

Constantia Healthcare (Middlesbrough) Limited

Longlands Care Home

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service

Longlands Care Home is a care home which provides care for up to 43 people. The service does not provide nursing care. Care is primarily provided to older people, some of whom have mental health conditions or are living with a dementia. At the time of the inspection there were 33 people using the service.

The service accommodates people across two floors. There are communal lounges, dining rooms and bathing facilities. There is an enclosed garden for people to use.

People's experience of using this service and what we found

People and relatives were positive about the caring nature of staff and the service they received. There were enough staff employed and on duty at any one time to meet the needs of people. The provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff.

Accidents and incidents were recorded and analysed; risk assessments were in place. The manager and staff understood their responsibilities about safeguarding. Medicines were managed safely.

Ongoing improvements were being made to the decoration and facilities in the building. Internal doors needed repair/replacement as they were all scratched and many of the windows were misted and in need of replacement or repair. This was part of the providers refurbishment plan.

Staff had the skills and knowledge to deliver care and support in a person-centred way. People were supported to have maximum choice and control of their lives and staff did support them in the least restrictive way possible; the policies and systems in the service did support this practice

People told us their privacy and dignity were respected and their independence encouraged. People were able to participate in a range of activities if they chose to do so.

The provider was open and approachable which enabled people to share their views and raise concerns. People told us if they were worried about anything they would be comfortable to talk with staff or the manager.

The provider monitored quality, acted quickly when change was required, sought people's views and planned ongoing improvements.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 1 June 2018) and there was one breach in regulation. The provider completed an action plan after the last inspection to show what they would do

and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Longlands Care Home

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection team consisted of an inspector, an assistant inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Longlands Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with CQC. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The deputy manager had been promoted to manager and had completed her application to register with CQC.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. 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

During the inspection we spoke with 15 people who used the service and four relatives. We also spoke with the manager, deputy manager, activities co-ordinator, six care staff and a staff member who worked in the kitchen and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with a visiting professional

We looked at a selection of records. This included four people's care records and medicine records, three staff recruitment records and other records related to the building, and the management of the service.

After the inspection

We continued to seek clarification from the management team to validate evidence found. We looked at training data, supervision and appraisal records and a variety of policies and procedures. We contacted visiting professionals by email to seek their views on the service provided.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people were safe and protected from avoidable harm.

Staffing and recruitment; Systems and processes to safeguard people from the risk of abuse

- Good recruitment procedures were in place to ensure suitable staff were employed and people were safe.
- Staff received training in safeguarding. Staff were able to tell us what they would do if they were concerned about the treatment of people. A staff member told us, "I haven't seen any behaviour that has concerned me, but if I did the [manager] is approachable enough I would talk to [them] about it."
- People told us they felt safe. One person told us, "Yes, the carers make me feel safe and secure. It's the way they look after you."

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

- Risks to people's health, safety and wellbeing were managed and measures were put in place to reduce or prevent these risks. However, we found one person was assessed as high risk of skin damage and needed to change position every four hours, but records had not been completed to confirm this had taken place. This was pointed out to the manager who took immediate action to rectify this.
- Checks on the environment and equipment took place, for example checks on nurse call systems and people's mattresses to make sure they were clean and fit for use. Plans were in place to ensure people were supported to leave the building in an emergency.
- The manager and provider critically reviewed incidents and events and determined if improvements were needed.
- Management monitored and analysed accidents and incidents enabling any safety concerns to be acted on and to identify lessons learnt.

Using medicines safely

- There were arrangements in place to ensure people received medicines in a safe way.
- Medicine administration records and medicine care plans provided information to ensure people received their medicines safely as prescribed.
- Staff responsible for administering medicines were trained to manage medicines safely.

Preventing and controlling infection

- People were protected from the risk of infection. Staff had received training and followed safe practices. Staff had access to personal protective equipment such as disposable gloves and aprons.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they moved into the service to make sure staff could provide the care and support they needed. This assessment considered how people wanted to be supported and any needs in relation to culture, religion or ethnicity.
- Care and support was reviewed on a regular basis.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and skilled; they carried out their roles effectively.
- Staff had completed an induction and training programme. They had opportunity for supervision and appraisal. Staff told us they felt well supported by the manager and other senior staff. One staff member told us, "There is too much training, you are constantly learning, I don't have any gaps in my training,"

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

- People were supported to eat and drink enough food to maintain a balanced diet.
- Staff told us, "We have food and fluid charts to let us know who is on fortified diets (food that has additives to make it higher calories). We have fortified milkshakes and full fat milk and yoghurts. Sometimes though we will offer the fortified options even if someone just didn't eat so well the day before."
- Timely and proactive referrals to dieticians were made for those at risk of malnutrition, and we saw those that had lost weight often returned to a healthy weight target.
- Records of fluid intake were recorded for some people who were at risk of dehydration. The amount of fluid people should take varied according to their weight. However, the target fluid amount for people was not always recorded on this fluid balance. We pointed this out to the manager who told us they would take immediate action to address this.

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

- The home environment met the needs of the people it supported.
- Ongoing improvements were being made to the decoration and facilities in the building. Internal doors were scratched and many of the windows were misted and in need of replacement or repair. This was part of the providers refurbishment plan.
- Ongoing development was needed to improve signage and objects to enable people living with a dementia to identify their bedrooms and communal areas.

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

- The service made timely referrals and followed advice from relevant healthcare professionals.
- The provider worked in partnership with other organisations to ensure they delivered joined-up care and support for people.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life. A professional wrote and told us, 'Staff are skilled at listening and spending time with people who may be depressed, anxious or having other functional mental health problems. Staff are always friendly towards me and my colleagues.'

