

Review of compliance

Mimosa Healthcare (No 9) Limited Longlands Care Home	
Region:	North East
Location address:	35 Longlands Road Middlesbrough Cleveland TS4 2JS
Type of service:	Care home service without nursing
Date of Publication:	May 2012
Overview of the service:	The Longlands Care Home is a home for 43 people requiring residential care. Therefore it is registered to provide the regulated activity of accommodation for persons who require nursing or personal care.

Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Longlands Care Home was meeting all the essential standards of quality and safety inspected.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review to check whether Longlands Care Home had taken action in relation to:

- Outcome 01 - Respecting and involving people who use services
- Outcome 04 - Care and welfare of people who use services
- Outcome 08 - Cleanliness and infection control
- Outcome 09 - Management of medicines
- Outcome 10 - Safety and suitability of premises
- Outcome 14 - Supporting staff
- Outcome 16 - Assessing and monitoring the quality of service provision

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 5 April 2012, carried out a visit on 12 April 2012, observed how people were being cared for, looked at records of people who use services, talked to staff and talked to people who use services.

What people told us

The visit took place because we were following up concerns raised at the last inspection about how people were supported to make choices; how staff administered medication; staff training; and the maintenance of the building. Therefore when talking with people we concentrated on these specific areas. We spoke to ten people who used the service and one relative. People said "The staff are really helpful and treat me well", "It is nice, if I didn't like I wouldn't keep coming back and this is my third time here", "I find the staff know what I need and do make sure I get everything" and "They go out of their way to make sure you are okay". Relatives told us "I find the staff are good and seem to know how to care for the people here."

People told us that they were very pleased with the service and found the care was good. Some people would have preferred to be at home but said that this was nothing to do with the care being provided just their desire to be at home. Throughout the inspection we observed staff practices and saw that they constantly took the time to talk to people, engaged individuals in activities and in a sensitive manner explained to a person how they

were going to help people meet their care needs. Throughout we found that staff treated people with respect.

What we found about the standards we reviewed and how well Longlands Care Home was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

The provider was meeting this standard. People's privacy, dignity and independence were respected. Their views and experiences were taken into account when decisions were made about the way the care was provided and delivered.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

The provider was meeting this standard. People experienced care, treatment and support that met their needs and protected their rights.

Outcome 08: People should be cared for in a clean environment and protected from the risk of infection

The provider was meeting this standard. People were cared for in a clean, hygienic environment.

Outcome 09: People should be given the medicines they need when they need them, and in a safe way

The provider was meeting this standard. People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Outcome 10: People should be cared for in safe and accessible surroundings that support their health and welfare

The provider was meeting this standard. The provider has taken steps to provide care in an environment that is suitably designed and adequately maintained.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

The provider was meeting this standard. People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

The provider was meeting this standard. The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

A moderate impact means that people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

A major impact means that people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

People told us that the staff listened to what they wanted and always tried to help them. One person told us "The staff are excellent and really know about us. My daughter is away on holiday at the moment and staff realised that she brings me a daily paper, so without even asking the girls made sure I still got my paper". Other people told us "The staff are always asking if I need anything and if there is anything I would like doing." Throughout the visit, we observed staff practices. We found that staff consistently sought people's views and made sure people were involved in making decisions about how their needs were met.

Other evidence

At the last inspection, we found that people were not always enabled to make or participate in making decisions relating to their care or treatment. We also saw that staff did not always ensure that people using the service were treated with consideration and respect. Subsequently the owners provided information, which detailed that 15 staff members had received training on providing person-centred care in November 2011 and outlined how they planned to make sure the remaining staff received this training in the New Year. Also the owners told us that the manager had discussed the importance of involving residents in the planning of their care and the monthly evaluation process at a staff meeting.

At this inspection, we found that there was a section within the new format to identify what involvement people had in the planning of their care and included information about the person's view on the proposals. When an individual declined to take part in planning their care, this had been noted within the plan. We found that staff had a good understanding of what providing person-centred care meant and how to deliver this type of service. None of the people who used the service lacked capacity, but staff were able to outline the actions they needed to take should this occur. People who used the service understood the care and treatment choices available to them.

