Inspection Report

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

Longlands Care Home

35 Longlands Road, Middlesbrough, TS4 2JS

Tel: 03452937650

Date of Inspection: 28 May 2013

Date of Publication: June 2013

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

Care and welfare of people who use services	✓ Met this standard
Cooperating with other providers	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Staffing	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Mimosa Healthcare (No 9) Limited
Registered Managers	Mrs. Jennifer Stubbs Mrs. Julie Marie Wood
Overview of the service	The Longlands Care Home is a home for 43 people requiring residential care. Accommodation includes communal lounge and dining areas. Bedrooms are single occupancy and have en suite facilities which consist of a toilet and wash hand basin. There is care parking to the side and enclosed gardens to the rear.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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 carried out a visit on 28 May 2013, observed how people were being cared for, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

During the inspection we spoke with five people who used the service and one relative. We also spoke with the manager, deputy manger and two of the care staff on duty.

We observed the experiences of people who used the service. We saw that staff interacted and communicated well with people. The staff were attentive and demonstrated knowledge and understanding of people's needs.

The people we spoke with told us they were happy with care they receive. People told us they were involved in their care planning and able to make their own choices.

One person told us, "I am happy, the staff look after me very well." Another person said, "The staff are wonderful even if they are busy and you stop them they are always nice." A relative we spoke with told us, "I viewed this place before my relative came in. I chose here and I am very happy."

We saw that people had their needs assessed and that care plans were in place.

We found that people were safeguarded against the risk of abuse.

We found that appropriate staffing was in place to deliver people's care.

We found that systems were in place to monitor the quality of the service.

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

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

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

During our visit we reviewed the care records of four people who used the service. We found the care plans contained a range of assessments which identified how people's needs should be met. Examples of assessments included; diabetes, continence, falls and nutrition. Following assessment, care plans had been developed. We saw that the care plans that had been developed, detailed how to meet the person's care and treatment needs. Care plans contained information on the person's likes, dislikes and personal choices. This meant that the care and treatment needs of people who used the service were delivered in the way that they wanted them to be delivered.

We spoke with five people during our visit and one relative. People were complimentary about the care they received and were aware of their care plans. One person told us," The staff are very caring and helpful, I am aware of my care plan and I was involved in writing this on my first night in the home." Another person told us, "I know I have a care plan and the staff talk to me about it."

We saw that care plans were reviewed on a regular basis and that people had their weight recorded on a monthly basis or more often if required. We saw that a nutritional screening tool had been used to identify if people were at risk of malnutrition or obesity. We saw that people had been referred to the dietician when required. This meant the risk of people receiving unsafe or inappropriate care was reduced and that care plans were up to date and accurate.

In the care records we looked at, we saw that there was good information provided to staff which would support them in caring for people. An example of this was, we looked at several care plans were the person was suffering from diabetes. We saw information for carers on how to recognise and treat hypoglycaemia and hyperglycaemia attacks. These attacks occur when a person's health is affected by too little or too high levels of sugar in their blood stream. This information ensured that staff would quickly recognise when a person became ill and required treatment and support.

A daily record of the care provided was maintained as well as details of contact with members of the multi-disciplinary team, for example the district nurses, chiropodists and GPs.

We saw that people had personal emergency evacuation plans in place. This provided assurance that the provider had procedures in place to deal with emergencies which may arise

Cooperating with other providers ✓ Met this standard

People should get safe and coordinated care when they move between different services

Our judgement

The provider was meeting this standard.

People's health, safety and welfare were protected when more than one provider was involved in their care and treatment, or when they moved between different services.

Reasons for our judgement

We looked at care records for four people who used the service. We saw plans had been completed which gave the medical history of the person, ability and method of communication. We saw that the care records contained information which detailed when there was involvement of health and social care professionals in the person's care. We saw that records were kept in people's individual care plans of any investigations undertaken or specimens taken. This ensured that a record of people's care and treatment was maintained when different health professionals were involved in their care.

We saw that at the front of the care plans there was a communication sheet to be completed when people needed to be transfer between different services. The communication sheet provided an information profile about the person's past medical history, medication and next of kin. This ensured that information about a person's care and welfare would be provided to for example, hospital staff in the event of an admission to hospital. The manager told us that if the sheet had been completed the information would be stored inside the care plan folder.

People were supported and encouraged to have regular health checks and their annual flu vaccine. We saw that a record was kept of when people received the flu vaccination. This meant that people who used the service were supported to obtain the appropriate health care that they needed.

We saw there was involvement of other healthcare professionals, such as the General Practitioner (GP), opticians, specialist nurses and district nurses. The staff recorded the outcome of the visit in people's care records. We saw evidence that there was guidance for staff on how to support people when receiving care from a health professional. In one person's care plan it stated 'when visiting the dentist, hold the person's hand reassure them and talk to them during treatment '.

