

Long Meadow (Ripon) Limited

Long Meadow Care Home

Inspection report

60 Harrogate Road
Ripon
North Yorkshire
HG4 1SZ

Tel: 01765607210
Website: www.longmeadownursing.co.uk

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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?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Long Meadow Care Home accommodates up to 35 people over the age of 18, including people living with dementia. On the first day of inspection we were informed that 26 people used the service.

People's experience of using this service

Improvements had been made to the standards of hygiene, staffing levels, medicine management, staff recruitment and the assessment and monitoring of risk to people. Further work was required to ensure the new processes were embedded in practice.

The recruitment of a new manager meant there had been some improvement around leadership, oversight and management within the service. The quality assurance and monitoring processes within the service were being completed and the service was moving forward. The assessment, monitoring and mitigation of risk towards people who used the service had improved. This meant risks to people's health and safety was reduced, although additional work was needed to ensure the new practices were sustained.

People said they felt safe in the service. All areas were clean, tidy and there was sufficient cleaning taking place to keep people safe from the risk of infection. There remained some minor issues around the frequency of bathing for some people.

The provider followed robust recruitment checks, and sufficient staff were employed to ensure people's needs were met. People's said they received their medicines on time and when needed. However, recording of the application of topical medicines such as creams and lotions was not consistent. We have made a recommendation about the management of some medicines.

The uptake and completion of staff training had improved, and staff had started to receive regular support and supervision.

Communication had improved but further work was needed to ensure this was consistent and effective. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People ate nutritious, well cooked food, but felt their options around choice of meals and variety within the menu was limited. The monitoring of people's nutritional intake and weight loss had improved, and people were now being weighed on a regular basis. Their health needs were identified and staff worked with other professionals, to ensure these needs were met.

Care plans and risk assessments had all been reviewed and updated, but further development was needed to ensure these covered specific medical conditions such as dementia and diabetes. Short term care plans for issues such as antibiotic treatment had been introduced, but these were not consistently completed.

Staff knew about people's individual care needs and people said they were happy with the support they received. Activities were taking place in the service, but these did not meet everyone's needs. People who remained in their bedrooms received little or no social stimulation through one-to-one interventions. The provider had recognised that further work was needed to make activities more 'dementia friendly' and accessible.

People felt able to raise complaints with the service and the manager did look into these. However, there was no evidence that the provider had provided information for people, available in formats they could understand, in line with the Accessible Information Standard.

There was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

You can see what action we told the provider to take at the back of the full version of this report.

Exiting special measures – improvements

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

For more details, please see the full report which is on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection

At the last inspection the service was rated inadequate (published 27 October 2018).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress.

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 always safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our Caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

Long Meadow 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

One inspector and an Expert by Experience carried out the first day of inspection. Two inspectors completed the inspection on the second day. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Long Meadow is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 should have a manager registered with CQC. 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. Following our inspection the manager submitted an application to register with CQC.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before the inspection we reviewed information available to us about this service. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority who works with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service and four relatives about their experience of the care provided. We spoke with ten members of staff including the manager, business manager, senior care workers, care workers and ancillary staff. We received written feedback from one family after the first day of the inspection. We spent time observing the environment and the dining experience. As the majority of people could speak with us we did not use the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and four to review staff supervision records. Multiple records relating to the management of the service were reviewed during and after the inspection.

After the inspection

We gave written feedback to the manager and business manager at the end of the inspection. We gave additional feedback to the provider the day after the inspection was completed.

Is the service safe?

Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. The provider also failed to have sufficient staff on duty to meet people's needs and staff recruitment processes were not robust. This was a breach of regulation 12 (Safe Care and Treatment), regulation 18 (Staffing) and regulation 19 (Fit and proper persons) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At this inspection we found sufficient improvement had been made and the provider was no longer in breach of regulations 12, 18 and 19. However, further work is needed to ensure the improvements are sustained.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained basic explanations of the control measures for staff to follow to keep people safe.
- Improvements had been made to risk management. Accidents and incidents were recorded and responded to appropriately to ensure outcomes could be achieved and lessons learned. The manager was monitoring these, but further work to look at trends and patterns would help reduce the risk of reoccurrence.
- People said they felt safe, confident and happy when being supported by staff.
- The environment and equipment was safe and maintained. Emergency plans were in place to ensure people were protected in the event of a fire.

