

Longwood Care Home Limited

Longwood Grange

Inspection report

Longwood Gate
Huddersfield
West Yorkshire
HD3 4UP

Tel: 01484647276

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05 December 2023

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Longwood Grange is a care home providing personal care for up to 34 people, some of whom are living with dementia. Accommodation is located on the first floor, with communal areas available on both the ground and first floor. At the time of our inspection there were 30 people using the service.

People's experience of the service and what we found:

There were enough staff to meet people's needs, however deployment of those staff was sometimes disorganised. Staff were recruited safely.

People had their care needs and risks assessed and they were protected from abuse and avoidable harm. Accidents and incidents were reported and managed appropriately and learning was used to improve the service. Medicines were managed safely.

Safe infection prevention and control (IPC) practices were in place. The environment was in need of refurbishment in places. The provider had a plan in place to address this.

The registered manager maintained good oversight of the service and engaged with people, relatives, staff, and external agencies. Quality assurance systems and processes were effectively used to drive service improvement. The service worked in collaboration with other health care professionals to achieve good outcomes for people.

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 CQC website at www.cqc.org.uk

Rating at last inspection [and update]

The last rating for this service was requires improvement (published 05 July 2019) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvement had been made and the provider was no longer in breach of regulations.

At our last inspection we recommended the registered manager review the relevant guidance in relation to statutory notifications. At this inspection we found statutory notifications were being submitted as required.

Why we inspected

This inspection was prompted in part by a review of the information we held. When we last inspected Longwood Grange on 28 May 2019 and 03 June 2019 breaches of legal requirements were found. This

inspection was undertaken to check whether they were now meeting the legal requirements.

We undertook a focused inspection to review the key questions of safe and well-led only. For those key question not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Longwood Grange on our website at www.cqc.org.uk.

Recommendations

We have made a recommendation regarding staff deployment processes.

Follow Up

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Longwood Grange

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection team consisted of 2 inspectors, 1 medicines inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Longwood Grange 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. Longwood Grange is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

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

At the time of our inspection there was a registered manager in post.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

We reviewed the information we had received about the service since the last inspection. We sought

feedback from the local authority, commissioners and Healthwatch Kirklees. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider 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 of this information to plan our inspection.

During the inspection

We spoke with 6 people who used the service and 5 relatives about their experience of the care provided. We spoke with 12 staff members including the quality compliance manager, registered manager, unit co-ordinator, carers, housekeeping and kitchen staff. We spoke with 1 healthcare professional who worked with the service.

We reviewed a range of records including 5 people's care records and multiple medication records. We looked at 3 staff files in relation to recruitment. We reviewed records relating to the management of the service, including policies, procedures and quality assurance records.

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. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- There were sufficient numbers of suitable staff to meet people's needs safely, however deployment of staff was not always organised.
- People mostly had their needs met without delay. However, at times deployment of staff appeared disorganised and occasionally people had to wait. For example, 1 person had to wait for assistance in their room due to only 1 staff member being available when they required 2 staff to support them. One person told us, "They usually respond quickly but during mealtimes and when they're putting people to bed you can have a bit of a wait."

We recommend the provider reviews staff deployment processes.

- Rotas were in place and people received consistent care from regular staff.
- The service completed appropriate staff recruitment checks, including Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

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

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risks to people's health and safety were safely assessed, monitored and managed.
- People had detailed care plans and risk assessments in place. These were regularly reviewed and reflective of individual needs and risks. Staff practice reflected what was detailed within care records.
- Staff worked in collaboration with other health professionals to ensure people's needs were met and risks mitigated, for example, district nurses, the GP, and occupational therapists.
- Health and safety maintenance checks were up to date, for example, electrical testing. People had individualised personal emergency evacuation plans (PEEPs) in place which were regularly reviewed and updated.
- Systems and processes were in place to report and investigate accidents and incidents. Lessons learned were identified, shared with people, relatives and staff, and used to make improvements.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

- People were safeguarded from abuse and avoidable harm.
- Staff received safeguarding training and knew how to keep people safe.
- Safeguarding incidents were reported to appropriate agencies, for example, the local authority. The registered manager had oversight of these and took action to reduce the chance of incidents reoccurring.
- People and relatives felt the service was safe. Feedback included, "I feel safe here" and "I feel [Name] is safe because the staff relate well to [Name]."

Using medicines safely

- Medicines were managed, stored, and administered safely.
- Medicines records were accurate, and people received their medicines as prescribed. Protocols in place for as required medicines were person centred and detailed.
- Staff received training for medicines management and their competency was regularly assessed.
- Policies and procedures were in place to support safe medicines management.

Preventing and controlling infection

- Risks related to infection prevention and control (IPC) were managed safely.
- The service was clean, however the environment was showing signs of wear, for example, chipped paint and scratched handrails. The provider had a refurbishment plan in place and was taking action to address this.
- Staff received training in relation to IPC. Personal protective equipment (PPE) was readily available, and staff used this appropriately.
- Policies and procedures were in place to support safe management of infection.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS)

- The provider was working in line with the Mental Capacity Act.

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. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection there were provider failings in the oversight, monitoring and management of the service, which meant people did not always receive safe care. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Quality assurance systems and processes were in place to monitor the service and drive improvement.
- The registered manager had good oversight of the service. Where shortfalls were identified action was taken and information shared with people, relatives, staff and other key stakeholders in order to learn lessons and make improvements.
- The registered manager understood their responsibility under the duty of candour and was open and honest when accidents and incidents occurred.
- There was a culture of learning and improving at the service, led by the registered manager. People, relatives, and staff were involved in this which optimised successful improvement to care and practice.
- People and relatives spoke positively about the registered manager. Feedback included, "[The registered manager] is so loving and caring, and you can phone him anytime, he goes above and beyond," and "I know the manager he is a 100% approachable. He is a lovely guy who puts his heart into the place. I hope he never leaves he is inspirational to his staff."

At our last inspection we made a recommendation the registered manager review the relevant guidance in relation to statutory notifications. At this inspection statutory notifications were being submitted appropriately.

- Notifications were submitted to relevant agencies, for example the local authority and CQC, when significant events took place at the service for example, safeguarding concerns.

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

outcomes for people; Working in partnership with others

- There was an open and positive culture at the service which was inclusive and achieved good outcomes for people.
- People and relatives were involved in their care. They spoke positively about the service, staff and care received. Feedback included, "The staff are absolutely top notch," "[Staff] seem to be on the ball. [Name] has thrived here," "This place has been a godsend," "It's an experienced staff team. They have exceptional judgement," "They [staff] are all lovely and treat people with dignity and respect" and "Relationships are easy to maintain, and I have a good one with staff, they are not stand offish more like good friends."
- The service made appropriate referrals and worked in partnership with other agencies to meet people's needs and achieve positive outcomes. One professional told us, "Staff are keen to learn and always helpful."
- Staff felt supported by the registered manager and able to raise any issues. One staff member told us "[The registered manager] has been very, very supportive."

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

- Systems and processes were in place to support engagement with people, relatives, and staff. The provider fully understood and took into account people's protected characteristics.
- People and relatives were invited to give feedback via surveys or meetings. This was then used to make improvements.
- People and relatives told us, "I have done surveys and been to the resident and relatives' meetings once a month. Also, there is a cupboard by the stairs with paper to write suggestions on. There have been changes such as to the menu, for example we have more fruit, more bananas now," and "The resident and relative meetings are for information and to raise issues. We are also asked for feedback."