

Distinctive Care Limited

Longhope Manor

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

There had been a change in registration since our previous inspection in December 2015, and the service no longer provides nursing care. Longhope Manor is now a care home without nursing that provides a service for up to 34 older people, some of whom may be living with dementia. People receive accommodation and 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. At the time of our inspection, there were 24 people living at the service. Longhope Manor is a Georgian manor house with adjoining buildings and provides a choice of single rooms and ten apartment-style accommodation and eight studio apartments. People living at The Manor have access to two lounges, a dining room and large landscaped patio garden. The home is set in three acres of grounds with woodland and a stream.

The service had a registered manager as required, who was also one of the two registered providers. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. Both providers were present during the course of our inspection.

At the last inspection in December 2015, the service was rated Outstanding. At this inspection, we found the service remained Outstanding.

Why the service is rated Outstanding:

The service has not only sustained the outstanding model of care and support provided to people, but built on this and made further improvements both to people's living environment and their social and leisure opportunities. The vision and values of the home were founded on widening and expanding people's experiences and ensuring they could lead fulfilled and enjoyable lives. There remained a strong focus on choice, control, independence and empowerment.

The provision of a new village clubhouse gave people access to facilities including spa treatments educational and recreational classes, use of the internet and also a restaurant for people to book and dine out. People were able to enjoy a range of hobbies and interests, whilst also having the opportunity to develop skills and interests they had not previously explored.

People consistently commented on how happy they were living at Longhope Manor and particularly commented on the lack of restrictions, the staff and providers' attention to detail, and the positive relationships they had with all staff.

There was an inclusive approach at the home which promote equality and diversity through respectful and gentle challenging of people's misconceptions and prejudice.

Further ways of promoting people's independence had been found since our previous inspection. Dignity and respect underpinned the staff and providers' daily practice.

Food, mealtimes and eating well were treated with the utmost importance and people enjoyed variety and choice in their meals and drinks, including how and when they wished to eat.

People continued to receive their medicines safely. Staff continued to be supported in their roles and received ongoing training and development.

The providers were an integral part of the day-to-day running of the home, which enabled them to continually monitor the quality of care provided and also to know everyone living at the home very well as individuals.

Further information is in the detailed findings below.

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 remains Good.	Good ●
Is the service effective? The service remains Good.	Good ●
Is the service caring? The service remains Outstanding.	Outstanding ☆
Is the service responsive? The service remains Outstanding.	Outstanding ☆
Is the service well-led? The service remains Outstanding.	Outstanding ☆

Longhope Manor

Detailed findings

Background to this inspection

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

This inspection took place on 3 October 2018 and was unannounced. The inspection was completed by one inspection manager.

As part of the inspection process, the local authority were contacted to obtain feedback in relation to the service. We also referred to the statutory notifications submitted to us by the provider. Statutory notifications are sent to the Care Quality Commission by the provider to advise us of any significant events related to the service, which they are required to tell us about by law.

As part of the inspection process we looked at the Provider Information Return (PIR). This is a form that asks the provider to give key information about the service, what the service does well and improvements they plan to make, in relation to the five domains we inspect. We had received the PIR for Longhope Manor and reviewed this prior to the inspection process.

During the inspection, we spoke with 11 people who lived at the home, and two relatives. We also spoke with the two registered providers, the administrator, the cook and three members of the care staff team.

We looked at three care plans, which included healthcare information, risk assessments and capacity assessments. We looked at medication administration records, three staff pre-employment records and a sample of records relating to the management of the service. This included quality assurance audits, accident and incident records and feedback received. We also looked at the most recent newsletter for people and relatives, the resident guide, and the annual satisfaction survey results.

Is the service safe?

Our findings

People continued to feel safe living at Longhope Manor. They told us safety to them included aspects such as whether staff came quickly when called, how staff spoke towards them and whether they received their medication correctly. People confirmed they were safe in this regard. One person we spoke with told us, "I feel very relaxed here. The staff are all honest and attentive and I feel safe." Another person told us, "Staff are very quick to respond if I call for help." A third person told us, "I have nine tablets every morning and I always count them out to make sure they (staff) have got it right. They haven't got it wrong once." We looked at medicine management at the home and found this remained safe. Both providers were registered nurses and they were responsible for the ordering, safe storage, auditing and administration of medicines. Other members of staff were undergoing medication training and competency checks to enable them to also share this role. Consideration had to be given as to whether people were able to administer their own medicines, which some people did where it was safe for them to do so.

