

MPS (Investments) Limited

Longton Nursing and Residential Home

Inspection report

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21 November 2016

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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

This comprehensive inspection was carried out on the 14 and 21 November 2016. Longton Nursing and Residential Home provides accommodation for up to 58 people who need help with personal or nursing care needs. The home has four lounges and a spacious dining area. Large landscaped gardens are accessible for those wishing to utilise them. Private accommodation is on two floors and a large lift allows access to both levels. Twin rooms are also available for those wishing to share facilities. The home is situated in Longton. Car parking space is available at the home.

At the time of inspection there was a manager who was registered with the Care Quality Commission. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We last inspected Longton Nursing and Residential Home on the 06 May 2015. We identified several breaches of regulation. We found medicines were not managed safely, people's privacy and dignity was not consistently protected and care records contained basic information only and did not cover all assessed needs or how people wished their care and support to be delivered. In addition we found systems for assessing and monitoring the quality of service provided were not always effective and confidential records were not retained securely. In relation to consent, we found written consent had not been obtained. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Longton Nursing and Residential Home on our website at www.cqc.org.uk.

At the last inspection on the 06 May 2015 we asked the registered provider to take action to make improvements. We were provided with an action plan which detailed how the registered provider intended to ensure improvements were made.

We undertook this inspection to check they had followed their plan and to confirm they were now meeting legal requirements.

During this inspection carried out on the 14 and 21 November 2016 we found improvements had been made. We saw people were supported with compassion and empathy and staff were gentle and kind. Care records reviewed contained sufficient information to enable staff to deliver care and support which met peoples' needs and wishes. When not in use, we found care records were stored securely to prevent access from unauthorised persons. We reviewed a sample of quality audits. We found checks were in place to monitor quality of the service and any areas of improvement were identified and actioned. We saw documentation which evidenced people and their families were involved and asked to give consent when decisions needed to be made.

There were systems in place to ensure people who lived at the home were protected from the risk of harm

and abuse. Staff we spoke with knew the action to take if they had any safeguarding concerns. They told us they would report concerns to ensure people were protected from harm. Prior to the inspection we received information of concern regarding moving and handling techniques at the home. We discussed these with the registered manager and registered provider who took substantive action to ensure people's safety was maintained. Following the inspection we were informed that investigations had been carried out by Lancashire safeguarding authorities and no action was required.

People who lived at Longton Nursing and Residential Home and their relatives told us they felt the home was well managed and the registered manager was approachable.

There were a range of audits in place to ensure any improvements were identified. These included checks on the environment, medicines, care records and accidents and incidents.

We saw risk assessments were undertaken to manage individual risks. Written documentation was available to inform staff of the support people needed to maintain their safety. We also found care records contained individual health assessments and care plans contained information on the care and support people needed to maintain their wellbeing. Staff were knowledgeable of peoples' assessed needs and the help and support people required. People who received care and support and their relatives told us they were happy with the care provision from Longton Nursing and Residential Home.

There were arrangements in place to ensure people received their medicines safely. However we saw some poor practice took place. For example we saw the medicines trolley was left unlocked when staff moved away from it. We have made a recommendation regarding this.

Recruitment checks were carried out prior to a staff member starting work at the home. Staff received training to enable them to give care that met peoples' needs.

We discussed staffing with people who lived at the home, the registered manager and relatives. People told us they considered there were sufficient staff available to meet people's needs and they received help quickly. During the inspection we observed people being supported promptly.

People told us they considered staff to be caring. Comments we received included, ""The staff here are lovely." And, "Staff are dedicated and compassionate."

There were a range of activities available for people to participate in if they wished to do so. People told us they enjoyed the activities provided. One person said, "I take part in what I like. Staff remind me what's on, or I look at the board to remind myself."

People were supported to eat and drink sufficient to meet their needs. People we spoke with complimented the meal provision at Longton Nursing and Residential Home. We were told, "I think the food's excellent." And, "I love the meals here."

