Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Long Meadow Care Home

60 Harrogate Road, Ripon, HG4 1SZ

Tel: 01765607210

Date of Inspection: 08 October 2013

Date of Publication: October 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Cleanliness and infection control	✗ Action needed
Staffing	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Long Meadows (Ripon) Limited
Overview of the service	Long Meadow is registered to provide residential and nursing care for up to 46 people. The home is in Ripon and is managed and owned by Long Meadows (Ripon) Limited. The building has been adapted and converted for its current purpose, providing modern facilities in a traditional, homely setting.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 8 October 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members, talked with staff and reviewed information sent to us by local groups of people in the community or voluntary sector. We talked with local groups of people in the community or voluntary sector and used information from local Healthwatch to inform our inspection.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

What people told us and what we found

We spoke with six visitors, twelve people who used the service and some of the staff on duty. Before people received any care or treatment they were routinely asked for their consent. People told us they were involved in decisions about their daily lives and specific care needs.

People's care plans contained a level of information that ensured their needs were being met. Information was being followed up in relation to people who had lost weight and care plans had been reviewed in a timely way. This meant that records about people's care needs were accurate and up to date and staff knew what was expected of them. People told us they were extremely happy with the care provided at Long Meadow. One person told us, "The care is really good here, the staff are brilliant."

We looked at how clean the home was. Although we noted the house was fresh-smelling and clean at first glance, when we looked further some deep cleaning was required and some infection control procedures were not being followed. This was in some toilet and bathroom areas and the main dining room. We also found that the records for cleaning schedules and audits were not accurate or up to date.

There were enough staff on duty to meet people's needs. Staff were receiving training on a regular basis and this was monitored by the manager.

There were quality monitoring programmes in place, which included people giving feedback about their care and treatment. This provided a good overview of the quality of

the service provided and meant the quality of the service was being kept under review.

You can see our judgements on the front page of this report.

What we have told the provider to do

We have asked the provider to send us a report by 07 November 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and staff acted in accordance with their wishes. People's preferences and experiences were taken into account in relation to how care and support was delivered.

Reasons for our judgement

Some people were not able to tell us about their experiences, because of their complex needs or levels of understanding. We therefore used a number of different methods to help us understand their experiences, including observing the care being delivered and looking at records. Other people told us about their views and shared their experiences with us. People told us staff were respectful and always asked permission before carrying out any personal care or assisting them, for example with mobility, drinking and bathing.

Care plans were created with input from the people who used the service and/or their relatives. People's wishes were respected where possible. The care plans were individualised and reflected individual backgrounds, cultures and preferences.

Information in the care plans showed the home had assessed people in relation to their capacity to make their own choices and decisions about their care needs. People and their families were involved in discussions about their care needs and the risk factors associated with this. Individual choices and decisions were documented in the care plans.

Staff had an awareness of the Mental Capacity Act and deprivation of liberty safeguards. Staff understood their obligations in respect of people's rights and choices when they appeared to lack the capacity to make informed and appropriate decisions. The general manager told us that staff had received training around the Mental Capacity Act and dementia awareness. Training had involved a test paper which was marked and feedback was given to staff.

Staff were clear that where people had the mental capacity to make their own decisions, this would be respected. Staff told us that when necessary, they would hold a best interest meeting to discuss a person's care and treatment if necessary. (A best interest meeting takes place when informed choices cannot be made by a person using the service, and considers the views of all those involved in the individual's care). We saw written evidence

of these discussions in people's care plans. The general manager told us that staff would recognise people's lack of capacity so that best interest meetings could be arranged. This showed us that care and treatment was being planned in accordance with people's individual needs and abilities. Most of the care plans we looked at had been signed by the person involved and showed that they had given consent.

People who used the service and their relatives had access to a choice of literature. This included the statement of purpose, service user guide, information on advocacy services and the complaints procedure. One visitor we spoke with during our inspection told us, "I am impressed by the way the staff still involve me although they have taken over the care themselves. We both think this is valuable as I can remember things my relative can't. Between us all we have made sure they have what they want."

Care and welfare of people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

We used a number of different methods to help us understand the experiences of people who used the service, including talking with people, observing the care being delivered, talking to staff and looking at records.

We observed staff providing care to people throughout the inspection and they were respectful and treated people in a friendly way. We saw people being offered choice with regard to where and how they wanted to spend their time. For example, some people wanted to watch television or were reading. Some people spent time in their bedroom, in the lounge area or were with the hairdresser. During lunchtime people were given time to finish their meal in an unrushed and calm way. We saw discrete prompting being given to some people, three people were assisted with their meal but people were also given a choice to maintain their independence.

We looked at six people's care plans, including a mixture of people receiving nursing or residential care. Documentation was held in a paper format, was accessible to staff and held securely. We found people's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. The care plans were written in a person centred way, which included family information, nutritional needs, likes, dislikes, what activities they liked to do and what was important to them. They also included information about how the person used to live. We saw care plans contained guidance for staff about the way each person should be supported and cared for. Risk assessments included, moving and handling, pressure area care and nutrition. The care plans highlighted what people could do on their own and when they needed assistance from staff.

