

MPS (Investments) Limited

Longton Nursing and Residential Home

Inspection report

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Longton
Preston
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Tel: 01772616144

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Ratings

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

Summary of findings

Overall summary

About the service: Longton Nursing Home is a residential care home that was providing personal and nursing care to 56 people at the time of the inspection.

People's experience of using this service:

At the last inspection the provider was in breach of multiple regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had made improvements and was no longer in breach of regulations.

The service was safe and people were supported to fulfil their abilities and expectations.

The registered manager had improved quality assurance systems. Care records had been improved and reflected people's needs and preferences.

The provider had made some improvements in relation to seeking people's consent. However, we made a recommendation about further improvement needed around the assessment of a person's capacity before seeking consent from others and before someone is deprived of their liberty.

Individual risks to people and the environment had been identified and measures put in place to manage them and minimise the risk of avoidable harm occurring. Staff demonstrated a good understanding of their roles and responsibilities for keeping people safe from harm.

We identified people's bedrails were not always at a suitable height to keep them safe. The registered manager acted immediately on our concerns. They actioned remedial work, risk assessment and ordered bedrail height extenders as recommended by the Health and Safety Executive guidance on the safe use of bedrails.

Medicines were managed safely by trained staff who ensured people received medicines at the right time.

Staffing levels had been increased in the morning since the last inspection and staff told us they felt suitably staffed to be able to provide safe and effective care. People told us staffing levels were sufficient.

People received person-centred care and we observed staff interacted with people in a kind and compassionate way. Staff understood the needs of the people they supported and had formed trusting relationships.

We received mixed feedback from people about the quality of food provided for them. The registered manager was aware of people's feedback and had made arrangements for a change in food provider which was due to commence in April 2019.

The registered manager was highly regarded by staff, service users and visitors. People told us they could approach the registered manager if they had any concerns and concerns were responded to.

People received person-centred end of life care and staff were trained in advanced care planning and clinical aspects of caring for someone at the end of life.

Staff received training and development to enable them to provide care in a safe and effective way.

Rating at last inspection: Requires improvement (19 September 2018).

Why we inspected: This was a scheduled inspection based on the service's previous rating and to review action taken against served warning notices for regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Follow up: We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

Longton Nursing and Residential 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

At the last inspection on 07 & 09 August 2018 the provider failed to comply with regulatory requirements and was served warning notices for breach of regulations 12 and 17 of the Health and Social Care Act 2008. This inspection was undertaken to check if the provider had made improvements.

Inspection team:

The inspection team consisted of three adult social care inspectors 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. The expert-by-experience had personal and professional experience of caring for older adults.

Service and service type: Longton Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection:

The inspection was unannounced.

What we did:

Before our inspection we looked at all the information we held about the service. This included any safeguarding investigations, incidents and feedback about the service provided. We looked at any statutory notifications that the provider is required to send to us by law. We used a planning tool to collate all this evidence and information before visiting the service.

We spoke with eight people who lived at the service and four relatives. We also spoke with the registered manager, the area manager, the deputy manager, one registered nurse, one support worker and the chef. We looked at a variety of records which included the care files for five people who used the service and two staff recruitment files. We also reviewed records related to the operation and monitoring of the service and medicines management. We asked health and social care professionals who visited the service to provide feedback. We received positive feedback from two visiting professionals.

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 on 06, 07 & 08 August 2018, this key question was rated inadequate. We found shortfalls in risk assessment, medicines management and staffing levels. At this inspection, we found the service had taken steps to improve the safety and effectiveness of people's care and changes had been sustained. Therefore, the rating for this key question has improved to good.

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- There were robust systems in place to safeguard people from the risk of abuse.
- At the last inspection, we found some staff were unable to demonstrate understanding of safeguarding procedures. At this inspection, we found staff had received training in relation to safeguarding procedures and staff understood what types of abuse people could be exposed to and how to report any concerns.
- People and their representatives told us they felt safe and protected from harm.
- The registered manager kept records of safeguarding investigations. We found the service worked in line with local authority safeguarding procedures and incidents were assessed against the safeguarding authorities triage tool.

Assessing risk, safety monitoring and management

- Risks to people's individual safety and well-being were assessed and managed.
- At the last inspection, we found risks to people were not always assessed or managed. At this inspection, we found the provider had improved record keeping and staff assessed people in a person-centred way.
- We found the provider had not undertaken comprehensive maintenance checks for bedrail safety. This meant that some people who used bedrails were at risk of falling from a height because their bedrail was not high enough to protect them. We discussed this with the registered manager early into the inspection and were assured by the immediate action they took, which included ordering of bedrail height extenders and improved risk assessing.
- The environment was clean and well-maintained. We looked at maintenance records which showed routine work was undertaken and remedial action was taken when environmental issues were identified.

