

# Constantia Healthcare (Middlesbrough) Limited Longlands Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

Longlands Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service provides personal care to a maximum of 43 older people and/or older people living with a dementia. At the time of the inspection there were 39 people who used the service.

We last inspected Longlands Care Home in January 2017 when we found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were identified. We issued requirement notices relating to good governance and staffing.

At our last inspection, the service was rated 'Requires Improvement'. Following the inspection we asked the provider to complete an action plan to show what they would do and by when to improve all five key questions to at least Good. At this inspection on 7 March 2018 we found there had been improvement in some areas, but limited improvement in others. This is therefore the second consecutive time the service has been rated Requires Improvement.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There continued to be shortfalls in the service that were identified at the last inspection. The oversight of the service by the provider had not improved. The provider visited the service regularly and this was confirmed by the registered manager and staff. However, quality monitoring was ineffective as it did not identify the concerns that we found at inspection.

Since the last inspection the audit tool had been developed to include prompts and pointers for discussion, however, the provider had not identified that fire drills were not happening regularly and not all staff had taken part. The audit had not picked up that numerous emergency lights were not working from April 2016 until September 2017. In addition they failed to identify that care records were insufficiently detailed and mental capacity assessments and best interests had not been completed.

During the inspection we looked at some bedrooms, toilets, shower rooms and communal areas to check the environment was clean and staff followed safe infection control practices. In one bedroom we found a worn divan bed and dirty toilet and in another room a soiled mattress. We asked the registered manager to undertake a check of all beds and mattresses within the service to make sure they were clean and fit for use. After the inspection they sent us a report of their findings and mattresses that were to be replaced.

During the walk round we identified a number of rooms requiring refurbishment and redecoration. The

registered manager sent us their refurbishment plan for 2018 which highlighted that these areas would be part of the plan.

Staff understood the procedure they needed to follow if they suspected abuse might be taking place.

Risks to people were identified and plans were put in place to help manage the risk and minimise them occurring. Medicines were managed safely with an effective system in place.

Most people and relatives told us there were suitable numbers of staff on duty to ensure people's needs were met. Pre-employment checks were made to reduce the likelihood of employing people who were unsuitable to work with people.

The registered manager had systems in place for reporting, recording, and monitoring significant events, incidents and accidents. The registered manager told us that lessons were learnt when they reviewed all accidents and incidents to determine any themes or trends.

People were supported by a regular team of staff who were knowledgeable about people's likes, dislikes and preferences. A training plan was in place and staff were suitably trained and received all the support they needed to perform their roles.

People were supported with eating and drinking and feedback about the quality of meals was positive. Special diets were catered for and alternative choices were offered to people if they did not like any of the menu choices. Nutritional assessments were carried out and action was taken if people were at risk of malnutrition.

People were treated with kindness and respect. Staff knew the people they were supporting well and respected the choices they made about their care. The staff knew how people communicated and gave them support to make and express choices about their lives. People's independence was encouraged. Activities, outings and social occasions were organised for people who used the service.

The provider had a system in place for responding to people's concerns and complaints. People and relatives told us they knew how to complain and felt confident that staff would respond and take action to support them.

The registered manager was aware of the Accessible Information Standard that was introduced in 2016. The Accessible Information Standard is a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. They told us they provided and accessed information for people that was understandable to them.

People, staff and relatives spoke highly of the registered manager. They told us the registered manager was supportive and approachable.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we took at the back of the full version of this report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not consistently safe.

Action had not been taken when emergency lighting was not working.

Staff had not taken part in regular fire drills.

Appropriate recruitment checks were carried out to ensure suitable new staff were employed.

Staff understood their roles and responsibilities in safeguarding people.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Refurbishment and redecoration was needed in many areas of the service.

Further work was needed to ensure all decision specific capacity assessments were available for people.

Staff told us they felt supported by the registered manager and had received regular supervision.

People were provided with food they enjoyed.

People had access to healthcare professionals when needed.