There was a complaints policy, which was understood by staff and was available to people who received care and support. People told us they were confident any complaints would be addressed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

The provider had procedures to protect people from abuse and unsafe care.

There were arrangements to ensure people received medicines in a safe way, however best practice guidance was not always followed.

Staff were safely recruited, and staffing levels were sufficient to respond to peoples' individual preferences.

Is the service effective?

Good ●

The service was effective.

People were supported to eat and drink sufficient to meet their needs.

Staff received training and support to enable them to deliver care which met peoples' needs.

The management demonstrated their understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good ●

The service was caring.

People told us they considered staff to be caring and they were involved in making decisions about their care and the support they received.

Staff were able to describe the likes, dislikes and preferences of people who received care and support and this was individualised to meet people's needs.

Is the service responsive?

Good ●

The service was responsive.

People received care and support in accordance with their assessed needs.

There were a range of activities available for people to participate in if they wished to do so.

There was a complaints policy to address complaints made regarding the service provided.

Is the service well-led?

The service was well-led.

People told us they considered the home was well –led. Staff were organised and informed of their responsibilities.

Systems and procedures were in place to monitor and assess the quality of service people were receiving.

The registered provider consulted with people they supported and relatives for their input on how the service could continually improve.

Good ●

Longton Nursing and Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was carried out on the 14 and 21 of November 2016 and was unannounced. On the first day of the inspection two inspectors visited the home. One inspector returned on the second day to complete the inspection process. At the time of the inspection Longton Nursing and Residential Home provided care and support to 54 people.

Prior to the inspection we reviewed information the Care Quality Commission (CQC) holds about Longton Nursing and Residential Home. This included any statutory notifications, adult safeguarding information and comments and concerns. In addition we contacted the local commissioning authority to gain their views of the service provided. This helped us plan the inspection effectively.

Prior to the inspection we received information of concern regarding safe moving and handling practices at the home, and the availability of staff to meet peoples' needs. We included this within our inspection planning.

As part of the inspection we spoke with nine people who received care and support from Longton Nursing and Residential Home and five relatives. We spoke with the registered manager, the area manager, the registered provider, the deputy manager, two catering staff, four nurses and seven care staff. We also spoke with a visiting health professional.

We walked around the home and spent time in the communal areas. This allowed us to observe the support people received and the interactions between people who lived at the home and staff. With consent, we also

visited people in their private rooms to discuss their experiences of living at the home.

We looked at a range of documentation which included five care records and two staff files. We also looked at a training matrix and staff rotas. As part of the inspection we viewed a sample of medication and administration records.

Is the service safe?

Our findings

We asked people who lived at the home if they felt safe. One person who received care and support told us, "I've nothing to worry about here." A further person said, "I feel safe here because the staff are so kind and gentle with me."

Relatives we spoke with commented, "[My family member] is safe, well cared for and looked after." And, "I'm very confident [my family member] is safe."

At the last inspection carried out in May 2015 we found risks to people were not always identified and risk strategies were not implemented to reduce such risks. For example, we found bedroom fire doors were propped upon with no risk assessments in place to manage associated risks and wet floor signs were left in place after floors were dry. This created a potential trip hazard for those who lived at the home, visitors and staff members. This was a breach of Regulation 12 of the Health and Social Care Act (2008) Regulated Activities, (Safe care and treatment.) During this inspection carried out in November 2016 we found improvements had been made. We saw bedrooms had magnetic fire closures fitted. This allowed the doors to automatically close in the event of fire. We noted wet floor signs were used to ensure the risk of slipping on a wet floor was minimised, however these were removed promptly when floors were dry.

Prior to the inspection we received information of concern that inappropriate moving and handling techniques were sometimes used. We followed this up on inspection. During the inspection some staff told us they were concerned with the moving and handling techniques they had witnessed when working. We discussed the concerns in detail with staff and learnt these concerns had not been reported to the registered manager or the Lancashire safeguarding authorities. Staff confirmed they were aware of the processes for reporting to enable further investigations to be carried out but had not followed the process. Staff were also able to describe the types of abuse that may occur and signs any symptoms which may indicate abuse is occurring.

