

Dovecote Care Homes Limited

Longmead Court Nursing Home

Inspection report

247 London Road
Black Notley
Braintree
Essex
CM77 8QQ

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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

Longmead Court Nursing Home is a residential service and provides personal and nursing care to older people in Black Notley near to the town of Braintree in Essex. The service can support up to 54 people and there were 31 people in residence when we inspected.

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

There were systems in place to manage infection control. The service was clean and comfortable and there were no unpleasant odours. All staff undertook COVID-19 tests in line with the government guidance in order to protect the people they cared for. Visits by relatives had been facilitated to the service which was welcomed by staff and people using the service.

The registered manager had ensured that all staff and people living in the service had the information they needed about vaccines to ensure that they could make informed decisions and there was a high take up of the vaccine.

There were enough staff available to meet the needs of the people living in the service. The process to recruit staff was thorough and new staff were provided with training to ensure that they had the skills they needed to provide effective care.

Risks were assessed and people had been provided with the equipment they needed to mitigate risks. Equipment was regularly checked to make sure it was safe. People had good access to healthcare and regular surgeries were held at the service.

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.

People were supported by a kind and friendly staff team who cared for them with respect. People had access to a range of activities to promote their wellbeing.

Care plans were detailed and informative and underpinned the delivery of personalised care. Systems were in place to escalate and hand over information about peoples changing needs.

The registered manager was visible within the service and knew each person well. They had a good level of oversight of the care provided. Staff morale had improved, and staff told us that that they received the support they needed.

The provider had a range of systems in place to monitor the quality of care provided. For more details, please find 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 8 November 2019) and there were multiple 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 improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. 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 the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Longmead Court Nursing Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 ●

Longmead Court Nursing 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 Care Act 2014.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practices we can share with other services.

Inspection team

This inspection was carried out by an inspector, an assistant 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

Longmead Court Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. 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

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We sought feedback from professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

We spoke to ten members of staff, including the registered manager. We used observation to gather evidence of people's experiences of the service and spoke with seventeen relatives about the care their loved one received.

We reviewed three people's care records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate the evidence found.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection we identified shortfalls in staffing. This was a breach of regulation 18 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 18.

- Staff were suitably deployed and there was enough staff available to meet people's needs. We observed staff assisting people promptly when they needed support. A member of staff was located in the communal areas and available should people need assistance.
- Staff spoken with told us there was enough staff, unless there was an unplanned staff absence or people's needs changed suddenly. On these occasions they said they may not be able to spend as much time with people as they liked.
- Relatives told us that staff were knowledgeable and available when needed. One relative told us, "The staff know what they are doing and are aware of the complex needs of the residents." Another said, "There are plenty of staff around and available if you have any questions."
- The registered manager used a dependency tool to establish the staffing levels to ensure there were enough staff on each shift to meet people's needs. Contingency arrangements were in place to cover events such as an outbreak to ensure that the service had enough staff to provide safe care.
- Checks on staff suitability were undertaken on all new staff prior to their appointment. Identity checks, criminal records check, and appropriate references had been obtained on newly appointed staff. The registration of nursing staff was checked with the Nursing and Midwifery Council.

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

- Since the last inspection improvements had been made to the oversight and management of risks.
- Risks were assessed, and people had been provided with the equipment they needed to mitigate risks. Specialist mattresses and cushions were in place to reduce the likelihood of skin damage and people were repositioned at regular intervals. Equipment such as crash mats were in place for those individuals who had been identified as being at risk of a fall. People who required support with moving and handling had individual slings to assist them to mobilise safely.
- People told us that their relatives were supported in a safe way. One relative told us, "Longmead are very aware of my relative's issues. They risk assess the situation and take the necessary precautions to keep them safe."
- Environmental risks were being monitored and mitigated when necessary. Equipment such as hoists and safety measures such as window restrictors were checked regularly to make sure they were working

effectively. Regular fire drills were undertaken, and people had personal evacuation plans in place to guide staff in the event of an emergency.

- Accidents and incidents were investigated and reviewed by the registered manager to identify learning. Where shortfalls were identified action such as training was undertaken to drive change and make the necessary improvements.

Systems and processes to safeguard people from the risk of abuse

- There were systems and processes in place to protect people from abuse. Staff had received training and were clear about the actions that they needed to take if they had concerns about people's welfare.
- Body maps were completed when changes were noted in people's skin to enable concerns to be identified and escalated.
- The registered manager was aware of their responsibilities and safeguarding issues had been escalated to the local authority for investigation.

Using medicines safely

- Medicines were managed safely. There were systems in place for the ordering, administration and monitoring of people's medicines.
- Medicine administration charts were in place and were well maintained. Information was included on how people liked to take their medicines and there were PRN protocols in place to guide staff on when these medicines should be administered.
- We checked a sample of medicines including controlled drugs against the records and saw that they tallied. Staff completed daily stock checks to check that people were receiving their medicines as prescribed.
- Records showed the decision for some people to receive their medicines covertly had been made in their best interest and authorised by the GP. Covert administration of medicines is when they are given without the person's consent or knowledge and hidden in food or drink and is deemed essential to the person's health and wellbeing.
- We observed staff administering people their medicines and giving people the time, they needed.
- Staff competency to administer medicines was checked at regular intervals.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

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 the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection we identified shortfalls in the oversight of people's nutritional intake. This was a breach of regulation 14 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 14.