**Requires Improvement** ●

### Is the service caring?

This service remained caring.

**Good** ●

### Is the service responsive?

The service had deteriorated and was not always responsive.

Care plans for people were insufficiently detailed to ensure people's needs were met.

**Requires Improvement** ●

People were involved in a range of activities and outings.

People and relatives were aware of how to make a complaint or raise a concern. They were confident their concerns would be dealt with effectively and in a timely way.

### **Is the service well-led?**

The service was not always well led.

Effective auditing by the provider was not taking place.

People and staff were supported by the registered manager and felt able to have open and transparent discussions with them.

The registered manager had regular meetings with staff. Staff confirmed they were encouraged to share their views.

**Requires Improvement** ●

# Longlands Care Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We inspected Longlands Care Home on 7 March 2018. The inspection was unannounced, which meant that the staff and provider did not know we would be visiting. The inspection team consisted of one adult social care inspector, an inspection manager and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information about the service the provider had sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We looked at notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

We sat in communal areas and observed how staff interacted with people. We also sat in a meeting for people who used the service and their relatives. During the inspection we spoke with 12 people who used the service and five relatives. We looked at communal areas of the home and some bedrooms.

We spoke with the registered manager, deputy manager, activity co-ordinator, senior care assistant and generally to care staff. We contacted contracts and commissioning teams and other visiting professionals to seek their views on the service provided.

During the inspection we reviewed a range of records. This included three people's care records, including care planning documentation and medicine records. We also looked at three staff files, including staff recruitment and training records, records relating to the management of the home and a variety of policies and procedures developed and implemented by the provider.

# Is the service safe?

## Our findings

We saw that checks were carried out on emergency lighting to make sure it was in working order. However, from April 2016 until September 2017 we found there were 11 to 13 lights not working but no action had been taken by the registered manager to replace these. It wasn't until the servicing company inspected the emergency lighting in September 2017 that these lights were replaced.

We looked at records to confirm that checks of the building and equipment were carried out to ensure health and safety. We saw that checks had been made on portable electrical equipment, fire extinguishers, the weighing scales and gas safety. Water temperature of baths, showers and hand wash basins were taken and recorded on a regular basis to make sure they were within safe limits.

We asked to see evidence that staff who worked at the service had taken part in regular fire drills. We saw one record of fire practice that had taken place in 2018; however, no other records were available. After the inspection we were sent confirmation that all but six staff had taken part in a fire drill. We were told these staff were to be part of a fire drill week commencing 9 April 2018. Personal emergency evacuation plans (PEEP's) were in place for each of the people who used the service. PEEP's provide staff with information about how they can ensure a person's safe evacuation from the premises in the event of an emergency.

During the inspection we looked at some bedrooms, toilets, shower rooms and communal areas to check the environment was clean and staff followed safe infection control practices. In one bedroom we found a worn divan bed and dirty toilet and in another room a soiled mattress. We asked the registered manager to undertake a check of all beds and mattresses within the service to make sure they were clean and fit for use. After the inspection they sent us a report of their findings and mattresses that were to be replaced. Personal protective clothing such as aprons and gloves were readily available for staff to use.

At our inspection of the service in January 2017 we found that risk assessments were generic and we could not determine the actual risk to the person. At this inspection we found improvements had been made. We saw risk assessments in place for people who were at risk of falls. Risk assessments identified those people who had no insight into how to use the call bells to summon the help of staff and detailed the action and checks staff needed to make to keep people safe.

People who used the service told us they felt safe. One person said, "The home is very secure, there is always someone about." Another person told us "Yes, I am very safe here, I wasn't safe at home." Another person commented "I have only been here for 3 weeks, I feel very safe. I have a broken ankle and I am in here for respite care."