We discussed the information we had received prior to the inspection and the discussions we had with staff with the registered manager and registered provider. The registered manager took substantive action to ensure the safety and well-being of people who lived at the home. We were also informed by the registered provider they would build upon existing staff training and carry out additional monitoring checks to monitor the service provided. Following the inspection we were informed that investigations had been carried out by Lancashire safeguarding authorities and no action was required.

At the inspection carried out in May 2015 we found improvements were required to ensure medicines were managed safely. During this inspection in November 2016 we checked to see if improvements had been made. We saw arrangements were in place to ensure medicines were ordered, stored and disposed of safely. We checked a sample of MAR records and medicines and found the quantities of medicines and the MAR records matched. This indicated people received their medicines as prescribed.

During the inspection we observed medicines being dispensed. We found staff did not always lock the

medicines trolley after use and left the trolley unsupervised whilst they administered medicines to people in the room. Due to the positioning of the trolley by a doorway, we saw the administering staff were sometimes disturbed by visitors when they were dispensing medicines. Disturbing staff whilst administering medicines increases the risk of misadministration of medicines. We discussed this with the registered manager and area manager who told us they would seek a solution to this.

On the second day of the inspection we observed staff administering medicines. We noted they were wearing red tabards with 'Do not disturb' upon them. The area manager told us these had been purchased to minimise any distractions from others. We found the registered provider had responded quickly to our feedback.

We recommend the registered provider seeks and implements best practice in relation to the safe management of medicines to ensure medicines are managed safely and consistently.

We viewed five care records and saw individualised risk assessments were carried out and evaluated appropriate to peoples' needs. We saw risks to peoples' health and wellbeing were assessed and risk reduction methods were used to ensure peoples' safety was maintained. For example we saw care plans documented the equipment staff should use to support people and the way people had agreed to be supported. People we spoke with confirmed these had been discussed with them. One person explained how they had been consulted regarding the use of bedrails. They told us, "I talked about it with the nurse and I want them, they help keep me safe and stop me getting hurt." We saw a risk assessment was in place to manage the risk associated with bedrails and staff we spoke with were able to describe the persons' needs. We visited the person's private room and saw the equipment was in situ.

Staff were able to explain the purpose of the risk assessments and how these enabled risks to be minimised. Staff told us they had access to the care files so they could review the assessments and they also received information verbally from the qualified staff during daily meetings. They said they attended a 'handover' meeting every shift to ensure they remained up to date with peoples' needs. During the inspection we observed a handover and saw this was the case.

We reviewed documentation which showed suitable recruitment checks were carried out before a person started to work at the service. The staff we spoke with told us they had completed a disclosure and barring check (DBS) prior to being employed. This is a check which helped ensure suitable people were employed to provide care and support. We saw records of the checks were kept and two references were sought for each new employee. We spoke with two recently recruited members of staff. They confirmed all necessary checks were carried out prior to them starting to work at Longton Nursing and Residential Home.

Prior to the inspection we had received information of concern that insufficient staff were available to meet peoples' needs. We were informed two qualified staff were sometimes available at night and when this was the case, both qualified staff administered medicines from 6am. This meant only three care staff were available to meet people's needs until additional staff arrived at 8am. We included this within our inspection planning.

We arrived at Longton Nursing and Residential Home at 05:45 am. We found 4 care staff and one qualified staff were available to meet people's needs. We spoke with the qualified staff who confirmed there were occasions when two qualified staff were available, and if this was the case both qualified staff administered medicines. They explained this was carried out at 6:45 am and additional staff arrived at 7am. We spoke with four care staff who confirmed if medicines were administered, additional staff attended the home. We asked staff if they considered this to be sufficient. All the staff we spoke with said they were able to meet people's

needs promptly.

We asked the registered manager how they ensured there were sufficient numbers of suitably qualified staff available to meet peoples' needs. They told us the rotas and annual leave were agreed in advance. They explained this helped ensure there were sufficient staff available to support people. We were told if extra staff were required due to a change in a person's needs or unplanned leave, additional staff were provided. The registered manager told us they would use agency staff if required and whenever possible these were booked in advance to ensure the staffing levels were adequate. This was confirmed by speaking with staff. Staff told us that in the event of unplanned leave being taken, alternative staff were sought.