Staffing and recruitment

- The provider followed safe recruitment processes and made sure enough staff were available to support people safely.
- At the last inspection, staff told us they needed more staff to ensure they could undertake their role effectively. At this inspection, we found the provider had increased staffing levels in the morning. They had used a dependency tool to assess required staffing levels, in line with the needs of people who lived at the service.
- People told us; "I don't have to wait a long time." And, "Yes there are enough staff."

- Staff told us they felt staffing levels were sufficient to enable them to undertake their role and responsibilities. Staff told us; "Yes there enough staff on shift." And, "People have complex needs here so we are always busy and we try to respond to people in good time but sometimes people have to wait, it isn't for long though."
- We observed staff respond to people when they requested support in communal areas and bedrooms.
- We looked at staff recruitment files and found the provider carried out safety checks, such as criminal records and employment history checks before staff started to work at the service. We asked the registered manager how they made sure long-term staff were still of good character. We did this because when we checked staff personnel files we could not see any routine declarations of good character in relation to criminal convictions. The registered manager told us they would discuss this with senior managers and consider new ways to assure long-term staff suitability.

Using medicines safely

- People were supported with the proper and safe use of medicines.
- At the last inspection, we found people's topical medicines were not consistently managed. At this inspection, we found improvements had been made and record keeping showed when people had received their topical medicines. We also found improvements for the recording of medicines prescribed on a 'when required' basis. The service had developed person-centred protocols which directed staff about when and why people might need their medicines.
- Medicine storage was safe and the clinical room was clean and organised.
- We discussed medicines management with a registered nurse who demonstrated good understanding of best practice processes including medicine review. We observed safe administration of medicines during the inspection.
- We stock checked three people's medicines and found the correct numbers of medicines were available.

Preventing and controlling infection

- People were protected by the prevention and control of infection.
- Staff had received training in the prevention and control of infectious disease.
- In December 2018 and January 2019, the service had an outbreak of infectious disease. We discussed this with the registered manager and checked at how the outbreak was managed. We found that the outbreak was reported to Public Health England and the provider's infection control policy and procedure was followed.
- The registered manager had not undertaken the infection control audit after the outbreak. The provider's policy stated this should be done twice per year and the audit was last undertaken in November 2018, therefore within the timescale specified. However, we asked the registered manager how they had assessed any shortfalls or areas for improvement after the outbreak and they told us this had been done but not formally recorded.

Learning lessons when things go wrong

- There were systems in place to identify when things went wrong and lessons to be learnt.
- We looked at the processes the provider had to learn when things went wrong. We found the registered manager kept records of accident and incident investigations. These showed how shortfalls were addressed and monitored. For example, one person had seven falls and the service had considered how the risk of further falls could be managed. This included one to one support and a review of the individual's health and mental wellbeing.
- Staff told us there was an open reporting culture and they worked as a team to resolve any issues. We looked at quality assurance audits which showed trends analysis for accidents and incidents.
- The registered manager undertook daily walk round audits which included information about how they

communicated with staff when issues were found. Records demonstrated the service was committed to promoting effective communication and learning from incidents.

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 on 06, 07 & 08 August 2018, this key question was rated requires improvement. We found shortfalls in staff training and consent to care and treatment. At this inspection, we found the service had taken steps to address the shortfalls. Therefore, the rating for this key question has improved to good.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People's consent to care and treatment was not consistently sought in line with legislation and guidance.
- At the last inspection, the provider had failed to ensure mental capacity assessments were decision specific. At this inspection, we found mental capacity assessments were now decision specific. The provider had considered ways to improve involving people in the decision-making process. However, some areas were still not in line with principles of the MCA.
- One person was subject to a DoLS and their mental capacity had not been assessed in relation to this. This meant the provider did not always demonstrate that principles of the MCA had been followed before a restrictive practice was considered. We found people were not consistently asked for their consent before their relative signed on their behalf.
- We found other examples where people's mental capacity had been assessed before asking for consent for example, to bedrails and medicine administration. This showed the provider had systems and was aware of the MCA however, the systems used still required improvement.
- We recommend the provider considers ways to improve how people are assessed in relation to Deprivation of Liberty Safeguards and that the key requirements of the Mental Capacity Act 2005 are fully understood by staff.

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

- Care and support was planned, delivered and monitored in line with people's individual assessed needs.

- The service used systems to assess people's needs and choices, in line with legislation and best practice.
- Management completed pre-admission assessments people were admitted to the service. This ensured their needs and preferences could be met.
- People's care plans showed expected outcomes and involvement from external social care professionals had been documented and followed.