Staffing and recruitment

- Improvements had been made to the deployment of staff around the service. However, people felt this could be better when training and meetings were held. They told us, "I do think they should arrange for staff to be around for people who need help for example toileting" and "When they have a training day I don't always get a drink in the morning." The manager said they would look at this going forward.
- Assessment of people's needs had taken place and since our last inspection some people had been moved to more appropriate services. This had a positive impact and the service presented as much calmer and better organised.
- A tool was used to monitor the number of staff required, based on people's needs. The service was still using agency staff and had vacancies for permanent carers. The manager was recruiting to fill these positions.
- Staff recruitment was more robust. Staff were recruited safely and appropriate checks were carried out to protect people from the employment of unsuitable staff.

Using medicines safely

- We were unable to determine if the topical application of creams and lotions was being carried out appropriately. The records we looked at lacked detailed instructions for staff and were not consistently completed. People we spoke with thought they had been applied as prescribed, but were not certain.
- Medicine audits for 2019 identified there was repeated poor recording of the administration of topical medicines. Care staff said they had received training and competency assessments in the handling of medicines. However, continued poor practice indicated the action taken so far had been ineffective. The manager told us they would discuss this at the next staff meeting and consider taking disciplinary action if practice did not improve.
- Instructions for staff on when to administer medicines taken 'as and when' required were not robust. However, discussions with staff indicated they knew people well and people said they received their pain relief medicines as needed.
- Medicines systems were more organised and people said they received their medicines on time. The provider was following safe protocols for the receipt, storage and disposal of medicines.

We recommend that the where the service is responsible for medicines, staff meet good practice standards described in relevant national guidance, including in relation to non-prescribed medicines.

Preventing and controlling infection

- Improvements had been made to infection prevention and control practices. There remained some areas of the environment that needed refurbishment, but overall levels of cleanliness and hygiene were better.
- Staff needed to be more proactive at supporting people with hygiene needs, for example where people were resistant to personal care. There needed to be specific decision making and relevant care plans in place to demonstrate how people's needs would be met. This had particular impact on one person who used the service. The manager discussed with us the actions they would take to improve their care and support.
- Audits had been done but these were not identifying the action required to meet high standards. There were no action plans created to drive improvements. Cleaning records had improved, but there remained no documentation on when bed linen was changed.
- The manager assured us that they would work with the staff to make further improvements to infection prevention and control practices. A member of staff had been appointed as a champion and the manager said they would give them additional support and training so they could carry out their role effectively.

Systems and processes to safeguard people from the risk of abuse

- The provider had a safeguarding policy in place. Since our last inspection safeguarding concerns had been reported and acted upon, involving all relevant professionals when appropriate.
- Staff could explain what action to take to ensure people were safe and protected from harm and abuse. Staff had received training in this subject.

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.

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

At our last inspection the provider had failed to have a robust staff induction, training and supervision programme in place. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) 2014. The provider failed to work within the principles of the Mental Capacity Act. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) 2014. The provider failed to ensure that premises and equipment was clean, suitable for use and properly maintained. This was a breach of regulation 15 (premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) 2014. The provider failed to ensure the care and treatment of people was appropriate, met their needs and reflected their preferences. This was a breach of regulation 9 (person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At this inspection we found sufficient improvement had been made and the provider was no longer in breach of regulations 9, 11, 15 and 18. However, further work is needed to ensure the improvements are sustained.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- We found some improvements had been made. For example, DoLS authorisations were appropriate and monitored by the manager.
- People's family and friends were not always included or involved in decision making. The manager said they would ensure relevant people were consulted as part of that process.
- The manager was aware that where people lacked capacity their consent forms could only be signed by a representative with power of attorney status. There was ongoing work to ensure forms were completed

correctly in line with people's best interests considered.

Staff support: induction, training, skills and experience

- A staff induction and training programme was in place. The quality of the training programme was better and staff told us the amount of training recently had improved. External trainers came into the service to deliver relevant sessions.
- The staff training matrix showed that staff were up to date with training that the provider deemed as mandatory. There had not been any specialist training based on people's specific needs, but the manager told us this had been booked.
- Supervision is a process, usually a meeting, by which an organisation provides guidance and support to its staff. All staff had received a supervision session in January or February 2019 and the manager had planned others over the remainder of 2019. Staff appraisals had not been completed; but were planned to take place in November 2019.

