

## Annfield Care Limited

# Longlast

## Inspection report

Thorpe Road, Carlton, Stockton on Tees. TS21 3LB  
Tel: 01740 631391  
Website:

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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?

**Outstanding** 

### Overall summary

The inspection visit took place on 20 November 2015. This was an unannounced inspection which meant that the staff and provider did not know that we would be visiting.

We last inspected the service in November 2013 and found the service was not in breach of any regulations at that time. The service had changed its registration since our last visit to add a further two ensuite bedrooms and had also changed into a limited company although the previous two providers were still in daily contact and visited the home regularly to support its running.

Longlast is a home for people with learning disabilities and is registered to provide care and accommodation for

up to eleven people. The home is in a rural setting, on the outskirts of a village. The proprietors provide transport to enable people to use local amenities and attend activities further afield.

There is a registered manager in post. 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.

We met with eight people who lived at the home who had a range of communication skills, people had some verbal communication whilst other people used signs or

# Summary of findings

gestures which staff interpreted. Several people were out at their day activities during the course of our visit but several people were at home carrying out activities with staff.

We observed people were encouraged to participate in activities that were meaningful to them. People were involved in baking cupcakes and decorating them and other people were invited to watch a film.

We found there were policies in place in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) and staff were fully aware of what these meant and the implications for people living at the service. All paperwork in relation to the eight authorisations for people were in place and were well managed to ensure any updates or renewals were flagged up as requiring action before they expired. People also had best interests decisions in place and these had been undertaken with the person and others close to them such as family and other professionals. This meant people's rights were upheld.

The service was developing the environment and following the addition of two ground floor bedrooms to assist people whose mobility needs were changing, they had also developed a TV/cinema room where the previous evening everyone had enjoyed a Race Night event. .

We saw that staff were recruited safely and were given appropriate training before they commenced employment. Staff had also received more specific training in managing the needs of people who used the service such as positive behaviour support. There were sufficient and flexibly deployed staff on duty to meet the needs of the people and the staff team were very supportive of the registered manager, the providers and of each other.

Medicines were stored and administered in a safe manner and staff were appropriately trained.

There was a regular programme of staff supervision in place. Records of these meetings were detailed and showed the home worked with staff to identify and support their personal and professional development. We saw a good programme of induction for staff new to the service and a thorough and robust recruitment process.

We saw people's care plans were person centred and had been well assessed. We saw people were being given choices and encouraged to take part in all aspects of day to day life at the service, from going to day services to helping prepare the lunch. One person had recently transitioned into the home and we saw this had been planned and assessed so it was as smooth as possible. The service had also supported someone to transition from the service and had worked with them and professionals despite the service not being able to meet their needs.

The registered manager and providers demonstrated passion and commitment to people, strong values and a desire to learn about and implement best practice throughout the service. Staff were motivated and proud of their work they did. The service had developed and sustained effective links with stakeholders and their local community that helped them develop best practice and contribute to the development of other organisations that supported people with disabilities.

The registered manager used effective systems to continually monitor the quality of the service and had ongoing plans for improving the service people received. The provider gathered information about the quality of their service from a variety of sources including people who used the service, their family and friends and external agencies. This was used to enable the provider to identify where improvement was needed and to implement and sustain continuous improvement in the service.

The service actively supported people to be involved in the local community as much as possible and were supported to access regular facilities such as the local G.P, shops and leisure facilities. We spoke with the local GP service who praised the relationship and communication they had with the service. The service also got people involved in the local community, attending coffee mornings in the local village , utilising local community clubs such as knitting and dancing sessions and bringing in local experts to undertake exercise sessions.

We also saw a regular programme of staff meetings where issues were shared and raised and staff told us how they felt supported and supported each other well. The service had consulted about how staffing should be provided to meet the needs of people using the service

# Summary of findings

and had agreed a way of staff rostering. The service had an easy read complaints procedure and staff told us how they could recognise if someone was unhappy. This showed the service listened to the views of people and have developed and sustained a positive culture.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

This service was safe.

Staff were recruited safely and given training to meet the needs of the people living at the home.

Staff knew how to recognise and report abuse. Staffing levels were good and were built around the needs of the people who used the service.

Medicines were safely stored and administered and there were clear protocols for each person and for staff to follow.

Staff had training and knew how to respond to emergency situations.

Good



### Is the service effective?

This service was effective.

People were enabled to make choices in relation to their food and drink and were supported to eat and drink sufficient amounts to meet their needs.

People's needs were regularly assessed and referrals made to other health professionals to ensure people received care and support that met their needs.

Staff received training and development, formal and informal supervision and support from management. This helped to ensure people were cared for by knowledgeable and competent staff.

Staff we spoke with at the service were fully aware of the Deprivation of Liberty Safeguards (DoLS) and they were in place for most people at the service. The service also supported people to make important decisions in an innovative and empowering way.

