

Long Meadow (Ripon) Limited

Long Meadow Care Home

Inspection report

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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 caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Long Meadow Care Home is a residential care home providing personal care to up to 35 people. The service provides support to adults under the age of 65, adults over the age of 65, adults living with dementia and adults who require support with their mental health. At the time of our inspection there were 32 people using the service.

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

Infection prevention and control practices were not always followed. We have made a recommendation around this. Governance oversight did not identify some of the issues found on inspection such as risk to people were not always assessed to minimise and manage the risk of harm and mandatory recruitment checks were not always completed.

People were protected from the risk of abuse or neglect; medication was managed safely and lessons were learnt when things went wrong.

Renovation works were being completed in the premises with a plan for further works to be completed. People had choice and control over their decisions and staff had the skills and training to provide safe care. People were supported to eat and drink to maintain a healthy lifestyle and staff worked with other agencies to ensure people had access to health and social care services.

Staff were caring and respected people's privacy and promoted dignity and respect.

People received personalised support and there were a wide variety of activities offered. Complaints were responded to appropriately and staff had a good understanding of how to provide good end of life care.

The registered manager promoted a culture of person-centred care and acted with a duty of candour. People were included in the development of the service and the manager promoted a culture of continuous learning and development.

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.

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

Rating at last inspection

The last rating for this service was requires improvement (published 15 October 2020).

The service remains rated requires improvement. This service has been rated requires improvement or

inadequate for the last seven consecutive inspections.

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.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement and Recommendations

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 governance audits at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the 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 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 not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Long Meadow 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

One inspector undertook the inspection. An Expert by Experience spoke with people and their relatives over the phone. 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

Long Meadow Care Home 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. Long Meadow 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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 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 (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

During the inspection, we spoke with the nominated individual, registered manager, deputy head of care, two senior carers, three carers, one activity coordinator, one handy person and two domestic staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with 10 people living at the service and two relatives. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We reviewed six medication administration records (MAR) and three care plans. We reviewed evidence following the inspection including training records and audits.

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.

Preventing and controlling infection

- Infection prevention and control practices were not consistently applied.
- On the first day of inspection, most staff did not consistently wear face masks. This increased the risk of infection transmission and did not follow recommended guidance.

We have made a recommendation for guidance to be reviewed to ensure staff wear the correct Personal Protective Equipment (PPE) at all times.

- On reporting our finding to the registered manager, all staff were observed to be wearing face masks correctly on the second day of inspection.
- The premises were clean, tidy and free from malodour.

Assessing risk, safety monitoring and management

- Risks were not consistently assessed.
- Some people did not benefit from up to date risk assessments being in place and not all risks had been assessed to minimise the risk of harm. Staff had worked at Long Meadow Care Home for a long time and knew people well. This reduced the risk of harm and incomplete information in care plans.
- People did not always benefit from risks being assessed to minimise the risk of harm. For example, one person had ongoing mental ill-health which was not consistently documented.
- Environmental checks, such as legionella, fire safety and electrical safety checks had been completed.
- Staff reported they had a good understanding of people's needs and potential risks.

Please refer to the well-led section of this report to see what action we have taken regarding risk assessments.

Staffing and recruitment

- Not all staff had been recruited safely.
- Some staff did not have all the mandatory recruitment checks, such as an ID check. The registered manager took immediate remedial action to put this in place.
- There were enough staff to safely meet people's needs. One person told us, "There are enough staff. It's excellent, I have no complaints. They're all very diligent."

Please refer to the well-led section of this report to see what action we have taken regarding recruitment

checks.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to protect people from the risk of harm.
- Staff had a good understanding of when to raise a concern and how. One person told us, "It's alright here I feel safe and I'm looked after well."
- The provider had a safeguarding policy which detailed how and when to raise a safeguarding concern. One member of staff told us, "If I were concerned about anything, I would tell the manager. I know they would sort it out."

Using medicines safely

- Medication was managed safely.
- Staff had a good knowledge of safe medication administration practices. One person told us, "I take medication; the care home does it correctly."
- Medication was stored safely.

Visiting in care homes

- Long Meadow Care Home offered visits in line with national guidance.

Learning lessons when things go wrong

- The registered manager promoted a culture of learning lessons.
- The registered manager reviewed accidents, incidents and adverse events to learn from these.
- There was a methodical approach to learning lessons and staff were updated to minimise the risk of recurrence. One member of staff told us, "The manager is very good. They investigate things and tell us if we need to do anything differently."

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.

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

- A renovation programme was in place for the building.
- The provider was renovating the premises including a replacement of the fire doors, new flooring and easier walkways. This was part complete at the time of the inspection.
- The premises were fully accessible and met people's care needs.

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

- People had choice and control over their day to day decision making.
- People's care plans detailed their preferences and routines. People felt like they were able to make their own decisions. One person told us, "The staff always ask me before they do anything."
- Staff recognised the importance of person-centred care.