We saw evidence that care plans were regularly reviewed to ensure people's changing needs were identified and met. There were separate areas within the care plan that showed specialists had been consulted over people's health and welfare. These included health professionals' and GP communication records. One of the nurse's we spoke with told us they always read people's daily notes. This enabled her to see if people needed any additional support or care.

During our inspection we spoke with five members of staff, who told us the care plans were easy to use. They also told us they contained relevant and sufficient information to know what the care needs were, for each person, and how to meet them. They demonstrated a good knowledge of people's care and support needs and could describe care needs provided for each person. One person told us, "We get to know the person we are caring for really well. The care plans tell us what is needed and they give us enough information."

We spoke with twelve people who used the service. Everyone told us they were extremely happy living at Long Meadow and with the care and support they received. People were complimentary about the staff who assisted them. One person told us, "I am really well looked after. I am happy as I can be." Another person told us, "They certainly look after us all. The staff are kind and generous." Other comments included, "Staff know how to look after me. They know what I like and don't like"; "I am very comfortable"; and "I have no complaints."

We spoke with six visitors who told us they were happy with the care and their family member was well looked after. They told us the staff understood the care needs of their family member and they were contacted by the home straight away if their family member required any treatment or their needs changed. One visitor told us, "She is happy, she settled as soon as she came, she's well looked after." Another person told us, "I am satisfied with the care. I can't complain." Other comments included, "It's a lovely place, the staff are so kind. Knowing he is here gives me peace of mind."

People's care, support and treatment was planned and delivered in a way that protected them from unlawful discrimination. For example, the home had lift access to the top floor. This enabled people with limited mobility to have access to activities and other areas of the home.

There were arrangements in place to deal with possible emergencies. The home had first aid kits that were stored securely and accessible to staff. We also saw several 'slide' mats around the home for evacuation purposes. Staff talked confidently about what to do in an emergency. Some staff had received training in basic life support skills and resuscitation.

The general manager told us the deprivation of liberty safeguards were only used when it was considered to be in the person's best interest. We saw the home had up to date policies and procedures in place. These included care planning, first aid and medical emergencies, risk assessments and admission and discharge.

Cleanliness and infection control ✖ Action needed

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

Our judgement

The provider was not meeting this standard.

People were cared for in an environment which was not clean or hygienic in all areas.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

Our first impressions were that the house was fresh-smelling and well maintained. We saw aprons and gloves were stored in the bathrooms we looked at and staff told us this protective wear was always in stock, and available for use. We noted staff using the appropriate protective wear when dealing with peoples personal care needs, serving food or cleaning. Kitchen staff also had different aprons and headwear when serving food or working in the kitchen.

The general manager told us how she would manage an infection outbreak at the service, and who she would contact for advice and support. This showed she understood her responsibilities about keeping people safe and managing infection outbreaks appropriately, in order to minimise the risk of the infection spreading. We noted there have been no outbreaks of infection in the past year.

People living at Long Meadow told us they thought the home was kept clean. One person said, "My room is cleaned while I am downstairs in the lounge. It is kept nice and clean." Another person told us, "They are always busy cleaning, they do a good job."

The service had infection prevention management policies and procedures in place. We noted the quarterly audits included hygiene and cleanliness checks to monitor the service was being kept clean, to minimise the risk of harm to people. However, on further, more detailed checks around the home to see if it was clean, it was clear that deep cleaning and infection control procedures were not always being followed in all areas. We allowed sufficient time for the cleaning to be done, before we carried out a thorough check. We checked the underside of bath hoists, hoist chairs, wheelchairs, toilet and commodes. Eight of the toilets were found to be dirty. In one instance we saw mould had started to grow between the toilet seat and the lid. There was evidence that these facilities had been used and not cleaned thoroughly afterwards. In some examples we saw, it was clear that cleaning had not been done for several days.

Some metal framed commodes had started to show signs of wear and tear. Paint was peeling on the frames and rust was evident. This makes effective cleaning difficult and

infection control ineffective. We noted that one commode seat was stained and had not been cleaned properly. We asked the manager to look at the areas we found unclean and she agreed that the standards of cleanliness were not acceptable. We also found that the dining room floor, despite being told it had been swept earlier in the day, to be dirty, with accumulated dust and debris collected in corners and under radiator covers.

Seats, attached to hoists, used for bathing were not clean. We found that matter and staining had collected underneath, indicating that deep cleaning had not been done for some time.

There was no staining on the bed linen, carpets or mattresses that we examined.

The service had some written guidance about infection management processes and there was information displayed informing of action to be taken in the event of an outbreak of diarrhoea and vomiting. This helped to ensure any such outbreak could be managed in a consistent way.

Domestic staff worked every day, to provide cleaning and laundry services and their work was managed by the general manager. Staff told us they understood their roles, should there be an infection outbreak and were able to describe the cleaning schedules. We found there were some 'cleaning records' in place, but these had not been completed for several weeks. This meant it was not possible to check how often areas of the home were cleaned, or when they were last cleaned. The cleaning schedule, detailed what was to be done on a daily and weekly basis. For example, Wednesday – 'Turn all toilets and bathrooms out.' From what we saw, it was clear that this had not been done.