We viewed two week's rotas and saw that overall, staffing levels were consistent with the registered provider's explanation and the assessed needs of people who received care and support. We noted some gaps in the number of staff provided. We discussed this with the registered manager who told us that due to the short notice of the leave taken, no cover could be obtained.

We asked people their opinion of the staffing provision. Everyone we spoke with told us they were satisfied with the arrangements in place. They told us staff came quickly if they required assistance. Comments we received included, "I have a call bell. Look it's here. Staff come if I press it." And, "I don't have to wait for help." Also, "I've never waited for help." Relatives we spoke with expressed no concerns with the availability of staff. Comments we received included, "There's always staff around he home and they're extremely attentive." And, "There's always plenty of staff to help [my family member.]"

During the inspection we noted the upper grill area of an electric heating panel in one bedroom was hot to touch. We also noted the upper grill areas of three electric heating panels in a corridor were also hot to touch. We discussed this with the registered provider and the area manager. Prior to the inspection concluding we were informed protective covers were being purchased to minimise the risk of injury and avoidable harm. We recommend the registered provider seeks and implements best practice guidance in relation to the management of risk relating to burns and scalds.

We walked around the home and found bedrooms and communal areas were clean, tidy and well maintained.

Is the service effective?

Our findings

We received positive feedback from people who received care and support at the home. One person told us, "I'm looked after well." A further person said, "I'm very happy with my care." Overall, relatives also made positive comments. These included, "You couldn't get any better, they're very good." And, "It's good care." One relative commented they felt the standard of care was 'variable'. They went onto say any comments they made were addressed.

At the last inspection carried out in May 2015, we found people were not protected against risks associated with unsuitable premises, because some areas of the home were not of suitable design or layout for all those who lived there. This was a breach of regulation 15 (Premises and equipment.) During this inspection we found improvements had been made. We saw appropriate signage was displayed to enable people to identify areas of the home such as their individual rooms and toilets and bathrooms. We saw contrasting coloured toilet seats had been fitted to communal toilet areas and also found rails to aid mobility were in situ. These may help people who are living with dementia maintain their independence and minimise the risk of falls.

At the last inspection carried out in May 2015 we found written consent had not been obtained. For example we found people who lived at the home, or their relatives had not been asked to give consent in relation to the sharing of information or photographs. During this inspection we found improvements had been made. We saw documentation which evidenced people who lived at the home had been asked to consent to the sharing of information and to photographs. Where people did not have the mental capacity to consent, we saw evidence that relatives had been consulted and their agreement documented. In addition we spoke with five relatives who confirmed they were consulted when decisions needed to be made in their family member's best interests. One relative told us, "If anything occurs where I need to be involved in making a decision, they come to me immediately." A further relative said, "They involve me in any decisions and talk to me if there are any changes."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We discussed the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS) with the registered provider and the registered manager. They told us they were aware of the legislation in place and the importance of ensuring the correct processes were followed. Staff we spoke with demonstrated an awareness of the importance of gaining people's consent and confirmed they had received training in these areas. They told us they would report any concerns immediately to the registered manager. They told us this would help ensure peoples' rights were protected and their safety maintained.

We asked the registered manager to explain the training staff received at Longton Nursing and Residential Home. We were told staff received an induction prior to starting to work with people who received care and support. We spoke with two newly recruited staff to check they received sufficient training to enable them to deliver safe and effective care. Staff we spoke with told us they were currently completing an induction and we saw this taking place. We saw an in house trainer was instructing staff on the fire procedures and this included a tour of the building. Both the staff we spoke with told us they were expected to complete further training and a period of shadowing prior to working unsupervised with people who lived at the home.