Our judgement

The provider was meeting this standard. People's privacy, dignity and independence were respected. Their views and experiences were taken into account when decisions were made about the way the care was provided and delivered.

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

People told us that they found the service provided a good standard of care and thought all of the staff were competent. They said, "They are a good set of staff and I would say the care is excellent", "I have never met a nicer set of people and they really go out of their way to make sure you are alright" and "They go the extra mile to make sure the care you get is right". People told us that they found the home made sure there were always activities for them to join in and told us about the trips they had recently gone on.

Other evidence

At the last inspection we found that while there was evidence that the care and welfare needs of people were being met most of the time, this was not consistent. Some of the records we saw did not comprehensively reflect the care needs of the individual. Subsequently the owners told us that in September 2011, they had introduced a more person centred care plan format and staff were working through people's care records to make sure all were transferred to the new format. The staff told us that the new format also allowed staff to gather a range of information about people's life histories, which is particularly important when working with people who have dementia care needs.

At this inspection, we reviewed 15% of the care records. We found that care files reflected people's care and gave staff clear instructions around how to meet individual's needs. The records completed on the new format contained a wide range of information about each individual's specific needs and this information was reflected in appropriate

care plans and risk assessments. In these files we found that care plans were in place for the use of "as required medication and creams", and also ones that detailed how to meet people's mental health needs. Staff had completed all the necessary risk assessments and the evaluations showed these were checked to make sure the measures taken had been effective. Staff recognised that they needed to ensure all of the files were converted to this format and had a realistic plan in place for achieving this. They planned to treat the people requiring palliative care plans as a priority.

Throughout the day, we observed staff referring to these records to check how care was to be delivered and to go back and add their updates to the plans. Staff were observed to be extremely attentive and consistently checked that people's care needs were met. People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

Our judgement

The provider was meeting this standard. People experienced care, treatment and support that met their needs and protected their rights.

Outcome 08: Cleanliness and infection control

What the outcome says

Providers of services comply with the requirements of regulation 12, with regard to the Code of Practice for health and adult social care on the prevention and control of infections and related guidance.

What we found

Our judgement

The provider is compliant with Outcome 08: Cleanliness and infection control

Our findings

What people who use the service experienced and told us

People were not specifically asked about infection control. However, some people told us that they found that the home was always clean.

Other evidence

At the last inspection, we found that overall there were appropriate standards of cleanliness and hygiene. There were adequate systems in place to prevent; detect and control the spread of health care associated infection. However to remain compliant in this outcome the flooring in the medication room should be replaced and the room redecorated. At this inspection, we found that all areas of the home remained clean and infection control measures remained effective. Also the medication room had been redecorated and new flooring provided.

Our judgement

The provider was meeting this standard. People were cared for in a clean, hygienic environment.

Outcome 09: Management of medicines

What the outcome says

This is what people who use services should expect.

People who use services:

- * Will have their medicines at the times they need them, and in a safe way.
- * Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.

What we found

Our judgement

The provider is compliant with Outcome 09: Management of medicines

Our findings

What people who use the service experienced and told us

We did not gain feedback from people living at the home under this outcome area.

Other evidence

At the last inspection, we found that medication was not always stored or administered in line with recommended practice. Subsequently the owners told us that they had changed pharmacy suppliers and the new supplier had re-trained all staff who were responsible for medications on how to use the systems. Also the manager had implemented a daily medication audit which they stated had improved staff practice. The local Trust pharmacist had been checking staff practice and supporting them to develop their skills. He had found that medication practices had improved and now were appropriate.

During this inspection, we reviewed the medicine administration records and supplies in detail for eight people living in the home. The records were fully completed and accurate, and counts of tablets and audit of liquids indicated that people were receiving their medicines as prescribed. The amount of medication carried forward from the previous month was always recorded. We found that a system was in place to check medicine administration records frequently and to report any discrepancies to the manager. We also found examples where discrepancies or omissions had occurred and that these had been promptly resolved. Additional medication training had been provided to staff handling medicines and arrangements were in place to assess and record their competence.

Allergies to any medicines were not recorded in a consistent way for each person. Fully recording known medicine allergies helps prevent their inappropriate use and possible harm. We looked at how medicines for external use such as creams were handled. We found good guidance for care staff on how to use these, and records were clearly maintained. Medicines were handled appropriately.