We found there was colour-coded cleaning equipment to ensure, for example, that the same mop did not get used in both clean and dirty areas, or in the bathroom and kitchen areas. We also saw that there was a policy for staff to follow, such as how often mop heads should be washed, or how they should be stored. This meant that staff had sufficient information to help them maintain infection control and cleanliness using current guidance.

Staffing ✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

The home employs care workers, nurses, a general manager and other ancillary staff, including kitchen and domestic staff. There were some staff vacancies at the time of our visit. Existing staff were working additional hours to cover the shortfall, and the home was using agency staff where necessary.

There was no registered manager at the time of our visit, however, the provider was making an effort to recruit to the post.

People spoke positively about the staff and described them as 'enthusiastic' and 'kind.' People told us that they were extremely happy with the care provided and that staff respected their privacy. During our inspection we saw several examples of staff treating people with dignity and respect, by knocking on doors and speaking to people in an appropriate way. The home also uses signs on the outside of bedroom and bathroom doors, to show if personal care is being given or if the bathroom is being used.

We spoke with twelve people who used the service and their visitors and they told us that they received care from regular staff and had no concerns with regard to the standards of care provided. Comments included, "The staff are really good, they are busy but they seem to manage." Another person told us, "I don't have to wait if I buzz for help. Even during the night they come and check on you."

We reviewed the staffing rotas for the month prior to our inspection. These showed that consistent staffing levels were maintained with a clear structure in place, showing who was in charge of each shift. There were two qualified nurse's on duty from 7am until 2.30pm. Then one qualifed nurse for the remainder of the day. Nurses had responsibility for administering medication and for overseeing the care being delivered by the care workers. There were also one senior member of staff and five care workers. They were supported by members of staff doing domestic, laundry and kitchen duties and an activities co-ordinator. During the night, there was one qualified nurse, and two care workers, one of which was a senior. The general manager told us staffing level were assessed depending on people's dependency needs and occupancy levels. The staffing levels were then adjusted accordingly.

The general manager told us a rolling programme of training was in place for all staff. This was evident as several training courses for 2013 were seen to have taken place or had been arranged, including safeguarding, medication, dementia awareness, dignity and equality and Mental Capacity Act and deprivation of liberty. The general manager told us there was a mechanism in place for monitoring training and what training had been completed and what still needed to be completed by members of staff.

Our observations on the day of the inspection showed that there were sufficient numbers of staff to meet the individual needs of people using the service.

Some staff we spoke with told us that, although they were kept busy and some shifts could be 'hectic,' they thought there were enough staff overall. One comment gave us the impression that staff would prefer more spare time to spend with people, which did not involve a designated task, for example taking people to the toilet or making beds. However, staff also told us they enjoyed their work and were proud of the quality of care they provided. Staff told us that there were seldom problems covering shifts, due to staff absence.

Assessing and monitoring the quality of service provision ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

The provider had a system in place to regularly assess and monitor the quality of service that people received.

Reasons for our judgement

We looked at how Long Meadow staff gathered information about the service they provided. Records of monitoring that had been undertaken confirmed that a programme was in place.

The general manager told us that each month a report was produced in discussion with the owner, which included health and safety, infection control and emergency procedures. A health and safety audit was also completed annually. We saw the audit for 2013 and this included checks on risk assessments, fire training, infection control and moving and handling. The general manager told us that action plans were developed, which identified actions and recommendations, along with on-going monitoring and completion dates. However, the provider may find it useful to note that the auditing of the cleanliness in the home had failed to identify that some areas were not being cleaned effectively and this could pose a risk to people using the service.

The general manager told us they had an open door policy and people who used the service and their relatives were welcome to contact them at any time. People confirmed to us that they were able to speak with the staff and the general manager and had done so in the past.

We spoke with the general manager about the monitoring of complaints. She explained the complaints procedures and confirmed they did not have any on-going complaints at the time of our visit. They also said complaints were fully investigated and resolved where possible to the person's satisfaction. The provider took account of complaints and comments to improve the service.

We were told that staff meetings were held and actions were considered and taken following each meeting. We did not see the staff meeting minutes. However, staff told us they regularly saw the manager and that important matters were also communicated during daily handovers. We saw the minutes from the previous two residents meetings. These showed the topics of discussion and the suggestions from people about how the service could be improved. We also saw evidence that any suggestions had been acted

upon and that information was shared with those taking part to make sure they were happy.

Decisions about care and treatment were made by the appropriate staff at the appropriate level. The staff we spoke with explained changes to care plans were made after discussion with people who used the service and if appropriate with their relatives. Staff also had a daily handover meeting where information was shared regarding people's care and support needs.

There was evidence that learning from incidents/investigations took place and appropriate changes were implemented. The general manager said they produced a log of incidents which they were able to identify any patterns, trends and training opportunities.

This section is primarily information for the provider

Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activities	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	**Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010** **Cleanliness and infection control**
	How the regulation was not being met: People were cared for in an environment which was not clean or hygienic in all areas.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 07 November 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social 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 essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - 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.

Moderate impact - 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.

Major impact - 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

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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