

Community Therapeutic Services Limited

Longton Court

Inspection report

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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

This inspection took place on 2 and 3 May 2017 and was unannounced. This was the first inspection for this service.

Longton Court provides accommodation for up to seven adults who could have a learning disability, autism and/or mental health needs. At the time of our visit there were five people living at the home. Longton Court has four self-contained flats that have their own front door and three double bedrooms. There are two offices, a communal kitchen, lounge, dining room, medicines room, office, log cabin, garden and patio area.

There was a registered manager in post at the time of this inspection. A registered manager is a person who has registered with the Care Quality Commission 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.

People had mental capacity assessments in place when required the provider involved other professionals to undertake capacity assessments. Two authorisations were in place for people being restricted of their liberty. One application was pending and another was made during the inspection.

Relatives and staff felt people were safe. Staff knew how to identify abuse and knew who to go to should they suspect abuse. People were supported by staff who had pre-employment checks in place prior to starting work in the service.

People were supported by staff with their medicines. Staff had received training to enable them to administer medicines safely. There were suitable staffing arrangements in place to ensure people's needs were met. The service monitored incidents and accidents which were shared with other professionals when required. People were supported by staff to attend medical appointments and referrals were made if required to specialist health care professionals.

People were supported by staff who received training. The provider supported staff to attend additional training relating to people's individual needs. Staff had supervisions and appraisals and all staff felt well supported and happy in their roles.

Relatives felt positive about the caring attitudes of the care staff. Relatives felt staff treated people with kindness, respect and with dignity. People and relatives felt there was a good standard of care and all were happy with the service. Staff enjoyed working for the provider and were positive about the support they received from the service and management.

People and their relatives knew how to complain and all were happy with the care and support they received. The service worked in partnership with other agencies sharing information when required.

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.

People's care plans had individual risk assessments.

Relatives and staff felt people were safe. Staff were able to identify types of abuse and what action they would take if concerns were raised.

People were supported by staff who had pre-employment checks in place on their suitability to work with vulnerable adults.

There were suitable staffing arrangements in place to ensure people's needs were met.

Is the service effective?

Good ●

The service was effective.

People were supported by staff to make decisions about their care in accordance with current legislation.

People were supported by staff who received regular supervision and appraisals.

Staff had received training and additional training in relation to their role to ensure they had the skills and knowledge to support people they cared for.

People were supported to see health care professionals when required and the service made referrals to other specialists if needed.

Is the service caring?

Good ●

The service was caring.

People and relatives were happy with the care provided. Staff demonstrated a kind and caring approach.

People were supported to maintain relationships with people

who were important to them.

Relatives felt staff went the extra mile for people.

Relatives felt care was provided in a private and dignified manner and staff gave positive example of how they provided care in this way.

Is the service responsive?

Good ●

The service was responsive.

People and relatives felt positive about the support they received and felt involved in planning their support, which was personal to them.

People and relatives were happy and complementary about the experience of the care provided.

Relatives and people knew how to complain should they need. Relatives felt able to discuss any concerns with the management of the home.

Is the service well-led?

Good ●

The service was well led.

The service had quality assurance systems in place. A new deprivation of liberty tracker was implemented following this inspection.

Notifications were made as required.

People and relatives were all positive about the care and support provided by the service.

Staff enjoyed working for the provider and were positive about the support they received from management.

Longton Court

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 2 and 3 May 2017 and was unannounced. The inspection was carried out by one inspector over the two days.

We spoke with five people living at Longton Court and were able to gain views from three people. We spoke with, the shift leader, a member of staff, the provider, and a human resource manager. We also spoke with two relatives, two health care professionals and the registered manager following the inspection. We reviewed care records for three people who used the service and looked at the records of three staff and other records relating to the management of the service.

We reviewed the Provider Information Record (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service and notifications we had received from them. A notification is information about important events which the service is required to send us by law.

Is the service safe?

Our findings

The service was safe.

People's care plans included risk assessments and support plans although two risk assessments needed additional information to be recorded when travelling in a car. For example, where driver shields were in place to protect staff and the person sat in a certain row of a vehicle this should be recorded. Another risk assessment required additional information relating to risky objects and details of the control measures staff were following. We fed this back to the shift leader who took immediate action and confirmed following the inspection they had updated the risk assessment relating to risky objects. The provider sent a copy for our records.