Our judgement

The provider was meeting this standard. People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Outcome 10: Safety and suitability of premises

What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

* Are in safe, accessible surroundings that promote their wellbeing.

What we found

Our judgement

The provider is compliant with Outcome 10: Safety and suitability of premises

Our findings

What people who use the service experienced and told us

We did not gain feedback from people living at the home under this outcome area.

Other evidence

At the last inspection, we found that the lift had broken on a couple of occasions and was out of order at the time of the inspection. The manager had completed risk assessments, which included information for staff about how to transfer of immobile residents who needed emergency treatment in hospital; managing catering requirements; and providing an allocated smoking area for those residents who could not access the ground floor. However, we found there was a negative impact for people, as the bingo session which was supposed to include both floors, had to be restricted to those living on the ground floor. Since then the owners had made sure that the lift engineers resolved the problem. The lift had not been out of order since the last inspection and during this visit, we found it was fully functional plus all the necessary checks had been completed.

At this inspection, we toured the whole home and found that many areas had been redecorated and refurbished. Therefore a number of bedrooms, the entrance, treatment room and office had been refurbished. Plans were in place to redecorate more bedrooms and communal areas and the manager had a written schedule so she could monitor progress. We did notice that a number of the communal carpets particularly the entrance and a couple of corridor carpets were now in need of replacement. The regional director assured us these would be changed as a part of the general maintenance programme. The provider has taken steps to provide care in an environment that is suitably designed and adequately maintained.

Our judgement

The provider was meeting this standard. The provider has taken steps to provide care in an environment that is suitably designed and adequately maintained.

Outcome 14: Supporting staff

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

The provider is compliant with Outcome 14: Supporting staff

Our findings

What people who use the service experienced and told us

Although we did not specifically ask people if they knew if staff received training, people told us that they thought staff knew what they were doing and were good at their jobs.

Other evidence

At the last inspection, we found that the majority of staff had received mandatory and essential training for their roles, but have not attended Deprivation of Liberties and Mental Capacity Act training. Also we found that the frequency of supervisions needed to be increased. Subsequently the owners told us that they had introduced Mental Capacity and Deprivation of Liberties workbooks, which staff completed either on an individual basis or as part of group work. The owners expected all care staff to have completed the training by the end of January 2012. The owners also told us that all staff had received an end of year supervision session and annual appraisal.

At this inspection, we found that the manager had made sure all staff had completed the necessary mandatory training. She had made sure that staff had completed the other training around the Mental Capacity Act and person-centred practices. We also found that staff were receiving regular supervision sessions and they had completed an annual appraisal plus there was a plan in place to ensure this continued. Staff told us that the supervision sessions explored areas where staff would require further learning and development opportunities, as well as assessing their current practices.

Our judgement

The provider was meeting this standard. People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

We did not gain feedback from people living at the home under this outcome area.

Other evidence

At the last inspection, we found that there were effective systems in place to monitor the quality of the service provided. However, the service needed to develop effective methods for gathering the views of people using the service, their representatives or relatives. At this inspection, we found that the people attended monthly We Matter meetings, which provided them with the opportunity to discuss how they would like the home to be run. The manager showed us the minutes from these meetings and told us that they made them available for all residents to read.

The manager also said as well as the 'We Matter' meetings other resident and relative meetings are held on a monthly basis and she found that people were eager to share their views. She also said that people using the service were routinely involved in staff recruitment. The regional manager told us that satisfaction surveys were sent to people and their relatives in December 2011 and she had analysed this information. The regional director said the analysis was to be sent to the home the week after our visit and the manager would use this to assist them develop an action plan. The manager explained that action plan would use not only the analysis of this survey, but issues discussed in the "We Matter", resident and relative meetings plus the findings from the various audits she completed. We found that the manager had used the quality assurance teams to identify areas for improvement and was taking action to ensure the staff continually developed their practices. There was evidence that learning from

incidents / investigations took place and appropriate changes were implemented.

Our judgement

The provider was meeting this standard. The provider had an effective system to regularly assess and monitor the quality of service that people receive.

What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. We ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

Document purpose	Review of compliance report
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