The provider continued to follow safe recruitment practices. The sample of three staff recruitment files we looked at showed prospective members of staff were all subject to checks with the Disclosure and Barring Service (DBS), as well as reference checks from previous employers. The DBS helps employers make safer recruitment decisions.

People were protected from the risk of infection. The home was clean and odour-free, with cleaning schedules in place and a designated housekeeping team. The kitchen had been inspected by the Food Standards Agency since our previous inspection, and had retained the maximum five-star rating.

People continued to be protected from harm and abuse. Staff were trained in safeguarding and were able to explain to us different types of abuse and different possible signs to be vigilant to. The provider told us any form of discriminatory practice or poor conduct would not be tolerated, and we saw the provider's disciplinary process had been followed in the event where this had occurred. The provider told us people living at the home were encouraged to speak out if they ever felt uncomfortable by staff's approach, and we saw evidence of this happening and the providers then taking immediate action. This was indicative of the providers' ongoing approach and receptiveness to 'lessons learnt' and continual improvement.

Before our inspection, the provider completed a provider information form (PIR) to tell us about their service. The PIR stated in regard to people's safety, "We want people to enjoy a life free from subjection to institutional practices and rituals." We found this approach evident within staff's practice. People had the freedom to explore the home's grounds as and when they chose, with many people enjoying daily walks around the ground as part of their personal routines. Staff told us, and we saw, there were no set rituals in place for people. For example, there were no set drinks rounds and people could have hot, cold and alcoholic drinks whenever they chose.

Is the service effective?

Our findings

People continued to be supported to maintain their health. One person we spoke with told us, "I had a nasty water infection recently and now they really nag me to drink more water, in a nice way." Another person we spoke with told us, "They take care of all our healthcare appointments. A GP comes here once a week and we are taken to see the dentist." We saw healthcare information was recorded in people's care plans and that people routinely had access to a range of healthcare professionals.

The provider told us mealtimes and the whole meal experience was an important part of people's day. A sign on the kitchen door guiding staff on mealtimes said, "Let's make every food and drink opportunity count." We saw attention was given to the presentation of meals and that people enjoyed the lunchtime occasion. People had a range of meal options to choose from, as well as soft and alcoholic drinks. One person enjoyed cider with their meal, and another had wine. People told us they enjoyed the food provided. Comments included, "Always delicious, and plenty of it" and "It is home-cooked for you, brought out to you and then cleared away for you. What's there to complain about that?" People's specialist diets continued to be catered for, including people with diabetes and those who need a low-sodium diet. Where people needed 1:1 assistance with eating and drinking, this was done sensitively and respectfully.

Staff continued to receive ongoing training and support in their roles. One member of staff was a qualified trainer and she delivered a lot of the in-house training to other staff. This included training in the Mental Capacity Act, dementia care and person-centred care. Recently, staff had requested training on the workings of the brain, which the trainer had arranged. Staff told us they felt supported in their roles by the provider and by each other. One member of staff told us, "We are a passionate team who all care very much about our role, the people living here and for each other."

People enjoyed a spacious and visually stimulating environment. A replica real life post box was in one of the communal halls and people used this to post their mail, which was then emptied and sent by the administrator. There was also a stag's head, which we saw was a talking point for many of the people living at the home and an object of interest. We saw people were able to navigate their living environment with ease and enjoyed the freedom of exploring the home and its grounds. One member of staff told us, "It is all about the freedom people have here. No one is enclosed."

The provider continued to adhere to the principles of the Mental Capacity Act. The provider demonstrated a good understanding of the key principles of the Act. In particular, people's right to make decisions which may appear to be unwise. The providers and staff actively encouraged people to make choices and to feel empowered to do so. The provider told us that often when first people moved to Longhope Manor from other homes or settings, they had not been supported to make decisions for themselves and so found it quite overwhelming at first when given the opportunity to do so. The provider told us, "We start with offering them small choices and that then encourages them to feel able to make bigger choices and decisions." People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). The provider

continued to only deprive people's liberty when lawful to do so and when the least restrictive options had been explored.

Is the service caring?

Our findings

The service continued to provide exceptional care to people living at Longhope Manor. People and relatives were consistently positive about the caring approach of the providers and staff. One person we spoke with told us, "I am a former [profession] and I will tell you now, you will not find a better place anywhere." Another person we spoke with told us how they had been staying at the home on respite initially, but had enjoyed their time there so much they had not wanted to return home and now lived at Longhope Manor permanently. They told us, "The atmosphere of the place is just wonderful." Relatives we spoke with told us there were no restrictions on visiting times.