Staff support: induction, training, skills and experience

- The service made sure that staff had the skills, knowledge and experience to deliver effective care and support.
- At the last inspection, the provider failed to ensure staff had received training in line with internal mandatory training expectations. At this inspection, we found the provider had employed a training manager with the skills to organise and embed key training courses and staff received training on a regular basis. For example, safeguarding, medicines management, fire safety, health and safety, equality and diversity, dementia awareness and moving and handling. Each member of staff had an individualised training plan and nursing staff were supported to maintain their clinical skills.
- Staff told us they received sufficient training to be able to undertake their role and responsibilities.
- Staff received supervision and performance appraisals in line with the provider's policy and procedure. Staff told us they found these processes supportive and beneficial.
- People and their representatives told us they felt staff had the skills and knowledge to provide the right support. Comments included, "Staff are competent." And, "Yes staff know what they are doing, and if they don't, they ask."

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

- People were supported to eat and drink enough to maintain a balanced diet. However, people were not always satisfied with the standard of food provided.
- We received mixed feedback from people about the quality of food. Some people told us they were happy with the food and received plenty of choice at meal times and others told us the quality of food was poor. We discussed this with the registered manager who told us catering suppliers were being changed in April 2019 and they had been working with people to establish meal and snack preferences. We looked at a complaint response from the manager to a person in relation to poor food quality. The complaint response showed the registered manager had met with the individual and explored ways to make sure they were satisfied.
- We observed the lunch time meal service and found people were provided a good dining experience and people who required extra help at meal times received this in a dignified way.
- Care records showed staff assessed people against nutritional risks such as malnutrition, obesity, food allergies and diabetes.
- The registered manager audited nutritional management and records showed analysis of people's weight loss, in-house food fortification and consideration for referral to dietetic services.

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

- People were supported to live healthier lives, had access to healthcare services and received ongoing healthcare support.
- Staff recorded additional support from healthcare professionals within people's care records.
- The registered manager and staff were aware of the processes they should follow if a person required support from any healthcare professionals.
- Staff supported people to attend medical appointments when needed.
- We received feedback from two visiting professionals who told us the service worked in partnership with

them and was dedicated to improving people's lives.

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

- Some improvements were needed to ensure people's individual needs were met by the adaptation, design and decoration of premises.
- The service had directional signage to aid people's orientation to communal and bedroom areas. Signage was also dementia friendly and would aid people with visual impairment.
- The registered manager told us about refurbishment plans which included new flooring on the first-floor corridors and entrance to the service.
- We found signage around the home to provide information to people was not always suitable. For example, a poster in the communal lounge to tell people the lounge was not always supervised had not been developed in an accessible way. People living with dementia or visual impairment may not have been able to read or understand the information. We discussed this with the registered manager who told us they would consider ways to improve accessible information.
- People told us they did not have access to a nurse call bell if they were sitting in the lounge and unable to walk. We discussed this with the registered manager and area manager who agreed to consider adaptation in the communal areas to ensure people could call for staff assistance when needed.

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 on 06, 07 & 08 August 2018, this key question was rated requires improvement. We found people were not adequately supported to be involved in the care planning process. At this inspection, we found people had been engaged in discussions about their care and where possible encouraged to participate in care plan reviews. Therefore, the rating for this key question has improved to good.

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

- The service ensured that people were treated with kindness, respect and compassion and that they were given emotional support when needed.
- We observed staff engaged with people in a kind and compassionate way. People told us, "Staff are brilliant towards me." And, "The team here work very well together and they all respect me." People's representatives told us, "Yes staff are very good towards [name]." And, "The staff are really lovely and kind."
- Staff had received training in equality and diversity. We observed staff knocked on doors before entering and they used lap blankets to maintain people's dignity.
- Each person had some life history and wishes briefly recorded in care plans and staff told us they used this to get to know people and to build positive relationships with them.
- People were supported to maintain what was important to them. For example, religious beliefs and community access.
- There were no restrictions on visiting times and we saw the service involved people's relatives in supporting them as and when this was desired.

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

- The service supported people to express their views and be actively involved in making decisions about their care, support and treatment as far as possible.
- People and their representatives told us they had been involved in making decisions about their care. We looked at people's care records and found people were encouraged to participate in health and social care reviews on a regular basis. Records also showed routine discussions with people when their needs or preferences had changed.
- Throughout the inspection we witnessed staff provided people with choice and control. Staff respected people's wishes and it was clear staff understood people's needs. This meant they were also able to anticipate when someone needed support if they were unable to effectively communicate.
- Where necessary, staff sought external professional help to support decision-making for people and we saw staff involved other professionals in promoting dignified and effective palliative care.

Is the service responsive?