- People received the support they needed with eating and drinking.
- Staff were available to assist people who needed support. Staff were observed to give people their full attention and the support was appropriately paced. Mealtime was a sociable event and the meals served on the day of the inspection looked appetising.
- A relative told us, "My family member eats well and likes the food which looks tasty. They eat little and often and gets plenty of snacks throughout the day."
- Staff used plated up meals to assist people to make a choice between the two choices available. People's food and fluid intake was monitored and those who had been identified as being at risk were regularly weighed in line with their risk assessment.
- Where necessary nutritional supplements were given and people who had been assessed as requiring thickener in their drinks received this.

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

- People's needs were assessed on admission.
- Detailed care plans were in place which reflected the needs of people and guided staff on how support should be delivered.
- People's needs had been regularly evaluated to ensure that the service was providing the right level of support and staff had the information they needed.

Staff support: induction, training, skills and experience

- Staff received training to develop their skills to enable them to deliver effective care and support.
- Staff spoken with confirmed that they had access to training which included a combination of online and face to face training. This included areas such as infection control, moving and handling and dementia care.
- Newly appointed staff received an induction which included training as well as a period where they shadowed more experienced colleagues. Competency assessments were undertaken to check that staff understood what they had learnt.

- The completion of training was overseen by the registered manager and they showed us a training matrix which recorded what training staff had completed and when it was due for a refresher.
- Staff demonstrated skills and knowledge for example, we saw that staff followed safe practice when helping people with eating and drinking.
- Staff had regular supervision meetings to discuss their progress and professional development to ensure staff provided good quality care. They told us that they could always speak to one of the senior members of staff if they had any concerns.

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

- People had access to health care services and effective care.
- Relatives told us that their loved ones had good access to healthcare. This was confirmed by the records we viewed, which showed that people saw a range of health professionals including chiropody, dieticians and the Dementia Intensive Support Team. A GP led clinic was held weekly at the service.
- Care plans were written in conjunction with other health professionals and provided clear guidance on how specific health conditions such as diabetes should be managed.
- People's oral health needs had been assessed and their care plans set out the levels of support needed to maintain good oral care. The registered manager told us that where needed, people could be supported to access a community dentist.

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

- The service was purpose built over two floors with a connecting lift. Only the first floor was in use at the time of our inspection as the service had several vacancies.
- The service was in a good state of repair and some parts of the service had recently been refurbished. The registered manager told us that further work was planned.
- People had all single rooms. Some rooms had been highly personalised, but others would benefit from further personalisation. The registered manager agreed to take this forward as an action.

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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Mental Capacity Assessments were in place and where people were being deprived of their liberty, applications had been made to the local authority and CQC notified. The registered manager told us they were working with the local authority to progress outstanding applications.
- Care plans documented people's capacity for decision making and how best to communicate and ascertain their views. Where there were restrictions in place such as the use of covert medicines, best interest decisions were in place.
- Staff confirmed to us that they received training in the MCA. They explained to us how they supported and encouraged people to make decisions about their care.

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 the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved 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

- People were treated with dignity and respect and interactions were kind and caring. Staff were observed to speak to people gently and offer reassurance as required.
- The atmosphere was calm, and staff gave people the time they needed. For example, we observed staff stopping to talk to people as they were going about their duties.
- Relatives spoke highly of the care and the kindness of staff and told us that staff showed empathy and care towards them as well as their relative. One relative told us, "They know my relative only knows a little English but they make the time and are very patient."

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

- People's care plans were highly personalised and it was evident that people were involved as much as possible.
- Relatives told us that they were also involved in their relative's care as appropriate. One said, "It's up to my relative and they follow my relatives lead. They ask all sorts of questions before doing anything. They listen to my relative and accept their choices." Another said, "They do this via zoom every six months. I give my views which they take seriously."
- People and relatives were provided with opportunities to feedback their views as to how the service was run and we heard that changes were made to the menu as a result of this feedback.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain relationships with friends and family whilst staying at the service.
- The service has been facilitating socially distanced visits by relatives in several ways during the pandemic including the use of a pod as well as visits by a named relative.
- Staff spoke about the positive impact of the visits on people. Important occasions were acknowledged and marked. A relative told us, "I get photos and they sent me a video of my relative when they had their birthday. They had a cake and they sang happy birthday."
- People's privacy and dignity was upheld. We observed that staff knocked on doors and were respectful in their interactions. People's hair had been brushed and they were appropriately attired.
- Relatives told us their family members had been encouraged to be independent as they were able. One told us, "They have supported my relative to walk more and they send me videos of them doing this."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved 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

At our last inspection we identified shortfalls in care planning. This was a breach of regulation 9 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 9.

