

Longwood Lodge Care Limited

Longwood Lodge Care Home

Inspection report

61-63 Queens Road
Oldham
Lancashire
OL8 2BA

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Date of inspection visit:
14 October 2022
19 October 2022

Date of publication:
17 November 2022

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Longwood Lodge is a care home located in Oldham and can accommodate up to 40 older people. The home is operated by Longwood Lodge Care Limited. At the time of this inspection, there were 37 people living at the home.

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

Some improvements were required to ensure medicines were given safely. During the inspection, we identified concerns regarding medicines given with food, PRN (when required) plans, stock levels and the storage of some medicines. Records regarding topical creams and drink thickeners also needed to be improved. Audits were carried out to check medicines were managed safely, however they did not provide a focus on the areas of concern identified during the inspection.

People said they felt safe living at the home as a result of the care they received. Staff were recruited safely, and staffing levels were sufficient. Appropriate infection control procedures were in place and relevant safety checks of the building and equipment were carried out.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice.

There were systems in place to seek feedback from staff, relatives and people living at the home, through meetings and satisfaction surveys. The home also had good links within the local community and worked in partnership with a number of different organisations.

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

Rating at last inspection

This last rating for the service was good (Published July 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements with regards medication and governance of the service. Please see the safe and well-led sections of this full report. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Longwood Lodge on our website at www.cqc.org.uk.

The overall rating for the service is requires improvement. This is based on the findings at this inspection.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to medication and governance at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Not all aspects of the service were safe.

See the safe key question for more information.

Requires Improvement ●

Is the service well-led?

Not all aspects of the service were well-led.

See the well-led key question for more information.

Requires Improvement ●

Longwood Lodge 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by an inspector, a medicines 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

Longwood Lodge is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under 1 contractual agreement dependent on their registration with us. Longwood Lodge is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there

was a registered manager in post.

Notice of inspection

The inspection was unannounced.

Inspection activity was carried out between 14 October and 4 November 2022. Further inspection activity was completed via telephone and by email, including speaking with people who used the service and their relatives and reviewing additional evidence and information sent to us by the provider.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from professionals who worked with the service, including Oldham local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 6 people who used the service and 4 relatives about their experience of the care provided. We also spoke with 5 members of staff including 3 care staff, the registered manager and the provider.

We reviewed a range of records. This included 5 people's care records, a selection of medicine administration records (MAR) and 4 staff recruitment files. A variety of other records relating to the management of the service were also considered as part of the inspection.

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 good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- People were not always given their medicines at the correct times as stated in the manufacturers' directions. For example, the records showed medicines which should be given before food were given with medicines which should be given with, or after food. If medicines are not given at the right times they may not work properly.
- Written guidance was in place for staff to follow when medicines were prescribed to be given "when required" or with a choice of dose. Some of the guidance needed more information to make sure staff had all the information to tell them when someone may need the medicine and how much to give.
- Records were not always accurate. Some people's medicines were in stock but there was no record they were available to be administered when we checked records. For example, one person was prescribed a thickening agent to be added to their fluids to prevent them choking, there was no record any was in stock for them. This meant there was a risk of people not receiving their medicines as prescribed.
- Records about prescribed creams and thickening agents did not always show they were managed safely because staff did not have clear information about how to thicken people's drinks or how often and when to apply creams.
- Stock levels for inhalers showed less medicine had been given than had been signed for or prescribed, so their asthma or other breathing conditions may not have been treated effectively.
- Medicines were not always stored safely at the correct temperatures, the medicines room was warmer than the maximum safe storage temperature for medicines and 1 cream was stored at room temperature but should be stored in the fridge which meant it may not have been effective. Since the inspection the provider told us they have moved the medicines to be stored in a different room.

This meant there had been a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 regarding safe care and treatment.

