook a comprehensive audit of the home, the facilities and services to ensure good standards were maintained.

There was an accessible complaints procedure. People who used the service said, "I am happy I could complain to someone - the manager perhaps" and "I have never thought about complaining. I am all right here. I have nothing bad to say about the place". People who used the service were confident their concerns would be listened to.

There were good policies, procedures and staff training for the safeguarding of adults. Recruitment was good to ensure the right people worked at the care home. People who used the service said they "felt safe". People were protected from possible abuse.

75% of staff had achieved NVQ2 qualifications or better. Most staff had undertaken all the mandatory health and safety type training. There were sufficient numbers of well trained staff on duty to meet the needs of people who used the service.

There were good systems in health and safety to ensure the health and welfare of staff and people who used the service was protected.

People who used the service said, "Its all right here. I am getting good care" and "It is very good. I have a natter with the manager. The staff treat me well". The good attitude of staff and management helped people who used the service to feel content.

There was a good variety of activities at the care home. People who used the service said, "I like to read the paper and go shopping" and "I am a rovers fan and they always let me watch the football when it's on". People who used the service were able to gain satisfaction by following their preferred hobbies.

Staff said, "I feel supported. The manager is really good and we can talk to her. I like working here and get on with staff we have a good staff team. I like working in the nice atmosphere here" and "I have completed an induction when I started - it helped me because I had never done care work before. I am really enjoying it. I get enough support. We all get on well. I enjoy interaction with residents and we can have a laugh with them". Staff felt supported and motivated to carry out their work.

What has improved since the last inspection?

The handling of people who used the service was safe and protected them from possible injury.

Hand written entries in the medication recording file had been signed by two members of staff to ensure practice was safe.

What they could do better:

The registered person must ensure there is a suitably qualified and experienced person

who is registered with the Care Quality Commission to meet current regulations.

The registered person should produce a summary of the surveys undertaken to inform interested parties of the views of anyone who uses the service.

The registered person should ensure the reviews of plans of care are more formalised to demonstrate staff are kept up to date with each persons needs.

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

Contents

Choice of home (standards 1-6)

Health and personal care (standards 7-11)

Daily life and social activities (standards 12-15)

Complaints and protection (standards 16-18)

Environment (standards 19-26)

Staffing (standards 27-30)

Management and administration (standards 31-38)

Outstanding statutory requirements

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

Evidence:

Two people who used the service were involved in the case tracking process. A member of staff, social services or the local hospital trust had undertaken an assessment of each person to ensure their needs could be met at the home and staff would have sufficient information to form a plan of care.

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

Evidence:

Two people who used the service were case tracked. This included the examination of their plans of care. The plans of care had been developed with the assistance of people who used the service or their families to ensure their wishes were taken into consideration. The plans of care had been reviewed but the dates were unclear due to the system used. The information collected by staff was not held formally and it appears that only some aspects of the plan is reviewed. This means that evidence that review has been undertaken is not retained and could be construed as not being undertaken. It should be clear that every aspect of a person's care is reviewed so staff can prove they are up to date with each resident's needs.

The plans of care examined showed evidence people who used the service had access to specialists to ensure they received up to date treatment.

Risk assessments for tissue viability, nutrition and falls had been carried out by staff to help protect the health care needs of people who used the service.

Each person or a family member had signed a declaration that it was their choice that staff could administer medication on their behalf. There were policies and procedures for the administration of medication which ensured staff were aware of how to practice safely. Staff had been trained in medication administration and this was monitored by the pharmacist to ensure staff were up to date with medication issues. The storage,

disposal and administration of medication was safe. The medication recording system was completed without any errors. The manager completed a weekly audit with another member of staff to help minimise errors and keep the system tidy. Staff had access to the local pharmacy for advice and publications for reference. Controlled drugs were stored correctly and recorded accurately. Medication which could be bought over the counter were clearly described and why they could be used to ensure staff did not use the wrong product.

Staff were observed giving care and talking to people who used the service on the day of the inspection. Staff were polite and gave people who used the service options to ensure they had a choice within the routines of the home. Plans of care contained very good details of how each person liked to be treated. Personal care was given in a manner in which people who used the service were comfortable with.

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

Evidence:

There was a record of the days activities on the notice board and a photographic record of people enjoying them. Activities were varied and interesting such as gardening, sitting outside, games or relaxing with a newspaper or watching television. The religious needs of people who used the service were satisfied by the attendance of clergy. Relatives were invited to attend activities and also to take a meal with their families as a social function. The level and type of activities provided people who wanted to participate with a varied lifestyle.

Visitors were observed entering and leaving the home during the day of the inspection and this meant people who used the service were able to meet with family and friends.

Plans of care demonstrated people had been involved in making decisions about their lives. This included the way they dressed, food they liked or if they wished privacy. This vulnerable group were able to live in their preferred way with any restrictions only for their protection.