The providers understood the importance of pets to some people living at the home. One person lived in an apartment with their beloved dog. The person was not able to walk the dog for themselves, and so staff walked the dog for the person several times a day. We saw this happen throughout our inspection, and staff told us they saw it as a normal part of their role.

There continued to be a strong emphasis on people's wellbeing and quality of life. Care staff's job titles were now 'wellbeing practitioners', which the provider told us reflected the ethos of the home of living well and the fact the role of staff at Longhope Manor was "more than 'just' care." People's care plans contained individual wellbeing profiles, which considered areas such as healthcare professional input, nutrition and falls risk, as well as areas such as expressing sexuality, communication and day to day control and participation. Underpinning the wellbeing profiles was the "six senses" assessment process, which involved looking at areas such as security and belonging; purpose; achievement; significance; and connectivity. This is a research based person-centred approach to creating an enriched environment for people receiving long-term care. We saw examples of this practice during our inspection. One person was known to experience feelings of worthlessness. Staff were sensitive to this, and knew that by speaking with the person about their past roles in life, this could be overcome.

People continued to be not just involved in decisions about their care, but in charge of these decisions. The provider told us, "We don't want people to be 'compliant', we want them to speak freely." We saw examples of this during our inspection, and saw people felt very comfortable in challenging staff. One person was about to go for their daily walk and the provider told them to be careful due to building work outside. The person reminded the provider of all the dangerous countries they had worked in during their life and chastised them for making the comment. The provider remarked, "Well, that told me!" and reflected on the fact that what may seem risky to us may not be risky to those living at Longhope Manor. The provider further commented on Longhope Manor, "It's their (people's) castle", and that a big part of this was respecting people's decisions and right to choose.

Since our previous inspection, further ways had been found to enhance people's independence, choice and control. Extensive renovations had been carried out, with the majority of the apartments, flats and bedrooms having their own kitchenette areas and wet rooms. One person we spoke with told us, "I've got a lovely bathroom; everything I need to shower on my own. There's a kitchen if I ever want to bake; it's ideal!" Also since our previous inspection, there were now doorbells outside people's front doors. These were used

by the providers and staff instead of knocking on doors, as the provider told us it was all about recreating normal everyday living, rather than there being an institutional or clinical feel. One person told us, "Everyone [staff] is so respectful, and I really like having a door bell." The provider told us they plans were in place for people's individual medicines to be stored securely in their apartments or room and to be administered there to maintain people's dignity.

Is the service responsive?

Our findings

People continued to receive care which was highly personalised and responsive. For example, staff had noticed one person used their walking stick to hit conkers whilst walking around the grounds of Longhope Manor. Staff wondered whether the person would like to try golf and mentioned this to the providers. Within a matter of days, the providers had put an artificial putting green in the library area of the home for the person, and other people, to use. We spoke with the person about this, who told us, "It turns out after all these years I am golfer! I absolutely love it." Golf was now a big part of this person's identity, and we noticed they had golf balls with them throughout the day, including during their lunchtime meal.

Considerable attention was paid to people's individual needs and preferences. One person had mentioned sinus problems and so the providers made sure the person had non-dairy milk stocked in their apartment. The person told us this had made a big difference to them and they were very grateful it had been suggested. Another person told us, "I like crackers with very thinly spread cheese and I insist on my grapes being cut in half as I don't like them to roll around on my plate. They are very good like that and know how I want it done." We saw the providers knew everyone very well as individuals. One person asked the provider to make them a drink, and the provider knew this drink was the decaffeinated option.

People enjoyed flexibility and choice in how they wanted to spend their time. People had the choice of eating their meals in their flats or bedrooms, which was part of the home's 'butler-style' room service provision, or eating with others. One couple we spoke with told us they liked to prepare breakfast together in their apartment, but have other meals brought to them and they told us they appreciated having these options. The home had a library and games room area, which also contained a gift shop for people and relatives. This was something people had requested, and was now in use. People also enjoyed making full use of the home's gardens. Several people were outside on the day of our inspection. We spoke with two people who were enjoying a game of draughts and they commented, "It's a pleasure to be outside in this beautiful garden; just look at it! We are so very lucky."