Relatives told us, "I think it is very safe" and "They are doing all they can to keep [Name] person's safe." One member of staff told us, "Yes, we would rather know if not." Staff had received training in safeguarding adults. Records confirmed this. Staff were able to demonstrate their understanding of abuse and who they would go to. One staff member told us, "Different types of abuse are, financial, physical, sexual, verbal, and emotional. I would go to the safeguarding team or the manager." This meant people were supported by staff who had received safeguarding training and who were familiar with different types of abuse.

People had detailed behaviour support plans in place that identified what support staff should provide if there was a problem. Where staff needed to support the person in a specific way the person had guidelines in place for staff to follow. Staff knew people well and were able to confirm details of people's support plans.

The service had a system for logging incidents and accidents. The shift leader confirmed this was through behaviour and positive intervention monitoring forms, (BPIM). Records confirmed incident and accidents were broken down into type. Incidents were logged against the type of incident that had occurred. BPIM forms were reviewed by the registered manager and any actions were recorded to prevent similar incidents from occurring. The service shared incident information with other professionals, records confirmed this information sharing.

Recruitment practices were safe. The staff files included evidence that pre-employment checks had been made including police checks (Disclosure and Barring Service or DBS), health screening and proof of their identity. The human resource administrator confirmed all staff have checks in place prior to starting. Three staff files we reviewed all had pre-employment checks in place.

There were enough staff to meet people's needs. People we spoke with were happy with the support we received. One person told us, "I like the support I get from [name of staff] I get choice and freedom." During the inspection staff were not rushing around and when needed they responded compassionately to people's support and routines. The shift leader confirmed the staffing arrangements for the home. We observed people have support from either one or two members of staff when required.

People received their medicines safely. Medicines Administration Records (MARs) were accurate and up to date and contained important information relating to any allergies. Staff had received medicines training and had received an observed practice prior to being signed as competent at administering medicines. Medicines were securely stored with the shift leader holding the keys to the cabinet throughout each shift. The provider following our inspection confirmed for one person who required their medicines to be provided covertly. This had been undertaken in compliance with the law. They also confirmed that no-one at the service was self-medicating.

People had personal evacuation plans in place in case of an emergency. Evacuations plans confirmed what support the person required in the event of an emergency. The service had completed gas and electric certificates in place. Records confirmed water and fire checks were undertaken. We noticed within the log cabin a fire extinguisher resting against the side of the wall. We raised this with the shift leader. They confirmed the fire extinguisher was new and they were awaiting a box to be fitted. The provider confirmed following the inspection the box was on order and would be fitted when it arrived.

The provided had improved the outside communal area of the home. This included a new log cabin, fencing and seating area. Although we did not see it the ground floor flat the provider confirmed this was in the process of redesigned and decorated.

Is the service effective?

Our findings

The service was effective.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People had mental capacity assessments in place. During the inspection we found due to an increase in risky behaviours the service had put additional strategies in place for one person. For example access to everyday items that the individual could use to cause self-harm. Staff confirmed these arrangements. The provider following the inspection confirmed they were reviewing this person's capacity with health care professionals. The person's care plan confirmed these arrangements. The registered manager confirmed following the inspection three multi professional meetings had been undertaken although no new decision had been made.

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. The application procedures for this in care homes are 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 were being met. We found the correct guidance had been followed for two people living in the home. Although one person required an urgent application to be made. This was actioned during the inspection. Another person had an application pending although this had not been made straight away and two months had lapsed before an application had been made. This meant applications were not always being made in a timely way.

Staff had received training in MCA and DoLS. This was confirmed by the service's training matrix. One member of staff was able to confirm who had restrictions in place and why. They also told us we would do a capacity assessment on a specific activity if needed.

People benefited from effective care because staff were trained to meet their care needs. Staff had received training in; safe administration of medicines, infection control, safeguarding adults, moving and handling, first aid, food safety and health and safety. Staff who were new undertook a two week induction programme. This included welcoming the staff member to the company and essential training. Staff also benefited from training that was specific to people's needs. For example staff also received training, in how to support people with learning disabilities, mental health conditions, and working within safe boundaries. This meant staff had received training to ensure they were competent and had the knowledge to undertake their role.