Duty rotas confirmed there were six care staff during the day of which two were senior care staff. Overnight there was one senior care assistant and three care assistants. In addition the registered manager and deputy manager worked Monday to Friday during the day and were supernumerary. Generally people and relatives thought there were enough staff. One person said, "If you want anything doing the staff come straight away, I never have to wait long." Another person told us, "It depends on the time of day, sometimes I have to wait

for [care staff] if they are already busy doing something else." Another person commented, "If I want anything I call, and they are there straight away." A relative said, "I think they could do with more [care staff], [person who used the service] has to wait a long time sometimes and especially if the care staff are on their breaks."

Policies and procedures for safeguarding and whistleblowing were accessible and provided staff with guidance on how to report concerns. Staff we spoke with had an understanding of the policies and how to follow them. Staff were confident the registered manager would respond to any concerns raised.

We checked staff recruitment records and found that suitable checks were in place. Staff completed an application form and two references were obtained. A Disclosure and Barring Service (DBS) check was carried out before staff started work at the service. The DBS checks the suitability of applicants to work with adults, which helps employers to make safer recruitment decisions. However, we did note that two out of three applicants had not given a month specific employment history to enable any gaps to be explored. We pointed this out to the registered manager who told us they would take action to address this.

Staff were aware of their responsibilities to raise concerns, to record accidents and incidents, concerns and near misses. The registered manager had systems in place for reporting, recording, and monitoring significant events, incidents and accidents. The registered manager told us that lessons were learnt when they reviewed all accidents and incidents to determine any themes or trends.

We looked at the arrangements for the management of medicines. Systems were in place to ensure that medicines were ordered, received, stored, administered and disposed of appropriately. Appropriate arrangements were in place for the administration, storage and disposal of controlled drugs, which are medicines which may be at risk of misuse. Staff knew the required procedures for managing controlled drugs and appropriate records were kept.

PRN (as required medicines) protocols were in place. PRN protocols assisted staff by providing clear guidance on when PRN medicines should be administered and provided clear evidence of how often people require additional medicines such as pain relief medicines.

Medicine storage was neat and tidy which made it easy to find people's medicines. Temperatures were monitored daily of the medicine room to ensure that medicines were stored within the recommended temperature ranges. Temperatures of the medicine fridge were also taken and recorded to ensure those medicines requiring cool storage were stored at the correct temperature. We did note some gaps when temperatures had not been taken from 16 February until 20 February 2018. We informed the registered manager of our findings who told us they were already aware of this and had spoken with staff responsible for the administration of medicines.

# Is the service effective?

## Our findings

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. For some people it was not deemed necessary for a DoLS application to be submitted to the local authority. For other people applications had been submitted to the 'supervisory body' for authorisation to restrict a person's liberty, as it had been assessed that it was in their best interest to do so.

At our last inspection in January 2017, we found that for people who did not always have capacity, staff had not completed mental capacity assessments or best interests for areas such as choices about healthcare, personal care, medicines and equipment to be used. We pointed this out to the registered manager who told us they would take action to address this. At this inspection we found some work had been undertaken in respect of this but further work was needed to ensure all decision specific capacity assessments were available for people.

The premises were generally suitable and appropriate for the needs of people who used the service, with well-lit corridors, bathing and toileting facilities, communal lounge areas and a dining room. There was signage showing where communal areas were such as the lounge. During the inspection we walked around and found some areas in need of redecoration. For example, the dining room wall paper was marked and the painted walls were chipped and in need of repainting. Some bedrooms were in need of redecoration and new flooring. We pointed this out to the registered manager who sent us a refurbishment plan for 2018 after the inspection.

At our last inspection in January 2017, we found that staff had not received effective supervision. This is a one to one meeting with the registered manager or another senior member of staff. Records did not indicate that supervision was individual to the staff member and covered areas such as their performance, training needs or any personal discussions. At this inspection we found action had been taken to improve the content of supervision. Staff we spoke with confirmed they received regular supervision that was meaningful. The registered manager had a supervision matrix to ensure staff received their supervision on a regular basis.

Records we looked at showed staff had received the training they needed to meet the needs of the people who used the service. This training included, safeguarding, first aid, infection control, moving and handling, medication and fire training. Where there were gaps the registered manager was aware of this and had taken action to address this. Staff complimented the training.