Since our previous inspection, the providers had built an onsite 'village club house' multipurpose venue, which was just about to open at the time of our inspection. The provider told us the function of the club house was to make a distinction between where people lived, and where they could go out to enjoy social and leisure opportunities. They told us, "We want people to have full and exciting lives." We visited the club house and saw there was a restaurant where people had to make reservations; spa facilities; Wi-fi access; and adult learning opportunities, with links being established with the local college in this regard. We spoke with people about this complex and they told us they were very excited about it and had been involved and kept updated throughout. One person we spoke with told us, "I am looking forward to doing some silk painting the most." Another person told us, "The restaurant there looks lovely. I will definitely be making a reservation. It will be good to have the option of going out for a meal."

Information was provided to help people and their relatives understand the service available to them. The providers were aware of the Accessible Information Standard (AIS). From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information

Standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers. The providers demonstrated a good understanding of the impact of sensory impairments on people and how to remove these barriers for people. For example, large font Scrabble board games were in use at the home for those who enjoyed playing the game, but had been struggling to read the Scrabble tiles.

Feedback and complaints continued to be used as a way of improving the service. People we spoke with knew how to make complaints or raise a concern, but told us they had never felt the need to do so. One person we spoke with told us, "I have no bricks to throw. I wouldn't change a thing about living here." Monthly "Let's Talk" forums were held for people living at the home in which they could express their views and make suggestions about the running of the home. We saw from the recent newsletter that people had asked for an 'in room' meal service, which was now provided as a result of this feedback.

Is the service well-led?

Our findings

Since our previous inspection, the providers had made further improvements to Longhope Manor, and they recognised the importance of always striving to improve and make sure the people living at the home had the best possible life. The provider told us, "It is constant evolution. We have been busy creating lots of natural spaces for people and working on enhancing their social experience."

As previously referred to in this report, the biggest investment since our previous inspection had been in the village club house, as well as extensive refurbishments within the home. The providers had established links with a local college in order to provide adult education opportunities for people, including hair and beauty and art, as well as IT courses. The providers recognised the importance of people having the opportunity to access information technology as well, and Wi-Fi access was available. People we spoke with were very excited about this venture and told us about the different things they wanted to try. The providers told us the club house was representative of their values and beliefs regarding choice, control and making people's experiences as expansive as possible, rather than setting limits. The provider told us, "People are in full control here. That is what gets people down when they live in a care home; a lack of control." People we spoke with told us they valued this approach. One person told us, "There are no 'dos' and 'don'ts, shall we say. That, for me, is the best thing about living here."

Staff we spoke with were equally committed to the provider's vision and values. One member of staff we spoke with told us, "They [providers] are fully committed and invested, in every sense." Another member of staff told us, "They [providers] are continually seeking to improve. They have our complete respect and admiration." People we spoke with frequently remarked on how happy the staff team were. One person told us, "It makes such a difference to us all because it means it is a home with so much laughter and joy." Staff we spoke with confirmed retention rates were high, with many having worked at Longhope Manor for several years.

People and relatives we spoke with continued to speak highly of the providers. One person we spoke with told us, "He [provider] looks after me like I am his own family. I know that may sound a bit cheesy, but it is true." Another person we spoke with told us, "They [providers] are always here, even at weekends. I could talk to either of them about anything which was bothering me and I know they'd go out of their way to sort it."

We received feedback from the local authority before our inspection. They told us, "I found the Registered Manager to be dedicated and extremely passionate about all her residents. Staff were committed to providing an holistic service and the home's ethos and philosophy of care is focused on residents benefiting from a genuine, real life and normal day- to- day experience."

Equality, diversity and human rights were embedded in the culture and practice at the home. We spoke with one person about this and how the provider's approach had challenged their own prejudices and misconceptions. They told us their view now was, "Each to their own, I say!" They went on to comment that the providers would have "no problem at all" if a same sex couple wanted to move into the home. Staff and

the providers were also sensitively and respectfully supporting one person through an adjustment regarding a member of their family. The provider told us it was important to recognise and respect how different life was for previous generations in terms of diversity, whilst also ensuring there was an open and inclusive atmosphere in the home. The providers told us they and their staff team were trained in human rights, equality and diversity. Staff we spoke with confirmed this.

The providers continued to have effective governance in place to monitor the quality of care people received. Both the providers were at the home every day and told us, "We are very immersed in home life." We saw this throughout the course of our inspection. One member of staff told us, "They [providers] do all the same jobs we do. They do everything, from the mundane through to the business side of things." This level of involvement in the home meant the providers knew people and staff well and were able to monitor the service, whilst also being part of the staff team.

The providers continued to comply with their legal and regulatory responsibilities, such as submitting statutory notifications to the Care Quality Commission and visibly displaying their current rating.