

National Care Consortium Ltd

Longhill House Care Home

Inspection report

Coldstream Close
Hull
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Longhill House Care Home is a residential care home providing personal care to up to 41 people. The service provides support to older people some of whom may be living with dementia, people with mental health needs, people with a physical disability and younger adults. At the time of our inspection there were 39 people using the service. Accommodation is provided in one adapted building across 2 floors and has a mixture of smaller and larger communal areas for people to use.

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

Medicines were not always managed safely. Discrepancies in stocks of medicines had been identified meaning some people had not received their medication as prescribed.

Governance systems were not always reliable or effective and actions from audits were not always followed.

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 effective safeguarding systems in place and safeguarding concerns were managed promptly. Staff understood their responsibilities in relation to safeguarding and felt comfortable to raise concerns.

Risk assessments were person centred and contained enough information to guide staff in their practice.

There were enough competent, trained staff to meet people's needs. Recruitment checks were robust.

Infection, prevention, and control was managed well, and the cleanliness of the home was of a high standard. People had access to outside space.

The provider worked collaboratively across services to understand and meet people's needs, and people experienced positive outcomes regarding their health and well-being.

The service had a positive culture that was person-centred and empowering. People, their relatives and staff spoke positively about the registered manager and felt involved with the service.

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 25 November 2020) and there were breaches of 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 the provider remained in breach of

regulations and the service remains rated requires improvement. The service has been rated requires improvement for the last 2 consecutive inspections.

We also made a recommendation the provider seek advice and guidance regarding the Mental Capacity Act (2005). At this inspection the provider had acted on our recommendations and had made improvements.

Why we inspected

We carried out an unannounced inspection of this service on 29 September and the 1 October 2020. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve their governance processes.

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.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

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 remains requires improvement. This is based on the findings at this inspection.

You can read the report from our last inspection, by selecting the 'all reports' link for Longhill House Care Home on our website at www.cqc.org.uk.

Enforcement

We have identified breaches in relation to the safe administration of medicines and good governance.

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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Longhill House 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.

Inspection team

The inspection was carried out by 2 inspectors and an Expert by Experience. An Expert by Experience also made calls to relatives. 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

Longhill House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Longhill House Care Home 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

This inspection was unannounced.

What we did before the inspection

We reviewed the information we had received about the service. 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 (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 7 people who used the service and 10 relatives to ask about their experience of the care provided. We spoke with the area manager, the personal care manager, the head housekeeper, 6 care staff and 1 professional. We looked at 3 care files along with a range of medication administration records (MARs). We looked at other records relating to the management of the service including recruitment, staff training and supervision, and systems for monitoring quality.

After the inspection

We reviewed further records relating to the management of the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained 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

- Medicines were not always managed safely.
- Staff did not always record the stock balances of medication correctly. This meant we could not be sure people had received their medication as prescribed.
- Detailed guidance specific to each person on how to administer 'as required' (PRN) was not always available to staff.

We found no evidence that people had been harmed, however, people were at increased risk as the provider had failed to ensure the proper and safe management of medicines. This was a breach of regulation 12(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were trained and supported in their role to administer medication.

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

- Risks associated with people's care had been identified and plans were in place to minimise risk occurring. Staff told us they had access to risk assessments, and they provided the right information to care for someone.
- Personal emergency evacuation plans were available and detailed the level of support each person would require in the event of an emergency evacuation.
- The environment and equipment were safe and well maintained. Regular checks were recorded.
- The provider had a process in place to review all accidents and incidents, they were responded to appropriately and lessons were learnt to drive improvements.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place that reduced the risk of abuse.
- Staff received safeguarding training and were clear about their responsibilities in responding to and reporting any safeguarding concerns.
- People told us they felt safe at the service. Comments included, "I feel safe, the staff make sure I am safe" and "I feel contented, and I like living here."