We asked people if they liked the food that was provided. One person told us the, "Food is fairly good; I get plenty of cups of tea." Another person commented, "Food is very nice, I get two choices for each meal. They come before meals to ask what I want." During the inspection we observed and listened to a meeting taking

place with the registered manager, people who used the service and relatives. At this meeting food was talked about. At a previous meeting one person had asked for jam and bread and they confirmed at this meeting they had received this. At a previous meeting one person had asked for scampi and another bubble and squeak, both of which had been provided. We looked at the four week menu which provided a varied selection of meals and choice. We saw that lunchtime was a sociable event with staff and people who used the service interacting with each other. Staff supported those people who needed help to cut up their food.

We saw records to confirm that nutritional screening had taken place for people who used the service to identify if they were malnourished or at risk of malnutrition. Discussion with the registered manager and examination of records informed that when people had lost weight they had been referred to the dietician.

We saw records to confirm that people had received visits from the dentist, optician, chiropodist, dietician and their doctor. Staff told us they had good relationships with the doctors who visited people. Staff told us the doctors would visit at any time if needed. People were accompanied to hospital appointments by staff, however if relatives preferred to support the person they were able to do so. Relatives told us staff acted quickly when people became unwell and kept them up to date with the outcome of any doctor or hospital visits. One person told us, "My feet really swelled up and the community nurse comes every other day to bandage them."

## Is the service caring?

### Our findings

People who used the service and relatives praised the care and staff at the service. One person said, "Staff are very nice, they are very respectful towards me." Another person told us, "Yes, the staff are very kind and caring; there is nothing they wouldn't do for you." Another person commented, "Staff are marvellous, very, very good."

Observations throughout the inspection showed staff were polite, friendly and caring in their approach to people. People were relaxed and happy and were able to freely move around all areas of the service. There was good rapport between people and staff. Staff sat with people and engaged in an unhurried way chatting about common interests and what was important to the person.

People who used the service told us they were supported to maintain links with family and friends. One person said, "My family can come and see me whenever they want." A relative told us, "This is a good little home and the girls can't do enough for you. We [family] visit whenever we want and are always welcomed."

People confirmed that the staff respected their privacy and dignity when providing care. One person told us, "I like to have a bath; the carers have to put me in the chair and lower me into the bath. They respect my modesty by letting me wash certain parts of my body." Another person said, "Staff always knock on my door before entering." Another person commented, "Yes, staff respect my privacy, very much so. I couldn't ask for better care."

The staff spoke with fondness about the people they supported. They understood the importance of promoting equality and diversity, respecting people's religious beliefs, their personal preferences and choices. People were fully involved in making decisions about how they wanted their care and support provided. People said staff supported them to make their own decisions about their daily lives. The service was able to source information for people should they wish to use an advocate. An advocate is an independent person who can provide a voice to people who otherwise may find it difficult to make their needs and choices known.

People were supported to be as independent as they were able to be. Staff encouraged each person to achieve as much as they could by themselves. One person said, "I walk with a zimmer frame and there is always a carer with me just in case I stumble." Another person commented, "Carers are lovely, I try and do things myself, but they will give me a helping hand if I need it."

During the inspection we spent time observing staff and people who used the service in the lounge and dining area. Throughout the day we saw staff interacting with people in a very caring and friendly way. When speaking with people we saw that staff got down to the level of the person so they did not appear intimidating and to enable eye contact with the person. On other occasions we saw staff members reassuringly touched people's hands in a show of support and reassurance.

## Is the service responsive?

### Our findings

Since our last inspection of the service the provider had introduced an electronic system of care planning. In addition the registered manager was also using paper care plans to run a long side this. We looked at the electronic care plan records for two people and found these to contain minimal information on how to meet people's needs. The electronic records of one person identified they were withdrawn and tearful but did not inform the action to be taken to manage or reduce this. Another care plan identified the person was incontinent but didn't describe how this incontinence was managed. Another care plan detailed the person got up and walked around with their frame, however we were told the person was now bed bound and needing repositioning in bed.