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 when this is in their best interests and legally authorised under the MCA.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's care and treatment was provided in line with law and guidance.
- People using the service, or those appointed, were involved in decisions about people's care.
- People's care records showed documentation of people's mental capacity and best interests' decisions in line with principles of the Mental Capacity Act 2005.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were treated with kindness and the good relationships they had with staff impacted positively on their feelings of wellbeing.
- We observed many personal yet professional interactions between staff and people. Staff strived to ensure the comfort and happiness of people within the service. Staff were observed asking, "I hope you enjoy your lunch, I can come back in a minute with a sweet for you if you'd like?"
- We saw staff who were kind and caring. For example, one person awoke startled in the lounge, they were quickly comforted and reminded of where they were to ensure they didn't experience any distress. Another person who was experiencing pain was reminded of the steps to take to alleviate the pain and was comforted by staff.

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

- People were given choices about their care. The provider was committed to valuing people as individuals.
- Staff supported people to make decisions about their care; and knew when people wanted help and support from their relatives. Where needed staff sought external professional help to support decision making for people, such as advocacy.
- Each person had an allocated keyworker, the keyworkers photograph was displayed in the person's room for familiarity. The manager told us their role involved ensuring that care records reflected the person accurately and ensuring they had everything they needed.

Respecting and promoting people's privacy, dignity and independence

- Staff maintained the privacy and dignity of the people they cared for. People were encouraged to remain as independent as possible. Staff told us, "We have all the stand aids and hoists and stuff, we use them if we need to. The majority of people can do things themselves, we just make sure that they are done right."
- Staff engaged with people in a dignified way and were observed knocking and entering people's room for general interaction and conversation. One person told us, "Staff are courteous and friendly. Staff are helpful and will do anything for me."
- Staff and management had created a 'digni-tree' display, staff had documented on each of its leaf's examples of dignity and how people may best like to be supported.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people's needs were met through good organisation and delivery.

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

At our last inspection the provider had failed to ensure care records were sufficiently detailed. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection sufficient improvement had been made and the provider was no longer in breach of Regulation 17.

- People's needs were recognised, acted upon and recorded appropriately. Care plans showed people and their relatives were involved in planning their care and changes were made when needs changed.
- People's assessments and care plans were person-centred and contained details of people's choices and preferences. People's cultural and spiritual needs were considered as part of their initial assessment.
- Staff had a good understanding of people's lifestyle, preferences and needs.

Meeting people's communication needs

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

- Information was provided in ways which people could understand, including large print and easy read (where pictures were used to aid people's understanding).
- Staff understood how people communicated. They knew how people expressed themselves, so recognised if people were in pain or how they indicated their choices.

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

- People were encouraged to take part in activities and outings of their choice. Family and friends made regular visits to the service.
- The service employed two activity co-ordinators who covered six days of the week. People told us they enjoyed the activities provided. On the day of the inspection people were seen to enjoy a seated exercise session to music. A variety of meaningful activities took place such as arts and crafts, gardening and

reminiscence.

- A professional wrote and told us, 'There is always something going on at Longlands, from sweet stalls, the hairdresser, singers, baking, all of the time and special events like Christmas and Easter for example are huge and the home really do pull out all the stops.'

Improving care quality in response to complaints or concerns

- People could share any concerns with staff who supported them. People knew how to make a complaint and told us they would be listened to by the management team. The manager acted upon complaints in an open and transparent way. They used any complaints received as an opportunity to improve the service.
- The service had not received any complaints since our last inspection.

End of life care and support

- Compassionate care was provided at the end of people's lives. People or their appropriate representative were asked to complete documentation called 'help us to help you,' to ensure that they captured how best the person wished to be cared for at the end of their life.
- Care records documented people religious beliefs, details of pre-arranged funeral plans, who to contact in the event of end of life and if a person wanted to die in hospital or at Longlands Care Home. Step-by-step guidance was in place for staff to follow to ensure the person's needs and preferences would be met.
- The main entrance featured a 'memory tree.' People and staff from the service who had died had their photograph in a bauble and kind message as a memorial to their memory. The management team told us that people and relatives were fond of the gesture.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection the provider had failed to ensure effective quality monitoring took place. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection sufficient improvement had been made and the provider was no longer in breach of Regulation 17.

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

- After the last inspection the provider used external consultancy to improve the quality of the service provided. The provider now had an effective quality assurance system to review areas of the service and to drive improvement.
- The provider had acted upon feedback from our last inspection and made improvements to the service and the care people received.
- The manager was visible around the home and was responsive to the needs of people, relatives and staff.
- Staff spoke positively about their roles and responsibilities. They were enthusiastic about ensuring people received good care and support. They told us the management team were supportive and approachable.
- The manager submitted notifications of significant events such as incidents and accidents that had occurred in a timely manner.
- The principles of the duty of candour were embedded within the managers practice. The manager was open and honest in response to any complaints and worked in partnership to make improvements.

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

- The manager and the culture they created effectively supported the delivery of person-centred care. A professional wrote and told us, 'The management are excellent as are the seniors and other care staff.'
- People and their relatives were invited to meetings to discuss the quality of the service and care delivered, the manager acted upon feedback from meetings.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The management team spent time with people, relatives and staff at meetings or at reviews of care. This allowed them to gain people's views and involve people in any changes being made to the service. One person told us, "I think the manager is obliging. You can talk to [them]."
- The service had good links with the local community. The local supermarket donated tombola and raffle prizes for functions held in the home. Representatives from the local churches visited the service to meet people's religious needs.
- The service worked in partnership with other agencies. During the inspection staff worked with a district nurse to support someone with their care. The district nurse told us, "This is a lovely service. The staff are very friendly and welcoming."