Staff we spoke with told us they considered they received sufficient training to enable them to deliver safe and effective care. We were told training was provided in areas such as moving and handling, fire safety and safeguarding. We viewed the staff training matrix which evidenced this took place. Staff told us further training was being planned. We were informed training in dementia awareness had been arranged and we saw documentation which confirmed this. All the staff we spoke with were positive regarding the training available. One staff member told us, "We get a lot of good training." Staff told us they received supervisions and appraisals with their line manager. These are one to one meetings where staff discuss their performance and any training. Staff explained these were helpful as it allowed them to discuss any areas of concern and to plan any further training required.

We asked staff to describe the action they would take if they felt a person was unwell. Staff we spoke with told us they would raise any concerns with external health professionals to ensure people had access to timely health advice. Care files contained contact details of people who were important to those who received care and support from Longton Nursing and Residential Home. We saw details of doctors and relatives were recorded to enable contact to be made as required. Staff we spoke with told us if they were concerned about a person's wellbeing, they would contact the qualified nurse on duty. They also told us they would contact the person's family member or other health professionals if the need arose. From our review of care records we saw people were referred to other health professionals as required. For example we saw referrals were made to dieticians, doctors and speech and language therapists as required. During the inspection we spoke with a visiting health professional who voiced no concerns with the care and support provided.

Care files evidenced people's nutritional needs had been assessed. The care documentation we saw contained information regarding the needs and preferences of people who received care and support. Care plans contained sufficient information to enable staff to support people effectively. We saw monitoring was in place to ensure any changes in weight were identified.

People who lived at Longton Nursing and Residential Home were complimentary about the meals provided to them. Comments we received included, "I think the food's excellent." And, "I love the meals here." Also, "I get ample to eat." Relatives we spoke with gave positive feedback regarding the meals and the support their family members received. We were told, "[My family member] has a special diet. It's always available, looks and smells good and [my family member] enjoys it." Also, "The food is very, very good."

We visited the kitchen and saw it was well stocked with fresh and frozen produce. We were shown a menu which contained a variety of meals and the chef told us if people requested an alternative meal, this would be provided. This was confirmed during our observations at lunchtime.

We saw people were offered the opportunity to choose where they wanted to eat their meal and were supported to a seat of their choice. Protective clothing was offered to people and we noted this was changed if it became soiled. This protected peoples' dignity. Lunch was served promptly and people were asked if they were happy with their meal. We observed one person ask if they could have a sandwich. We

saw this was provided to them. If people required support to eat this was provided with patience and kindness. Staff were seen to be conversing with people and pureed meals were separately blended to allow people to experience different tastes. We observed staff offering second portions and drinks were available and refilled throughout lunch.

Is the service caring?

Our findings

People who received care and support from Longton Nursing and Residential Home told us staff were caring. Comments we received included, "The staff here are lovely." And, "Staff are dedicated and compassionate." Also, "Staff are very pleasant and patient with me." One relative we spoke with commented, "Staff are wonderful." A further relative said, "I commend the staff for their kindness."

At the last inspection carried out in May 2015 we found improvements were required to ensure peoples' privacy and dignity were maintained. For example, we saw one person had the skin on their upper legs exposed when they were transferred by a hoist. During this inspection we found improvements had been made. We saw people who required help to transfer with a hoist were supported in a dignified way. We noted staff took care to ensure peoples' skin was not exposed. In addition we noted one person required help to change their clothing as it was marked. We observed the staff member talking with them and offering assistance. On agreeing, the person was helped to their private room. We saw the room door was closed to ensure the persons' privacy and dignity was protected while support was given.

During our walk round of the home we observed staff knocking on doors and waiting for a response before entering. We found when care and support was provided to people, doors were closed to protect peoples' privacy and dignity. Staff were seen to be discreet and spoke with them quietly so their privacy was maintained.

We observed a staff 'handover'. This is a meeting at the end and start of a shift, where important information is given from one group of staff to another. During the handover we saw staff were respectful in their language and spoke caringly about the people who lived at Longton Nursing and Residential Home. Staff were heard to make comments such as, "That's fine, it must be uncomfortable for [person]. I'll spend some extra time with them." And, "Is [person] feeling better? Do they need any extra help?" This demonstrated staff were caring.