The registered manager told us there were disadvantages to the electronic care planning system. They told us they were unable to discontinue care plans that were no longer relevant as if they were deleted there would be no other records of previous care provided. They told us they just kept adding new information. It was very difficult to determine the person's current support needs. In addition paper care plans we looked at during the visit were also disjointed and were not person centred. The registered manager told us they knew the electronic system was not fit for purpose and they had tried to keep paper records as a backup. This meant staff were not provided with the information they needed to ensure people's care needs were met.

These findings evidenced a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 17: Good governance.

The registered manager contacted us after the inspection and informed us they were to revert back to paper records for care plans. They told us all care plans would be reviewed and updated as a matter of importance.

People and relatives told us activities, entertainment and outings were planned. One person told us, "I have lots of friends in here and my family come every Wednesday. I do chair exercises, bingo and games. I don't always feel like doing activities every day." Another person said, "I go out with my daughter in the wheelchair and I get my hair done every two weeks. I don't join in any activities. My family visit regularly." Another person commented "I go to the activities and I like to sit in the lounge and talk to whoever is in."

The activities co-ordinator told us about the range of activities that people took part in. They told us that people enjoyed music, singing, arts and crafts, baking, knitting and quizzes.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The registered manager understood their responsibility to comply with the AIS and was able to access information regarding the service in different formats to meet people's diverse needs. Staff knew people well and knew how each person

communicated.

People were encouraged to raise any concerns or complaints. People and their relatives said they knew who to speak to at the service if they had any complaints. One person said, "I complained that my clothes were going missing from the laundry. I got my clothes back and it has not happened since." We saw that there was a clear complaints policy and procedure in place, complaints received had been dealt with appropriately and were logged and monitored.

At the time of the inspection, no people using the service were receiving end of life care. The service understood the importance of providing good end of life care to people and supported people to have conversations about their wishes for the end of their life.

## Is the service well-led?

### Our findings

At our last inspection of the service we found that the provider visited the service and completed an audit to check the service was safe, effective, caring, responsive and well led. However, audits were ineffective as they did not pick up on areas that we identified as needing improvement. Since the last inspection the audit tool had been developed to include prompts and pointers for discussion, however, audits were still ineffective as they did not identify that fire drills were not happening regularly and not all staff had taken part. The audit hadn't picked up that between 11 and 13 emergency lights were not working from April 2016 until September 2017. In addition they failed to identify that care records were insufficiently detailed and mental capacity assessments and best interests had not been completed.

These findings evidenced a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 17: Good governance.

A meeting is to take place with the provider and registered manager to discuss our concerns.

The service had a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the CQC to manage the service. The registered manager had relevant experience in health and social care. They had worked at the service for many years and had a good knowledge of people's care needs, likes and preferences, as well as the day-to-day workings of the service.

People told us the registered manager was visible and approachable. One person said, "Yes, I know the manager she is very approachable." Another person told us, "I see her around the home; in fact I was talking to her this morning. You can always go to her if you have any concerns." Another person commented, "I see her in the corridor, she always says hello."

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. The registered manager showed us a number of audits and checks which were carried out on a regular basis to ensure that the service was run in the best interest of people. These included audits on health and safety, medicines, infection control, dignity and the kitchen.

The registered manager had regular meetings with people who used the service and relatives. During the inspection we sat in and listened to a meeting with people who used the service and relatives that had been prearranged. We heard open discussion taking place about a number of topics including activities and the food provided. People and relatives were encouraged to share their views.

Regular staff meetings had taken place and minutes of the meetings showed that staff were given the opportunity to share their views. Management used these meetings to keep staff updated with changes affecting the service.

The registered manager understood their role and responsibilities, and was able to describe the notifications they were required to make to the Commission and these had been received where needed.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Care records were insufficiently detailed.  Quality monitoring was ineffective.