Staffing and recruitment

- There were enough staff to ensure people received safe care. We observed staff providing support and engaging in a meaningful and positive way. People said, "The staff are very good, you only have to ask, and

they help you" and "The carers are lovely, I am so happy here."

- Safe recruitment and selection processes were followed.

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People were supported to have visits from family and friends. During the inspection we observed visits taking place with families and friends. Relatives told us they could visit when they wanted.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 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 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

At our last inspection we recommended the provider sought advice and guidance regarding the MCA and record keeping. The provider had made improvements.

- The provider acted within the legal framework of the MCA. Staff had completed training in MCA and DoLS and understood the meaning of the Act.
- Where people lacked capacity to make decisions, appropriate people were involved in making decisions in people's best interests and records were completed to an appropriate standard.

Staff support: induction, training, skills and experience

- Staff training was up to date and additional training courses had been completed. For example, staff were trained in diabetes, epilepsy, and Parkinson's Awareness. Relatives told us they thought staff were well trained.
- Staff received an appropriate induction to enable them to provide effective care. A staff member said, "The induction covered everything including working supernumerary for a short period of time."
- Staff were supported by the management team and received appropriate supervision. Staff told us they received regular supervision and felt supported.

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

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

- People's needs were assessed before any service was provided. A paramedic nurse also visited the service to complete assessments for new admissions and people who had been discharged from hospital.
- People's care plans included their preferences and choices. These were regularly reviewed to ensure people were receiving care that met their needs and in line with best practice guidance. Staff told us they were kept updated if people's needs changed.
- Mealtimes were pleasant and relaxed. One person said, "I like the food and if I don't like something on that day, they [Staff] will make me something else."
- Staff monitored people's weights and referred people to appropriate health care professionals when required.

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

- Staff worked well with health care professionals to ensure people's needs were met. A professional visiting the service said, "Things have much improved, staff are able to keep on top of things and will refer if needed."
- People's care plans detailed their health care conditions and the action staff needed to take to keep people fit and well. Relatives told us they felt very involved with discussions about their loved one's care.

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

- The environment was well maintained, clean and pleasantly decorated. People had access to safe outside space and quiet areas to sit and see relatives in private. Comments from people were, "It is always clean and tidy and well maintained" and "My room is nice, and the laundry is pretty good as well."

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 our last inspection we rated this key question requires improvement. The rating for this key question has remained 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.

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

At our last inspection the provider had failed to operate a robust governance system. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17

- The providers governance systems were not always effective. They had failed to identify the concerns we found during the inspection in relation to medication.
- Information and actions from care plan audits was not always transferred onto the relevant documentation. The provider responded immediately to ensure actions were transferred to relevant audits.

Systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Systems were in place to review accidents and incidents and there was evidence of lessons learnt through staff team meetings and supervisions.

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

- The provider had an open and honest culture. Staff told us they could speak to the managers if they had any concerns. Comments from staff included, "I would feel confident raising concerns with them" and "If I am struggling with anything, other colleagues, seniors or managers would help, we are a good team."
- People and their relatives spoke positively about the service. Comments included, "The registered manager is very approachable, I have always been kept informed and involved" and "I think the home is very well run, I have met the manager and they are very good."
- Staff told us morale in the home was good and they worked together well. A staff member said, "I love my job, I love the home and the staff are lovely."

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

- The provider demonstrated an open and transparent approach and understood their responsibilities under the duty of candour.
- The registered manager was aware of their obligations for submitting notifications to CQC, as required by law.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff had team meetings. This provided an opportunity to discuss issues that are important to them and feel listened to.
- The provider engaged and involved people using the service. A relative said, "They do a monthly magazine and I have just completed a survey."

Working in partnership with others

- We saw evidence the provider was working in partnership with community professionals and organisations to meet people's needs.
- A visiting health care professional told us they worked closely with staff at the home to provide effective care for people.

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 The provider did not ensure the safe management and administration of medicines.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems were either not in place or reviewed regularly to ensure risks were identified and managed