

Shaw Healthcare (Group) Limited

# Longlands Care Home

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Longlands Care Home provides personal and nursing care for up to 51 people in one purpose built facility. At the time of inspection, 43 people were using the service.

### People's experience of using this service

People received warm, competent care and support and relatives spoke positively about staff and management. People felt safe and they were protected by staff who understood their responsibilities and how to keep people safe. People were protected from risks by detailed, regularly updated risk assessments.

People had comprehensive care plans which detailed their strengths and promoted their dignity and independence. Their communication needs were assessed and recorded in detail and staff were observed appropriately interacting with people.

People and their relatives were involved in the planning and delivery of their care, and were regularly asked for feedback which was acted upon appropriately.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Safe recruitment practices were followed. Staff were well trained and understood the needs of the people they supported. We saw that there was a relaxed atmosphere and people and staff had good, caring relationships.

The home was well equipped, clean and tidy and good infection control practices were being followed.

People took part in extensive activities they enjoyed. Visitors were welcomed. The home had good relationships with health and social care professionals. People had a healthy, varied diet and ate food they enjoyed.

There were systems in place to monitor and improve the quality of the service. When there were problems, the registered manager dealt with them appropriately and worked to reduce the likelihood of recurrence.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection:

The last rating for this service was good (published 26 September 2017).

### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 safe.

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was well led.

Details are in our Well-Led findings below.

Good ●

# Longlands Care Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by two inspectors 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.

#### Service and service type

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 had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with ten people who used the service and five relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, assistant manager, a nurse and care support workers.

We reviewed a range of records. This included ten people's care records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they were safe at Longlands. One person told us the best thing about living there was that they felt safe.
- Staff received training in safeguarding vulnerable adults. They demonstrated they understood their responsibilities to protect people from the risks of harm and abuse.
- Information about whistle blowing was on display around the building for staff, people and visitors to refer to at any time.
- The provider's safeguarding policy guided staff on how to raise referrals to the local authority safeguarding team. Safeguarding alerts had been raised appropriately and clear records were maintained.

Assessing risk, safety monitoring and management

- Staff supported people to stay safe whilst respecting their freedom. For example, people were encouraged to move around the building as they chose. We saw people used the large open ground floor hallway to walk together and there were chairs and places to rest when they needed.
- People's risks were assessed at regular intervals or as their needs changed. Care plans informed staff how to provide care that mitigated those known risks. Staff were kept up to date with changes in people's care during handovers and team meetings.
- Staff promoted independence and encouraged people to do as much as they could for themselves. One person told us staff helped when they wanted it 'but they don't interfere'.

Staffing and recruitment

- Safe recruitment and selection processes were followed. Staff files contained all the necessary preemployment checks which showed only fit and proper applicants were offered roles. All employees' Disclosure and Barring Service (DBS) status had been checked. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.
- Although the provider used a lot of agency staff, the registered manager took steps to ensure, as far as possible, the same staff were used. This meant people were supported by staff who were familiar with them and the service.
- Staff were encouraged to recognise and respond to poor performance. For example, the provider had a facility in place for staff to report any concerns about agency workers. Staff spoke positively about this. The provider supported staff to protect people and themselves from harm.

Using medicines safely

- Staff managed medicines consistently and safely. Medicines were stored correctly and disposed of appropriately. Staff kept accurate medicines records.
- People were assessed for their abilities to manage their own medicines. Where people required support with their medicines, they received these as prescribed.
- People told us staff always explained what their medicines were for. Some people did not have capacity to consent to receiving their medicine. We saw the correct processes were followed with the involvement of appropriate professionals to ensure medicine was safely administered.

#### Preventing and controlling infection

- People were protected from the risks of infection by staff who received training in infection prevention and control. Staff followed the provider's infection prevention procedures by using personal protective equipment (PPE) such as gloves and aprons.
- There were dedicated domestic staff on duty every day of the week and we saw all areas of the service appeared clean and were free of odour.