This contributed to maintaining people's welfare and promoting their wellbeing.

Safeguarding people who use services from abuse ✓ Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

During the inspection we spoke with the manager, deputy manager, a senior carer and a care assistant who were aware of the different types of abuse and what would constitute poor safeguarding practice. The staff told us that they had received training about safeguarding. The staff we spoke with were clear of what action to take and procedures to follow if abuse was suspected. One member of staff we spoke with told us, "I would always report anything; people should expect and get the very best care." The staff we spoke with were confident that they would raise any concerns with the senior staff and they would be acted upon.

The manager showed us the safeguarding policy which provided a stepped approach for staff of what to do should abuse be suspected. We discussed the whistle blowing procedure with staff and the manager showed us the policy.
We saw that a record was kept of safeguarding incidents and the actions taken by staff. We looked at the training records and saw that 95.3% of staff had completed training for Deprivation of Liberty and 88.4% of staff had completed Safeguarding training. The manager told us that there is an ongoing training matrix and refresher programme in place.

People who used the service and relatives were aware of who to speak with should they need to raise a concern. One person said," If I was unhappy or concerned about anything I would let the staff know."

The staff we spoke with had a good knowledge of the Mental Capacity Act, best interests and Deprivation of Liberty Safeguards. The staff told us they would involve family to help with any decision making, if a person was unable to do this independently.

In the four care plans we looked at, we saw that an assessment of people's mental capacity had been done. The staff told us that some people who used the service lacked capacity to make their own decisions, so staff at times needed to decide what would be in their best interests. In one care plan we looked at, we found evidence where best interest decisions had been made, it detailed the process, outcome and who had been involved in the best interest meeting.

People were safeguarded from the risk of abuse.

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

During this inspection we had a discussion with the manager, deputy manager and two members of staff about the staffing arrangements for the service. We reviewed the duty rota and looked at the skill mix of staff on duty and in the weeks ahead. The staff on duty reflected what was recorded as the staffing levels required for the shift. The manager told us that currently the handyman was providing some support to another home on a temporary basis but that this was manageable at present.

We asked the manager how the staffing needs for the service were established. They told us that they had a dependency tool on their desktop and that they reviewed the staffing and dependency on a daily basis. The staff we spoke with told us they thought there was sufficient staff on duty and if they felt more were needed they would speak to the manager or the deputy.

The people and relative we spoke with told us that they thought there was sufficient staff. We saw evidence that all staff received training to enable them to deliver the care required by people living in the home. One member of staff we spoke with told us," I feel really supported, I have never come into a job were I feel so supported by the staff."

During this inspection, we found there were sufficient qualified, skilled and experienced staff to meet people's needs.

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 an effective system to regularly assess and monitor the quality of service that people receive

Reasons for our judgement

During the inspection we discussed with the manager, deputy manager and two members of staff how they monitored the quality of service delivered in the home. The told us that they undertook a daily and weekly walk around to check the quality of the service being delivered. The manager told that there were also regular audits undertaken by the area manager.

We saw that a range of audits had been undertaken. Examples of these were, maintenance, domestic services, dignity, infection control, medicines and care plans. We saw that where issues had been identified in the audits, action plans had been developed. The action plans stated the name of the person responsible for implementing the actions identified and time scales. The manager told us that any issues identified in the audits were briefed to staff in the communication book and at staff meetings.

We looked at the records of the staff meetings and found evidence to support this. An example of this was on the 24.5.2013 a staff meeting was held, infection control, tidiness in the environment and care plans were discussed. We saw that regular staff meetings were held with different staff groups. The staff we spoke with told us that issues identified in the regular audits were fed back to them.

The people we spoke with during our visit told us that there were regular meetings for people and relatives to attend. We saw that the last meeting was on the 21/5/13 and a range of items on the agenda were discussed, examples of these were, menus, laundry, activities and trips out. The staff we spoke with told us that they put up a poster to let people know well in advance that a meeting was taking place and reminded people. One person we spoke with told us that there had been lots of discussion over meals as to what people wanted to discuss at the residents meeting.

The manager told us that a satisfaction questionnaire was sent out to people and these were returned to the head office for analysis, however the results seemed very slow in coming back to the home. The manager told us they would give feedback to people and staff about the outcome of the questionnaires. They told us they would also produce an action plan to address any issues identified.

We found that the staff and manager fully understood the quality assurance processes, identified areas for improvement and took action to ensure they continually developed their practices. The provider had an effective system to regularly assess and monitor the quality of service that people receive.

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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