Breakfast and lunch were observed being provided to people who used the service. The dining room was a pleasant setting and meals were a social occasion. There was sufficient furniture for people to be comfortably seated. People were fed in a discreet and individual manner. The kitchen was clean and tidy and the cook undertook the necessary environmental health checks to keep people safe. The food served was hot, nutritious and appealing. The manager said people had a choice if they did not like the

meal on offer. In general the food served at the home was good for the people who used the service.

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

Evidence:

There had not been any complaints made to the CQC since the last key inspection. There was an accessible complaints procedure, which contained timescales for the services response. The address of the Care Quality Commission was contained within the procedure for people to contact should they not be satisfied with the care services action.

There was a policy and procedure for the protection of adults. This was tied to the Blackburn and Darwen protection of vulnerable adults. This meant staff were aware of what constituted abuse and who they could refer any concerns to. There was a copy of the 'No Secrets' document and a whistle blowing policy for staff to get information from. Staff had received safeguarding and dementia training which helped them deal with this service user group.

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

Evidence:

The outdoor space was secure and contained good quality furniture for people who used the service to enjoy good weather.

The home was warm, clean and did not have any offensive odours to provide a pleasant atmosphere for people who used the service.

Bedrooms had been personalised to the tastes of people who used the service to help them settle in with familiar objects such as family photographs.

Health and safety issues such as restricting window opening, radiator guards and controlling the water temperature helped protect the health and welfare of people who used the service.

The laundry was sited away from food preparation areas. Staff had access to infection control policies and procedures to help control infection. Some staff had been trained in infection control issues to further supplement safety. Equipment in the laundry was suitable to keep clothes clean. It was easy to keep the laundry clean and hand washing facilities were provided for staff to follow safe practices.

Communal areas were a good size and contained sufficient furniture for people who used the service to dine and sit in comfort.

Bathrooms contained devices for the disabled as did toilets which were near to communal areas to make it easy for people to use.

Furniture and fittings such as carpets and curtains were domestic in type to provide a homely atmosphere for people who used the service.

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

Evidence:

More than 50% of staff had undertaken National Vocational Qualifications. Staff had also been trained in dementia care and a wide range of other subjects. On the day of the inspection there were sufficient care and domestic staff to meet the needs of residents. The off duty demonstrated this was normal for this care service. This meant that there were enough staff on duty who had the knowledge to look after the people who resided at the home.

Two staff files were examined during the inspection. Staff had been checked to ensure they did not have a criminal record or been reported for any safeguarding issues. It was noted that the date of commencement of an employees was not contained within the forms. Other information within the files demonstrated the home had gained references from past employers and all other relevant paperwork to make sure they were suitable to look after this vulnerable group of people.

Two staff files examined during the inspection showed new staff had completed a recognised induction course. Staff were then encouraged to enrol on a suitable NVQ course. This ensured new staff were given sufficient information to begin to competently care for people who used the service.

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

Evidence:

At present there is a person employed at the home who was carrying out the day to day management to a good level. She was supported by an administrator and the responsible person who undertook very good auditing visits. The responsible person has approached the Care Quality Commission with a proposal for how she wants the two homes they have to be managed but as yet does not know the outcome. When a manager is registered this requirement will no longer be valid and the service will meet the regulations.

The manager conducted surveys of what people who used the service and other interested parties to see how well they felt the service was performing. The forms were analysed to help improve or maintain the standards on the questions asked. This should be produced as a summary to inform the CQC and other bodies of how they have responded to the surveys. The manager said she held regular recorded meetings with staff, the people who used the service and families to help further improve the service they offer. The quality assurance system used at the care service helped them maintain or improve the service.

There was a health and safety policy for staff to follow good practice. Staff had undertaken mandatory training such as moving and handling, first aid, food hygiene and fire awareness. More training in health and safety training supplemented this. The certification for equipment maintenance was examined and was up to date to ensure it worked properly. The manager was aware of current legislation for health and safety issues. The good health and safety systems helped protect the health and welfare of staff and people who used the service.

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
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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
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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	OP31	8	The registered person must employ a suitably qualified and experienced manager to meet the requirements of the Care Quality Commission.	24/10/09

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	OP7	The registered person should ensure the monthly review of each persons care is completed on a more formal basis.
2	OP24	The registered person should continue to put locks onto the doors of residents bedrooms as part of the maintenance

		program.
3	OP29	The registered person should ensure it is clear when a new employee commences employment to meet current Care Quality Commission guidance. This information should be retained at the home.
4.	OP33	The registered person should produce the results of questionnaires they conduct as a summary to provide to interested parties.

Helpline:**Telephone:** 03000 616161**Email:** enquiries@ccq.org.uk**Web:** www.cqc.org.uk

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