Assessing risk, safety monitoring and management;

- People had a range of risk assessments in place regarding the care they received. This included COVID-19, mobility/falls, skin, choking and use of the stairs. Where any risks were identified, control measures were detailed about how to keep people safe.
- Safety checks of the building and equipment were carried out. This included gas safety, electrical installation, the passenger lift and hoists/slings.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Staffing and recruitment

- We checked to see if there were enough staff working at the home to care for people safely, and feedback from people we spoke with was positive. One person said, "I think it's good care and I think there are enough staff. The staff are lovely." A relative added, "The staffing levels seem okay but as with most care homes, higher levels of staff would be useful." A member of staff added, "If people ring in sick it can obviously be difficult, but we have enough."

- During the inspection, we observed staff were busy and worked hard, and did not observe anybody waiting for assistance for unacceptable periods of time. We also viewed the staffing rotas and dependency tool used by the home which showed sufficient numbers of staff were deployed.

- Staff were recruited safely, with all the necessary procedures carried out. This included completing application forms, holding interviews, seeking references and carrying out disclosure barring service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People and relatives told us they felt safe as a result of the care they received. One person said, "I feel safe here because the staff are good and kind." A relative also commented, "We usually visit twice a week and we can see how the staff react to (person), treating (person) kindly. They keep us informed about things and we really trust them."

- A safeguarding policy and procedure was in place and the training matrix showed staff had received training about how to protect people from the risk of harm.

- Staff displayed a good understanding about safeguarding procedures and said they had not witnessed any abuse whilst working at the home. One member of staff said, "If I noticed a person being withdrawn, or not eating properly I would be concerned."

- A log of all accidents and incidents was maintained, with details provided about actions taken to prevent re-occurrence.

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections. At the time of our inspection, appropriate isolation and testing was being carried where there had been positive cases of COVID-19.

- The home was clean with effective cleaning and infection control processes in place.

- Additional measures had been implemented throughout the COVID-19 pandemic, to ensure guidance was followed and people kept safe. Appropriate policies, procedures and cleaning schedules were in place.

Visiting in care homes

- Government guidance around visiting had been followed.

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 good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Audits were carried out to check medicines were managed safely, however they did not provide a focus on the areas of concern identified during the inspection. This meant the concerns had not been identified and acted upon in a timely way.

Appropriate systems were not in place to ensure effective oversight of medication. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 regarding Good Governance.

- Staff meetings took place which enabled feedback to be provided and make improvements. Staff competency assessments also took place which covered areas such as medication and moving and handling.
- Staff supervisions and appraisals were held so staff could receive feedback about their performance.
- People living at the home and relatives were able to provide feedback about the care provided at the home through satisfaction surveys and meetings.

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

- Both the registered manager and provider were clear about their roles and responsibilities.
- Staff told us they enjoyed their roles and said there was a positive culture at the home. One member of staff said, "I like my job and working here, we have a good team."
- Staff shared positive feedback about the home manager. One member of staff said, "We have a good rapport with the manager, and they are always available if we have a problem." Another member of staff said, "I feel there is good management and leadership and I am well supported."
- People living at the home and relatives told us they were happy with the care provided, which enabled them to achieve good outcomes. One person said, "I like it here and I'm very happy. The staff give excellent care and I would rate them all 10 out of 10." A relative said, "The care is excellent, and the staff are informative. They are kind and caring people." Another relative added, "They look after (person) really well and are loving towards (person). Some staff go beyond the call of duty. Staff came in especially, even though they weren't on shift, to ensure (person) took her special medication."
- It is a legal requirement for the ratings from the last inspection to be displayed on any websites operated

by the provider and at the office location. We saw the ratings were displayed as necessary.

- The registered manager and provider understood their responsibility to submit statutory notifications and these were sent as required.

Working in partnership with others;

- The home worked in partnership with various local authority's and health teams in the Oldham area. This included social work and commissioning teams at the local authority, as well as district nurses.
- The mayor had visited the home recently to see and speak with people following the death of the queen.
- People living at the home also attended local football matches at Oldham Athletic and had photographs taken with players.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Appropriate systems were not in place to ensure medicines were given safely.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Appropriate systems were not in place to ensure medication audits were effective.