#### Learning lessons when things go wrong

- The management team were pro-active in using information from audits, complaints, incidents and safeguarding alerts to improve the service. The managers worked with staff to understand how things went wrong and involved them in finding solutions.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Adapting service, design, decoration to meet people's needs

- Staff were innovative in adapting the environment to suit people's needs. For example, staff had made special signs with very specific personalised pictures to support one person in finding their way around the building. We saw creative sensory areas at the end of corridors designed for people living with dementia.
- The building was well-maintained. People's bedrooms were personalised with items they had brought with them and pictures they had chosen.
- The building was spacious and there were a number of areas which were not in use at the time of inspection. The registered manager was keen to re-develop those areas to ensure people were able to get the most use from them.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People were assessed before they commenced using the service to ensure staff understood their needs and preferences. One relative told us, "[Person] needed extra care when they came in. A specialist nurse and I put together a protocol of the support to be given. Staff follow it to the letter."
- Assessment documentation showed all aspects of a person's needs were considered including the cultural needs and characteristics identified under the Equality Act. For example, when people's religious beliefs affected their decisions about medical treatment this was clearly documented.
- Staff used evidence-based tools to assess people's risks and needs, for example the support they required with mobility, and responded appropriately. One relative told us, "When [person] came into the home, they were not mobile and it's down to the staff here that [person] is now mobile again."

Staff support: induction, training, skills and experience

- Care staff received regular supervision and guidance to support them in their roles. Nursing staff had not received supervision for some time. The registered manager was aware of this and told us there were plans in place to rectify this.
- Staff completed additional training to meet specific needs, for example when people received nutrition or medicine via a tube in their stomach, called a percutaneous endoscopic gastrostomy (PEG).
- The registered manager was developing an induction programme for new staff which would provide them with a comprehensive introduction to the service and their role. They told us this would also include a 'buddy system' to ensure staff have tailored support and guidance.

Supporting people to eat and drink enough to maintain a balanced diet

- People were assessed for risks of malnutrition and dehydration. Staff referred people to their GP and dietitian where they were identified as at risk. Staff followed health professionals' advice in providing meals

that met people's dietary needs.

- We saw people were supported to give feedback about the food available and this was acted upon. One person told us, "The food is very good." A relative told us, "It's beautiful, [person] eats what they want, if they don't like something, staff will get them something else, like egg and chips. Staff will make it specially."
- We saw that mealtimes were a social occasion. Tables were nicely laid and people and staff spent time chatting. When people needed support to eat, staff provided this in a gentle and discreet way.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- Staff recognised the importance of supporting people with their oral health. The registered manager was developing plans to work with a local dentist to ensure people had access to oral care within the service. Staff completed training in relation to oral health and we saw the topic had been highlighted with staff as a 'policy of the month'.
- Staff supported people to attend health appointments and referred people promptly to their GP or other medical services when they showed signs of illness.
- People's care plans contained 'hospital passports'. These contained important information to be shared with medical professionals in the event people had to go into hospital.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff provided warm, competent care and we saw people and staff had formed good relationships. For example, we saw one person had an item displayed in their room which evidenced a light-hearted in-joke between them and staff. One staff member told us about a colleague who had discovered that when they sang to a person who was unable to communicate verbally the person enjoyed singing along.
- Staff took pride in people's progress and spoke positively about the people they cared for. One staff member told us the best thing about working for the service was, "The residents are very nice, we have some laughs, their faces light up when they hear the music they remember, its rewarding. It's nice to see their families see that too."
- Staff understood the importance of promoting equality and diversity. Care plans contained information about people's religious beliefs and their personal relationships with their circle of support.
- Staff understood the importance of focussing on people and their wellbeing. All the staff we spoke with told us they liked to spend as much time as possible with people. They said they would like more time to spend with people but were often busy with tasks.