Staff had received additional training in positive behaviour management (PBM). The training included an induction to positive support plans and practical strategies that could be used for different behaviours. The

provider confirmed how two staff within the home had been supported to undertake an additional certificate in positive behaviour management. This qualification had been gained through a University and had taken 18 months to achieve. The provider felt that staff who received this additional training would benefit the service with managing any day to day incidents. Following our inspection the provider confirmed they had a health and safety compliance officer, who had a recognised qualification. This meant staff were given development opportunities for further training which could benefit the staff's competencies and knowledge within the home.

People were supported by staff who received regular supervision and appraisals. Supervisions were an opportunity for staff to review their working practices and to discuss any areas for improvement or training required. One member of staff told us, "I get monthly supervision, I can always go to [manager name] if I need to." Appraisals were in the process of being booked over the next few months. This was confirmed by the services human resources department. This meant staff were receiving supervisions and were being given the opportunity for professional development.

Meals were provided flexibly and people were given choice regarding their diet. We observed people having their breakfast and lunch at various times throughout the day. One person was being supported by staff to pick what they wanted for their lunch. The staff member showed the person what was in the cupboard and fridge and they picked what they wanted. The staff member talked the person through what they were doing in a relaxed and unhurried manner. Some people cooked their meals with staff support in their own flat. One person told us, "I go out and pick the food I want. It is my choice I like to cook jerk chicken." Where one person required staff to record their daily food intake, records had been completed. This meant people were supported by staff who offered people choice and control with their dietary requirements.

People were supported by the service's clinical team and had access to specialist health care professionals. The team included, nurses, psychologists, occupational therapists and behaviour therapists. People were offered regular contact with the services clinical team as part of their support and well-being. Two professionals we spoke with felt the communication with the service was good. Comments included, "Really good" and "They are always helpful and I'm always up to date." Referrals were made to other health care professionals if required. One relative confirmed how the staff had contacted the GP when the person had become unwell. They felt the communication with the home and staff was reassuring at a time when they were quite worried. They told us that staff had brought, "Tear to my eye, as they said never worry we care very much for (Name's) wellbeing." Where people required a multi-professional approach, meetings were held inviting the relevant professionals.

Is the service caring?

Our findings

The service was caring.

People and relatives felt happy with the care they received. People told us, "Yes, I am happy here" and "It is nice here. I am happy." Other comments from people included, "I get on with staff" and "My keyworker is good." Relatives told us, "I couldn't be happier, they are wonderful. I feel they really care." Another relative told us, "I have always been happy with the service. They are all very good."

Relatives felt care workers demonstrated a kind and caring approach and that staff went the extra mile for people. One relative told us, "They take every opportunity to talk to [Name]. They are always offering a drink or talking to in a positive way as they pass. I feel they go beyond and above the call of duty at times coming in on their days off to support [Name] or attend a meeting. There are times I feel they have gone the extra mile if I have a problem or anything." Another relative told us, "I can always approach [staff name]. They are very good and will help with anything. I have confidence in them."

People's privacy and dignity was respected. Relatives felt staff provided care in a respectful manner promoting people's independence. One relative told us, "I feel they give [Name] as much privacy and independence as they can. They give personal space whilst showering and bathing." One member of staff gave examples of how they promote independency whilst also ensuring people's dignity was respected. They described how windows overlooking the main room had been obscured for privacy. They also gave examples of how they maximised people's dignity and independence with their personal care. Example's included offering to run a bath for the person along with visually showing them their clothes to enable them to dress themselves. This meant staff were able to demonstrate how they gave people privacy and respect and relatives' confirmed care was received in this way.

People were supported to make decisions and choices about their care and support. During the inspection we observed people made choice about how they wished to spend their time. Some people preferred to spend time in their flats or out in the community. Where people were unable to express their views staff offered observation prompts. Two people we spoke with felt involved in making decisions about their care and support needs. They told us, "I have choice if I go out or stay in" and "I have choice if I play my computer or go out." This meant people made decisions about the care and support they received.

People were supported to maintain relationships with people who were important to them. One person told us, I visit my [parent] they are local. One relative told us how staff support a person's elderly relative to visit and that they will often check to make sure they got home okay. They said, "I feel the service supports us as well. My [parent] visits every other week. I feel they care for them as a visitor. They will always check if [Name] is okay after the visit. They support us as a family." Another relative said, "I keep in touch with [Name] by regular phone calls." People's care plans confirmed if people liked to visit their family or call them. Records confirmed this had taken place.