People we spoke with told us they had been involved in the development of their care plans. One person told us how they had expressed their future wishes and these had been documented. They told us, "It's a great comfort to me to know what I want will happen." We reviewed the persons care record and saw the information recorded matched the expectations of the person. A further person told us, "I'm involved in any decisions." Relatives we spoke with also told us they were consulted regarding the care of their family member. One relative described their involvement. They said, "Everything was done to involve me. I had all the explanations, time with staff and I was listened too."

Records we viewed held person centred information about people who received care and support. We saw peoples' social histories, preferences and wishes were included. This demonstrated people were encouraged to express what was important to them in order to enable care to be delivered in a person centred way. We were informed a new system of care records was being introduced and more information would be added as it became available. Staff we spoke with were able to describe people's likes and dislikes. One staff member described how care was provided around a person's chosen daily routine. They

commented, "We arrange [person's] care around them. What's important to them is important to us." This demonstrated staff were caring.

We discussed advocacy with the registered manager. We were told there was no-one who received care and support from Longton Nursing and Residential Home currently accessing an external advocacy service. The registered manager told us this was available to people and information could be provided as required.

Is the service responsive?

Our findings

People who received care and support told us staff responded to their individual wishes as appropriate. One person described how they had been unwell. They told us staff had carried out extra checks on them to ensure their wellbeing. We were told, "When I was poorly, the girls came and checked me more often. They said they wanted to make sure I was alright and they kept to it. They checked me every hour till I was better." A further person said "The nurses are particularly good, very on the ball. If I need any extra help I let them know and I get it."

Relatives told us they considered the service to be responsive to their family member's needs. One relative told us their family member had a change in needs which required them to receive support to reposition. They said, "They keep [family member] comfortable and [family member] is turned properly and is now getting better."

At the last inspection carried out in May 2015 we found care and support was not appropriately planned to meet people's needs and reflect their preferences. This was a breach of Regulation 9 (Person centred care.) During this inspection we found some improvements had been made. We reviewed five care records and saw information recorded which demonstrated care was planned in response to people's needs and wishes. For example we saw one care plan which documented a person's future wishes. We spoke with the person who confirmed they had been involved in the development of this. In another care record we saw a person had been prescribed a specific diet. We saw the care plan reflected the health professional's instructions. In a further care record we saw a person required support to reposition, we checked the person's care records and noted the person had been supported in accordance with their assessed needs. This demonstrated care and support was planned to meet people's needs and preferences. In one care record we noted there was no specific care plan to document the person's needs. We spoke with staff who were able to describe the persons' care needs and the support they received to maintain their well-being. We visited the person in their room and found they were comfortable. We discussed this with the area manager who informed us they would ensure a care plan was developed to document the person's needs.

Care records we viewed recorded people's routines and preferences. Care plans contained information on how and when people wished to be supported. For example one care record described the clothing a person chose to wear. During the inspection we observed the person was wearing this clothing. They told us, "I like to wear my dressing gown all the time. Staff know that." A further record showed a person had preferences in relation to the support they received from staff with personal care. We spoke with the person who confirmed they had requested the support. They said, "I asked for someone to help me in the shower because I feel safer. Someone always comes with me now."

People told us they received care and support as they wished and staff knew their preferences. One person told us, "There's no regimentation here. I get up when I want, go to bed when I want, be alone when I want." A further person commented, "It's up to me what I do and staff know what I like."

We discussed the provision of activities with the registered manager. We were informed there were two

activities co-ordinators employed by the home. They were not available during our inspection visit at the home. People told us they were able to take part in activities if they wished to do so. Comments we received included, "I don't want to go on the trips but I love the knitting." And, "I like the films in the afternoon." Also, "I take part in what I like. Staff remind me what's on, or I look at the board to remind myself." One person said, "Do you like my nails, one of the girls did them. I felt like a queen!" Relatives also spoke positively regarding the activities provision at the home. We were told, "The activities are very good. They have board games, arts and crafts and entertainers." Also, "There's sing-a-longs, music, craft. I couldn't criticise the activities at all."