- Significant improvements had been made to care planning and oversight since the last inspection.
- Care plans had been rewritten and were highly personalised. They set out people's needs and preferences for carrying out everyday activities. Information was included on medical conditions, mobility, skin care and how personal care should be delivered. Specific details on preferences were included, such as the type of toothpaste and shampoo preferred. Guidance was provided on what staff should look out for as indicators of deteriorating health and the actions that staff should take.
- The plans were very detailed, but a brief summary was also provided to remind staff of the key components and preferences.
- Progress notes were maintained by staff enabling ongoing monitoring of people's needs to be undertaken. For example, how much fluids they had taken and how often they had been repositioned.
- Staff told us that they attended handover at the beginning of shifts to ensure that they were up to date with residents and any changes to their health or needs. The service had recently introduced a resident of the day and the needs of those identified were reviewed and discussed in detail as part of this process.
- Relatives told us the service communicated well with them and ensured that they were updated on any changes to their relative's health or needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans documented how people communicated and how best to engage with people. Information was given on verbal communication as well as what facial expressions and body language that people used to show emotions such as discomfort or pleasure.
- Information was provided on any aids or adaptations that might be needed, for example what kind of glasses the person wore or if they needed a hearing aid.

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

- Activity coordinators were employed within the service. They organised a variety of events in the communal area which people could attend as well as individualised activities on a one to one basis.
- Relatives spoke positively about the activities on offer and told us that their loved ones enjoyed them. One relative told us that staff discussed books with their loved one as they know their relative enjoys them. Another said, "There are plenty of activities and you can see them on the home's relatives' Facebook page."
- On the day of our inspection there was a "virtual reality" projector in use, that gave people the opportunity to engage in tabletop activities. We saw people actively engaged in bursting the projected bubbles.
- Prior to the pandemic community groups such as the local church visited, and it was hoped that these visits would be reinstated as the risks of COVID- 19 decreased.

Improving care quality in response to complaints or concerns

- People and their relatives said that they knew how to complain if they needed to. We looked at complaints which had been raised and saw that they had been promptly investigated and responded to.
- During the course of the inspection one person raised some concerns with us and it was agreed that they would speak to the registered manager and ask them to investigate.

End of life care and support

- People were supported with end of life care and to have a dignified pain free death.
- Staff had undertaken appropriate training on end of life care, including training in the use of syringe drivers to help with pain management. The staff had good links with the local hospice and GP.
- People's wishes were recorded and care plans showed that families were involved as appropriate.
- Some people had Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) in place and the registered manager told us that these were reviewed on a regular basis.

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 the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection we found quality assurance processes had not always been effective in identifying and addressing areas for improvement at the service. This resulted in a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

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

- The service was well managed with effective organisation and leadership. The provider, registered manager and senior staff carried out a range of audits to check the safety and quality of the service delivered.
- The registered manager was visible within the service and knew each person well. They had a good level of oversight of the care provided. Daily meetings were held with heads of department and nursing staff to review the care and ensure good communication. The registered manager told us that they were proud of their staff and what they had achieved despite the COVID-19 pandemic over the last year.
- Staff understood their roles and responsibilities and expressed confidence in the management. They told us they felt well supported. Supervision sessions were carried out regularly with staff where their performance was discussed.
- Staff morale had improved. One member of staff told us, "I am happy to be here, and to work here. I think we have an amazing team." Another said, "The manager is friendly, and you can have a joke with them, but they are also serious when needed."
- Relatives were positive about the care provided. Feedback included, "It feels like one big safe family. It's nice and comfortable and welcoming." Another said, "It has a very, very good feeling. The staff are really friendly and work together as a team. They are always willing to help."

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

- Relatives told us that the service communicated well with them. One told us, "I've been kept up to date about the COVID-19 outbreak, the COVID jabs, second visitor arrangements etc. They haven't hidden anything and there's been no sugar coating."

- The registered manager was aware of their responsibilities and where there had been issues relatives had been informed and kept up to date.
- The provider had a system for reporting and recording incidents, accidents and falls. There were falls diary's in place which looked at how and when incidents had occurred. These were reviewed, and suitable action taken. An overview of the information was monitored for any emerging trends which needed to be addressed to reduce likelihood of reoccurrence, and to learn lessons.
- A visiting professional told us, "The manager is open, honest and transparent and raises safeguards where needed. "
- The registered manager was involved with the Prosper scheme which is a scheme run by Essex County Council and works with services to improve safety by working to reduce the number of falls, pressure ulcers and urinary tract infections.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Management and staff worked well with various other health and social care professionals for the benefit of people using the service.
- Regular meetings were held with groups of staff within the service to discuss quality and identify areas of improvement.
- The registered manager had ensured that all staff and people living in the service had the information they needed about vaccines to ensure that they could make informed decisions.
- The registered manager had ensured that there were a variety of different visiting or contact options available to meet individuals and their families, individual needs. One relative told us, "They've been brilliant. They ring me and tell me what's going on and have set up Pod and garden visits."