Is the service responsive?

Our findings

The service was responsive.

People's care plans were personalised and contained important information relating to people's individual needs. Staff and the provider knew people well and were able to confirm how people should be supported. Care plans contained information relating to the person's life and social circumstances. Including people's preferred routine and guidance about how to meet the person's needs. For example care plans recorded people's sleeping routines, the person's likes and dislikes, daily support from staff, medical history and how the person communicated.

People and relatives felt involved in their care planning. Each week the person's keyworker discussed if the person was happy with their care or if any changes needed to be made. Records confirmed the meetings held. Relatives we spoke with confirmed the service undertook regular reviews. They said, "We get care reviews every six months. We also met last week." Another relative told us, "We speak to them six weekly. We had a review recently they were very organised".

During the inspection the shift leader confirmed how new people had the opportunity to get to know staff before they moved to the home. We observed one member of staff plan how they were going to visit a new person with their support staff where they were currently living. The shift leader confirmed how important it was for the person to build a positive relationship getting to know the staff member before they moved to the home.

People had choice about what activities were important to them. People felt able to make their own choices and decided daily what they wanted to do. Care plans contained hobbies and social interests that were important to people. For example, one person's care plan had recorded they enjoyed walking, horse riding and swimming. Another person's care plan confirmed they enjoyed bowling, shopping, watching TV and coffee shops. Care plans contained important information relating to interests the person had.

People had access to an outside log cabin and patio area which they used during our inspection. For example we observed a member of staff using coloured chalks with one person. The person walked around whilst the staff member talked them through what they were drawing and the colours they were using. Within the log cabin were pictures painted by people within the service.

People and their relatives felt able to complain should they need to. The service had an easy read complaints policy in place which was located in the main hallway. Relatives confirmed they were happy with the care provided and had no complaints. Comments included, "I would feel comfortable complaining if I needed to, but I would talk to them first. I have always been very happy with the service." Another relative told us, "Any issues I would call them straight away. But they have always been absolutely brilliant." The service had received two complaints in the last six months. The complaints had been logged with any actions taken to resolve the complaint. Positive compliments had been received. Compliments from two health care professionals included, "Good communication between clinical lead team and placement staff"

and "Always been proactive and eager to work in partnership".

Is the service well-led?

Our findings

The service was well-led.

The provider had a quality assurance system in place which monitored the quality and safety of the service. For example, the service monitored incidents and accidents, medicines management and a health and safety walk around.

We found however there was no system in place at the time of the inspection that identified the shortfalls found during our inspection. This related to deprivation of liberty (DoLs) best interest decision making and peoples' risk assessments. The provider had identified they required a system in place prior to our inspection. The registered manager confirmed a monitoring chart was now in place following our inspection. This would support the service in reviewing when DoLs authorisations were due to expire so new applications could be made.

The provider held quarterly meetings. These meetings were an opportunity to review the data regarding the quality and safety of the service along with any improvements. Improvements were identified with actions required. The provider sent us a copy following our inspection.

Prior to this inspection the provider had submitted notifications to inform us of events that had occurred at the service. We checked these details were accurate during the inspection. We found during the inspection not all notifications had been made as required. The provider had changed their registration in October 2015. Following a change in their registration one notification had been made relating to where one person was being deprived of their liberty. Following this inspection the provider submitted a new notification as required.

The provider's statement of purpose confirmed people who use the service should, 'have the same rights as other people, and make meaningful every day as well as, life changing choices. Along with being supported to be as independent as possible and to make decisions about their daily lives. One member of staff that we spoke with told us, "We promote people being independent. It is about encouraging, giving space and time if needed." The providers statement of purpose also confirmed, People should, "Be included in their chosen community and have a sense of belonging and value and be supported to keep in touch with family and friends. One relative told us, "They support (Name) to access the community with the car. They support us as a family, as my (parent) visits every other week. They always make sure (Name) gets home okay. They care and support us as a family." This meant staff demonstrated they were working in line with the aims of the service.

The registered manager was supported by a team of support staff including shift leaders, three consultant clinical psychologists, a consultant nurse and a senior occupational therapist, a health and safety manager and human resource support. Staff enjoyed working for the provider and were positive about the support they received from the service and management. One staff member told us, "Very good company. They care about the staff a lot. They are approachable and knowledgeable." Staff were happy and felt well supported.