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

- The manager had reassessed people's needs and ensured their care plans and risk assessments were rewritten and updated.
- The manager was aware people had a right of access to their notes, and this had been discussed or promoted with relatives. One relative said, "I haven't seen [Name's] care plan yet. I asked for it. I don't know who their key worker is, I'm still waiting on a name." The manager said they would ensure this relative was invited to take part in the review process going forward.
- Staff had improved knowledge and skills to meet people's health needs. People were receiving basic care and support, but further work was needed to develop staff skills around anticipating care needs and observation.
- Communication between staff and families was not always effective. Two families said staff did not give them advanced notice of hospital appointments but expected them to take their relatives at short notice. The manager said they would speak with staff about more timely communication with families.

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

- People ate nutritious, well cooked food, but felt their options around choice of meals and variety within the menu was limited. New menus were being developed to ensure people were offered a wider choice of meals suited to their dietary needs.
- People told us they received sufficient fluids on a regular basis and staff were always willing to make them a drink if needed. We observed people had fluids in their bedrooms.
- People's weight and nutritional intake were being monitored by staff and weight loss had improved. People were being weighed on a regular basis.

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

- Where people required support from healthcare professionals this was organised. Advice and guidance from professionals were documented in the care files and staff followed their instructions.
- Relevant information was handed to other agencies if people needed to access other services such as the hospital. This ensured they received consistent care and support to meet their needs.
- People were satisfied with their access to healthcare professionals. One person told us, "Once a month the chiropodist comes, and the doctor visits once a week. I would tell staff if I felt unwell."

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

- Staff were better deployed around the service to ensure people were less socially isolated and overlooked when staying in their bedrooms.

- Bedroom temperatures were being monitored to ensure people did not get overheated in their rooms. Equipment such as fans were provided when the weather was warmer.
- There remained a lack of access to suitable outdoor space. The manager told us plans for the gardens were to be developed for summer 2019.
- Signage for people living with dementia was not clear in the service. The manager was reviewing this and hoped improved signage would be in place by the end of June 2019.

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.

People did not always feel well-supported, cared for or treated with dignity and respect.

At our last inspection the provider failed to ensure the care and treatment of people was appropriate, met their needs and reflected their preferences. This was a breach of regulation 9 (person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) 2014. The provider also failed to ensure people were treated with dignity and respect at all times. This was a breach of regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At this inspection we found sufficient improvement had been made and the provider was no longer in breach of regulations 9 and 10. However, further work is needed to ensure the improvements are sustained.

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

- People said they were able to make choices and decisions about their care and support. They told us, "Staff know I like to dress myself and that I like water to drink" and "Most of them know what I like to eat and drink. They let me choose what I want to wear."
- People were pleased with their care and support. Two people said, "They speak to me alright and they are kind and polite" and "They are very good to me, I think they like me."

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

- There remained some inconsistent care for people who could not speak up for themselves due to complex needs. For example, one relative said, "We would like to get [Name] up and walking more regularly. It's been two weeks because the staff who usually assists them in walking has been on holiday and no other staff has continued with this."
- We saw that the majority of people's appearances were much improved, with clean clothes being worn and hair brushed. However, we found that some people, who lacked capacity to make decisions required more input to ensure their hair was washed and they received regular baths and showers. The manager said they would ensure levels of personal care and support were monitored and any gaps identified were attended to.
- The provider was working on improving equality and diversity within the service. Staff recently completed training and had access to policies and procedures on this. Arrangements had been made to enable people to make postal votes in local elections. One person received regular visits from an external advocate.

Respecting and promoting people's privacy, dignity and independence

- Throughout the day we observed staff respected people's privacy and dignity and asked permission before doing any care. One person said, "They always knock on my door and close it when they do personal care."
- Since our last inspection the provider had fitted locks to all toilet and bathing facilities.
- People said they were treated with compassion, dignity and respect. They told us staff addressed them by

their preferred name, gave them eye contact when conversing with them and were always polite and respectful when in their company. We observed some very kind and caring interactions between staff and people, where people were encouraged to be as independent as possible.

- People who were in bed said they were, "Comfortable", "Nice and warm" and "Well looked after."

Is the service responsive?

Our findings

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

People's needs were not always met.

At our last inspection the provider failed to ensure that care plans and other care documents clearly described people's needs or recorded the care being given. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At this inspection although we found some improvements had been made to the quality of the records, we found there continued to be a breach of regulation 17.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- Care records had been reviewed and updated, but further development was needed to ensure these covered specific medical conditions such as dementia and diabetes. Short term care plans for issues such as antibiotic treatment had been introduced, but these were not consistently completed.
- End of life information was not well documented in the care files. Although no one was currently on end of life care there remained a lack of development in the care files around this aspect of support. One relative told us, "There has been no discussions about end of life care. I want to look at this and make sure this is in place for when the inevitable happens."
- Discussion with staff indicated they lacked knowledge on this subject and would benefit from training and development.