Staff support: induction, training, skills and experience

- Staff had the knowledge and skills to provide safe care and treatment.
- Staff had training in key areas such as moving and handling, fire safety and dementia care. Staff felt confident to deliver high quality care. One person told us, "It's the same staff who work here all of the time. They seem to be well trained. They're very nice."
- Agency staff had an induction to Long Meadow Care Home and had the necessary checks to ensure they had the skills to provide high quality care.

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

- People received adequate food and drinks.
- Kitchen staff spoke with people to make sure they are happy with the quality and variety of food. One person told us, "The food is good. We have a change of dinner every day. I very rarely leave food. I get a good pudding too. I have no complaints about the food."
- People had choice over meals to accommodate different diets. For example, there was a suitable vegetarian option at every meal.
- People who were at risk of weight loss had regular weights taken and onward referrals were made to the GP or dietician, when required.

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

- Staff supported people to access support to live healthier lives.
- People who required the support from health and social care professionals, such as a GP, District Nurse, Social Worker or Dietician, had referrals made in a timely way. One person told us, "The staff are very good. If I'm ill, they get the doctor straight away. The staff never grumble."
- People were supported and guided to make healthy lifestyle choices.

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.

- People were supported to maintain choice, control and independence over their lives.
- Staff had a good understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards. One person told us, "I make my own decisions about my day, such as what time I go to bed and get up and what to eat. That sort of thing."
- The provider had established policies and procedures in place to promote good practices. The provider-maintained oversight of MCA training and competency checks to make sure staff felt confident in this area.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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; Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect.
- Staff understood the different preferences and choices people made. People had a positive relationship and good rapport with staff. One person told us, "The staff are wonderful. They listen to me and they are pleasant."
- People were afforded dignity and privacy by all members of staff. One person told us, "The staff are excellent. They know me well and definitely know what I like. They always knock the door and explain what they are doing. They treat me with respect."

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

- There was a culture of people being involved in decision making.
- People were consulted on decisions about the care they received, food and activities. People felt involved with decisions about their lives. One person told us, "I get a shower whenever I want. I simply press my buzzer and staff come in two to three minutes. The staff are very kind and not condescending at all."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed 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

- People received personalised support and had choice and control over their lives.
- Staff made sure people were offered choice and provided care that put the person at the centre of decision making. One person told us, "I am involved in my care planning. I can decide things for myself. The staff definitely know me. I only get support when I ask for it. The staff try to accommodate me."
- Relatives were involved in reviews and updates of care plans.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Information was available in various formats to allow it to be accessible to people.
- Staff knew people's communication styles to ensure people were included in activities and decision making.

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

- There were systems in place to reduce social isolation.
- There was a dedicated activities coordinator who provided group and one to one activities. One member of staff told us, "I try to do a wide variety of activities. I do group activities such as arts and crafts or games. I also do one to one activities, like walking someone to the shop to get a newspaper or phone relatives. I like it here. It's a nice place to work."
- People enjoyed the activities available. One person told us, "There is always something to do here. Plenty going on. I like it."

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and system to respond to concerns or complaints.
- The registered manager had responded to complaints in an appropriate and understanding manner which resolved people's concern.

End of life care and support

- There were systems and established processes in place to make sure people receive a dignified,

comfortable and pain free death.

- At the time of inspection, people did not require end of life care, but staff had a good understanding of how to provide pain free and dignified end of life care.

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

- Systems were not robust or consistent to identify all areas of improvement.
- The registered manager did a wide variety of audits however; these were not consistent in identifying areas of improvement required. For example, missing recruitment checks, changes to care plans, damaged furniture and poor PPE practices were not identified through governance audits.
- Risk assessments were not always in place for people's health conditions. People who were on long term respite stays had a smaller care plan, even though they had been there for 18 months. Audits had not been successful in identifying these issues.

Although we found no one had been harmed, the failure to have a robust approach to monitoring the quality of care was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Some audits identified good practices and areas for improvement. For example, it had been identified through medication audits improvements were needed. The registered manager organised a staff meeting to explore these issues. Staff reported improvements had been made.

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

- The registered manager promoted a culture which was person centred and empowering.
- People benefitted from a culture which was person centred, empowering and inclusive. One person told us, "I know the manager. I speak to them sometimes. They're good at what they do. They like to run things properly."

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 registered manager acted within their duty of candour.
- The registered manager worked with people, their relatives and health and social care professionals to ensure the right care was provided.

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

characteristics; Working in partnership with others

- People were engaged and involved with the development of the service. One person told us, "I think the care home is well managed. The manager is a very nice person. They listen when I speak, and they take notice."
- People had access to a "residents meeting" where updates from the registered manager, activities coordinator and kitchen staff to review choices and preferences. One person told us, "I attend the residents' meetings about once a month. I can make suggestions if I want to. They act on my suggestions."

Continuous learning and improving care

- The registered manager has systems and processes in place to continuously learn and improve care.
- Since the last inspection, the registered manager has made improvement to the service. The provider has a rolling plan to continue to invest and improve the service.

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 17 HSCA RA Regulations 2014 Good governance Audits completed by the registered manager did not identify all areas for improvement which was identified on inspection. 17(2)(b)