Supporting people to express their views and be involved in making decisions about their care

- People told us they, and their families where appropriate, were involved in the planning of their care. Their care plans clearly showed how people preferred to receive their care.
- The provider had information to refer people to an advocacy service where people needed additional support to make decisions. Advocates are independent of the service and support people to decide what they want and communicate their wishes.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to maintain their dignity. People told us staff would always knock or ring their doorbell before entering their room. Staff explained to us how they maintained people's dignity while providing their care.
- People's independence was promoted. Staff ensured people were encouraged to do as much as they could for themselves. A member of staff told us, "It's [people's] home at the end of the day, they want their own independence and they like things their own way."
- People's information was stored securely within nurses' offices, and all staff were aware of keeping people's personal information secure.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People and relatives spoke positively about the dedicated activities staff who ensured people were supported according to their needs. The very popular 'armchair travel club' enabled people to experience other countries through pictures, food, drink and cultural activities.
- We saw that people were fully involved in choosing and reviewing the extensive range of activities available within Longlands. This included diverse events such as celebrating Holi, Mrs Beeton's Day when people were supported to make scones and National Poetry Day. This enabled people to take part in hobbies, pastimes and new experiences which enhanced their lives and their well-being.
- We saw people were encouraged to feel part of the community of the home. For example one person had been involved in preparing a special high tea for everyone to share. We spoke to another person who was knitting a blanket for someone who was being cared for in bed and we saw certificates of appreciation for other pieces of work they had made.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and their relatives had been involved in creating and updating their care plans. People knew what care and support they required and told us this was recorded in their care plans.
- People's care plans reflected their preferences and cultural needs. Staff used this information to ensure people received support in the way they preferred. For example, whether people took part in traditional cultural events.
- People's care was planned and delivered in a person-centred way. Staff treated each person as an individual and considered people's personalities and earlier lives. We saw that staff had sourced familiar office equipment such as a typewriter for people to use and one person was encouraged to spend time in the administration office with staff supporting with computer equipment.
- The service was innovative with responding to risk and people's changing needs. Staff took into account people's wishes and the impact changes would have on them. The registered manager found creative ways to adjust circumstances and ensure people's needs were met.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place whereby complaints would be addressed in accordance with the provider's policy. We saw that the registered manager had appropriately recorded and responded to complaints.
- People and relatives told us that they knew how to make a complaint and they were confident any issues would be dealt with to their satisfaction.

### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider complied with the Accessible Information Standard, they ensured people with a disability or sensory loss had access to information they could understand.

### End of life care and support

- People were given the opportunity to record what was important to them at end of life, including access to faith leaders. Staff followed people's wishes.
- Staff worked closely with people's GP and district nurses to ensure people were assessed for their symptoms and kept comfortable.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager promoted person centred care in all aspects of the service. People and relatives told us they knew who the registered manager was and found them approachable and friendly.
- The provider was keen to ensure staff felt valued. There were a number of schemes in place to celebrate staff achievement. Staff from Longlands had been nominated for, and won, regional and national awards.
- Staff told us they were happy working at the service and worked well with each other and the management team. One staff member told us, "It's a good team, they are really supportive."
- The registered manager responded positively to feedback during the inspection and took immediate action to improve the service for people.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. Continuous learning and improving care

- The management team carried out regular audits and checks to ensure people continued to receive high quality care. Where issues were identified, the managers acted to improve the service.
- Issues were dealt with in a sensitive and confidential way, and learning was shared and acted on. For example, we saw the registered manager carried out detailed analysis of falls and took action to reduce further incidents.
- The registered manager understood their regulatory requirements to report incidents and events to CQC, our records showed these had been submitted as required.
- Staff attended meetings to discuss updates in policies and refresh knowledge. There was a 'policy of the month' scheme to ensure staff were familiar with current best practice.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their responsibility to keep people informed of actions taken following incidents in line with duty of candour.
- The management team supported staff to learn from incidents and actions taken.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were asked for their feedback through formal surveys and at group meetings. There was a suggestions box in the foyer area for people, visitors and staff to use. Issues and suggestions were acted

upon.

- People's equality characteristics were considered when sharing information, accessing care and activities.
- Staff were asked for feedback during supervision sessions. Senior staff ensured they were available to staff outside core business hours.

Working in partnership with others

- Staff had developed and maintained links within the local community, for example faith leaders and a local nursery school who visited the service regularly and on special occasions.
- There was a close working relationship with health and social care professionals, such as district nurses.