During the inspection visit we saw activities taking place. We observed a staff member starting a topical discussion group with people. During this, one person commented on the rabbits that were owned by the home. This resulted in a group conversation about the homes pets and people shared their memories of their own family pets and family life. We saw this was enjoyed by people. In addition we found people were supported to engage in individual pursuits that were important to them. We observed one person knitting, one person reading a magazine and one person doing a word puzzle. We noted staff sat with the person and helped them complete it. We also observed one person using a 'twiddle muff.' This is a sensory item which is designed to provide stimulation activity for restless hands when people are living with dementia. We observed the person and it was clear from the expression on their face and their actions, this was a meaningful activity for them. We asked the registered manager what resources were available for people who lived with dementia. The registered manager explained there were sensory blankets and muffs, musical instruments and people were supported to have "snuggle and cuddle sessions" with the homes pet rabbits. They explained they were also in process of selecting further resources, for example, "rummage boxes." These are boxes with individual items in which help people reminisce and share meaningful conversations

There was a complaints procedure available in the reception of the home which described the response people could expect if they made a complaint. At the time of the inspection we were informed no formal complaints had been made. People told us if they had any complaints they would speak to staff or the registered manager. Staff understood the complaints process and explained they would refer any complaints to the registered manager. One staff member told us, "We have a policy for complaints so they can be properly investigated." This demonstrated there was a procedure in place, of which the staff were aware to enable complaints to be addressed.

Is the service well-led?

Our findings

People told us they considered Longton Nursing and Residential Home to be well-led. Comments we received included, "Yes, it's organised well." And, "[Registered manager] is good to talk to and efficient." Relatives told us they were happy with the way Longton Nursing and Residential Home was managed. One relative told us, "The staff are well organised and professional." A further relative commented, "I think it's well run in my opinion."

At the last inspection carried out in May 2015 we found quality assurance checks had not identified areas for improvement and documentation was not stored securely. During this inspection we found improvements had been made. We saw documentation was stored in a locked cabinet in a locked office. During the inspection we requested information on several occasions. We noted the documentation was secure and staff locked the cabinet after accessing it.

We looked at a sample of quality assurance checks. We saw medicines audits were in place with actions identified and feedback given to staff. We reviewed a care records audit, a falls audit and an infection control audit. The registered manager told us these were provided to the head office to ensure information was available regarding the quality of care provided. In addition we saw the registered provider carried out visits to the home. These were documented and an action plan developed if any areas of improvements were identified.

We saw staff were organised and informed of their responsibilities. During the inspection we observed a 'handover' take place. We saw staff were allocated specific people to support and their needs and preferences were discussed. For example we heard one person had an external appointment to attend and a further person had an expected visitor. We noted this was discussed at handover and staff were given direction on the support the people required. This demonstrated information was shared to ensure people's needs and preferences were met.

We spoke with staff and asked them their opinion of the leadership at Longton Nursing and Residential Home. Overall, staff told us they found the registered manager to be supportive. Staff told us the registered manager was available if they needed extra support and had worked with them if required to ensure people's needs were met. In addition staff told us they were able to speak with the registered provider if they wished to do so. Staff told us the registered provider visited the home on a regular basis.

We viewed documentation which evidenced staff meetings took place to enable information to be shared and any changes discussed. Staff confirmed they were aware of these and had the opportunity to attend. One staff member said, "We have meetings and I attend so I can stay up to date with everything."

We asked the registered manager how they enabled people to give feedback regarding the quality of the service provided. We were told in addition to verbal feedback, surveys were provided to obtain the views of people who received care and support and their relatives. We saw evidence this took place. People and relatives we spoke with also told us there were 'residents and relatives meetings' they could attend if they

wished to do so. The people and relatives we spoke with told us they did not wish to attend these. In addition we saw documentation which evidenced surveys were given to visiting health professionals to complete. We viewed five of the surveys and saw these contained positive comments.