Our findings

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

At our last inspection on 06, 07 & 08 August 2018, this key question was rated requires improvement. We found shortfalls in person-centred care planning and individual assessment of people's needs when they were admitted. At this inspection, we found an improvement in record keeping and people's care plans had been formulated in a person-centred way and reflected their current needs. Therefore, the rating for this key question has improved to good.

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The service planned people's care so it was person-centred and relevant to their current needs and wishes.
- Staff used information about people's life story, what was important to them and their current interests in care planning. People told us they were supported to maintain their interests and hobbies.
- We found the service considered all options to enable people to stay long term. For example, one person's needs meant they needed increased monitoring and specialist input from community mental health professionals. Staff worked with supporting professionals to enable the person to remain at the service as they believed a change in care home environment would be detrimental to the person's wellbeing.
- The service understood people's communication needs and supported them to attend specialist appointments with, for example, the optician, audiology and dentist. Care plans included information about how people communicated and if any aids were required.
- We found the service needed to improve the way it shared information in line with the Accessible Information Standard. For example, easy to read notices, menus and surveys would improve people's ability to make informed choices.

Improving care quality in response to complaints or concerns

- People's concerns and complaints were listened and responded to and used to improve the quality of care.
- The registered manager kept clear records of complaints and responses.
- People had access to the complaints procedure and knew how to raise a complaint.
- We asked people and their representatives if they felt confident complaints were listened to and responded to in a timely manner. People told us, "Certainly, Matron [the registered manager] is who I would tell if I needed to complain." And, "Yes, I know how to complain and all my concerns are listened to."
- The service provided a range of ways for people to provide their feedback. They could do this through care review meetings and regular surveys. We looked at resident survey results from February 2019 and saw the registered manager had reviewed the results and had created an action plan to make changes in response to people's comments.

End of life care and support

- People were supported at the end of their life to have a comfortable, dignified and pain-free death.
- The service provided end of life care and staff had undertaken training to support people in the final stage of their life.
- We looked at people's care records and saw they had been supported to make decisions about the end of their life. This included their preferred place of care and resuscitation.
- Registered nurses told us people received a high standard of palliative care and they had the necessary training to be able to keep people comfortable and prevent unwanted hospital admission.

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 on 06, 07 & 08 August 2018, this key question was rated requires improvement. We found shortfalls in record keeping and systems to assess, monitor and improve services to reduce risks to people who lived at the service. At this inspection, we found an improvement in record keeping and quality assurance systems. Therefore, the rating for this key question has improved to good.

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

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service had a range of quality assurance audits which the manager and area manager completed and action planning was formulated then reviewed. This showed that oversight at the service had improved since the last inspection.
- The registered manager understood the intricate needs of people who lived at the service and this meant they were able to engage in decision making processes about people's changing health and social care needs.
- The registered manager and senior staff were aware of their duty of candour responsibilities.
- The registered manager carried out daily walk round audits and this included oversight of staff performance. The training manager formally observed and documented care staff practice. This included feedback to the staff member and any highlighted areas for training and development were actioned.
- Providers and registered managers are expected to notify us about serious incidents, deaths, police involvement and changes that may impact on the way a service operates. The registered manager was aware of regulatory requirements and submitted notifications to us in a timely way.
- The service had robust systems which demonstrated continuous learning. We looked at care plan audits and found actions highlighted in the audits were completed in the time specified and staff responsible for care planning were provided clear information about what needed to be done.
- The registered manager analysed accidents and incidents and discussed them at shift handover and staff meetings. Staff told us they found shift handover effective for improving people's care and if they had been off work for some time they were provided detailed information to enable them to care for people in a safe and effective way.

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

- People who used the service, staff and others were consulted on their experiences and shaping future developments.

- The service issued quality surveys to people who lived at the service and staff. Surveys were analysed and actions were taken to make improvements.
- The registered manager worked in a transparent way and involved all grades of staff in discussions about changes at the service. We looked at staff meeting minutes and found staff opinions and comments were noted and action was taken to make improvements.
- Staff spoke highly of the registered manager and senior management team. There was a deputy manager responsible for oversight at the service in the absence of the registered manager. Staff understood the procedure for contacting senior management and had access to an on-call rota for out of office periods.
- We noted the service was busy with visitors and we observed staff welcome visitors into the home. People and their representatives told us they were confident in the leadership of the service and told us they had regular contact with the Matron [registered manager].

Working in partnership with others

- The service worked well in partnership with other agencies.
- We received feedback from two visiting professionals, both informed us of positive partnership working with the service.
- The service was engaged in champion training and committee meetings provided by health and social care commissioners for important subjects such as; React to Red (a pressure ulcer prevention campaign), safeguarding and infection control. This involvement was cascaded to the staff team and promoted best practice within the service.
- The service had hospital passports for people for when they required transferring to hospital. The passports promoted effective communication with community and acute setting healthcare professionals.