The lack of accurate and complete care plans in respect of each person's health conditions and end of life care meant there was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Feedback from relatives and people indicated that the majority had the opportunity to discuss care and support needs with the staff. One person told us, "When I arrived here I did discuss my care with them. Things have settled down well now." We noticed this person had their care file in their room. Another person said, "I know what tablets and creams I need and [Name] is my key worker and we discuss my care." A relative said, "I have just read my relative's care file today and I have talked it through with the manager."

Meeting people's communication needs

From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service had not implemented the Accessible Information Standard. The manager said this would be looked at, developed and implemented by the end of 2019 .

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

- The provider was working to improve the quality of activities for people living with dementia and those who preferred to stay in their rooms.
- People told us they enjoyed the activities provided. They said, "I like to listen to the radio in a morning. Every afternoon we have things to do. Singers come in and there is a church service once a week", "Some people go out. They have taken me to the pub" and "I like to get involved, they do all sorts of things."
- We saw people taking part in a baking session. They were making an Easter cake with a volunteer.
- Observation of the service showed that people who stayed in their bedrooms most of the time, were watching television, listening to the radio or music and reading.

Improving care quality in response to complaints or concerns

- The provider had introduced a new system for recording and responding to complaints.
- People and relatives knew how to make complaints. They said they would be listened to. The manager told us they acted upon concerns in an open and transparent way and used them as an opportunity to improve the service.

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.

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection the provider failed to ensure there was effective oversight and monitoring of the service with regard to risk, daily care, hygiene and staffing levels. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, although we found improvements to the service had taken place there continued to be a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- People told us that more staff and better communication were two areas that still needed addressing. The manager was monitoring staffing levels and said work was ongoing to improve communications between staff and others.
- The manager acknowledged further work was required to develop practices around medicine management, infection prevention and control, MCA, care plans and end of life care to ensure the service moved forward and sustained its improved practices. This has been reported on within the key question areas of this report.
- Discussion with the manager indicated they were working through an action plan to ensure all areas of concern from the last inspection were addressed and improvements made.

Systems or processes were not fully established and operated effectively to ensure quality, risk and records were assessed, monitored and maintained to a high standard. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Improvements to the environment, staff working practices and assessment of people's needs meant there had been a number of changes within the service. People's basic care needs were being met and staff had more time to spend with people. One family member told us, "I have found the staff to be pleasant and helpful towards me, my relative and other residents."
- Since our last inspection the manager had come into post and shortly after this inspection submitted an application to register with CQC.
- People and relatives told us, "The new manager seems better" and "This manager is working hard to improve things. It is getting better. They will help out and get stuck in – they are very good."

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 provider had looked at how they responded to complaints and safeguarding incidents in the service. Improved systems to record and respond to issues had been introduced. One relative told us, "Any discussions with management have been handled professionally and with follow up actions (if requested) handled quickly and proficiently."

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

- Feedback from people, relatives and staff was obtained using satisfaction questionnaires, meetings and staff supervision sessions. No relative meetings had been held, but the manager said they wanted to develop a relative's council where they would have the opportunity to voice their opinions and suggestions about the service.
- We received mixed feedback about how involved and informed relatives were. Two relatives said, "We need better communication from staff and management." One relative told us, "I was not told about the change in management and there was no introduction when the new manager started." However, others confirmed they had been asked to complete satisfaction surveys and were able to speak with the manager when they needed to.
- The provider was looking at different ways they could involve people living with dementia. This included training the activity staff in how to deliver dementia friendly social activities.

Continuous learning and improving care

- The manager demonstrated an open and positive approach to learning and development. They acknowledged that further changes were needed to sustain the positive work already completed and drive improvement.

Working in partnership with others

- The provider had worked with the Quality Improvement Team from the local authority, to make changes to the service and meet requirements from the last inspection.
- The service had links with the local community and worked in partnership with other agencies to improve people's opportunities and wellbeing.

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 Governance and record keeping processes were ineffective in monitoring and improving quality and safety of the service, assessing and mitigating risks to people who used the service and maintaining an accurate, complete and contemporaneous record in respect of each person using the service. Regulation 17 (1) (2)