Good



### Is the service caring?

This service was caring.

The service demonstrated support and care specific to people's individual needs

It was clear from our observations and from speaking with staff they had a good understanding of people's care and support needs.

Wherever possible, people were involved in making decisions about their care and staff were very good in enabling people to remain independent.

We saw people's privacy and dignity was respected by staff who had an in-depth appreciation for this.

Good



### Is the service responsive?

The service was responsive.

Good



# Summary of findings

People's care plans were written and planned proactively from the point of view of the person who received the service. Plans described how people wanted to be communicated with and supported.

The service provided a choice of activities based on individual need and people had 1:1 time with staff to access community activities of their choice. The service supported people to have relationships with family and friends.

There was a clear complaints procedure available in easy read format. Staff stated the registered manager was approachable and would listen and act on any concerns, which empowered people to voice their opinions.

## Is the service well-led?

The management of the service was outstanding.

The service worked effectively in partnership with other organisations and forged positive links with the community to improve the lives of people with disabilities.

There was strong emphasis on continual improvement and best practice which benefitted people and staff.

There were effective systems in place to monitor and improve the quality of the service provided. Accidents, incidents and safeguarding events were monitored by the team and registered manager to ensure any trends were identified and lessons learnt.

Staff said they could raise any issues with the registered manager and provider and we saw how they were accessible and approachable, actively promoting a positive culture.

People's views were sought regarding the running of the service, which empowered them to voice their opinions and bring in new ideas.

**Outstanding**



# Longlast

## 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.

The inspection visit took place on 20 November 2015. Our visit was unannounced and the inspection team consisted of one adult social care inspector.

We reviewed all of the information we held about the service including statutory notifications we had received

from the service. Notifications are changes, events or incidents that the provider is legally obliged to send us. We also spoke to Commissioners who raised no concerns about the service.

During our inspection we spent time with eight people who lived at the service and four support staff as well as the registered manager, the provider and a senior care staff.

We observed care and support in communal areas. We also looked at the care plans for three people to check their records matched with what staff told us about their support needs. We also looked at records that related to how the service was managed, looked at staff records and looked around all areas of the home including people's bedrooms with their permission.

# Is the service safe?

## Our findings

One person told us; “I feel safe here.” We spoke with members of staff about their understanding of protecting vulnerable adults. They had a good understanding of safeguarding adults, could identify types of abuse and knew what to do if they witnessed any incidents. Staff told us; “It’s about making sure people are kept safe in all ways as they are vulnerable.” One staff member told us they had previously reported abuse in previous employment, they said; “It wasn’t a nice situation but it was the right thing to do.”

We spoke with relatives who told us; “We know that our relative is safe and happy,” and “We have peace of mind and can sleep at night knowing they are well cared for.”

The service had policies and procedures for safeguarding vulnerable adults and we saw these documents were available and accessible to members of staff. The staff we spoke with told us they were aware of who to contact to make referrals to or to obtain advice from at their local safeguarding authority. This helped ensure staff had the necessary knowledge and information to make sure people were protected from abuse.

Each person had a Personal Emergency Evacuation Plans (PEEP) that was up to date. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency. Staff told us they felt confident in dealing with emergency situations. One staff member said; “It’s about remembering to stay calm, not panic and using what we have learnt in our training.”

We saw that personal protective equipment (PPE) was available around the home and staff explained to us about when they needed to use protective equipment. Staff told us; “We have an infection control champion here who checks our knowledge of hand washing procedures and stuff like that – he is really hot on it!”

We were shown the system for managing people’s finances. It was regularly audited and clear receipts and records were held on behalf of people. All finances were also securely stored.

There were appropriate arrangements in place for obtaining medicines and checking these on receipt into the

home. Adequate stocks of medicines were securely maintained to allow continuity of treatment and medicines were stored in a locked facility. One senior care staff told us; “Two people check the medicines in when they arrive from the pharmacy and we check the medicines again at every handover.”

We checked the medicine administration records (MAR) together with receipt records and these showed us that people received their medicines correctly. Staff could explain to us what each medicine was used for and any possible side effects to look out for. One staff member explained as they were still relatively new and completing their training that they just observed medicine administration until they had been fully trained and assessed as competent.

All staff had been trained and were responsible for the administration of medicines to people who used the service. Policies were in place for medicines and these were very specific including a protocol for each person who used the service around how they needed support for any ‘as and when required’ medicines.

We were told that staffing levels were organised according to the needs of the service. We saw the rotas provided flexibility and staff were on duty during the day to enable people to access community activities. This meant there were enough staff to support the needs of the people using the service. Staff told us; “We are a team and cover one another if anyone is off,” and “We are well staffed here.”

We saw that recruitment processes and the relevant checks were in place to ensure staff were safe to work at the service. We saw that checks to ensure people were safe to work with vulnerable adults, called a Disclosure and Barring Check, were carried out for any new employees. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to minimise the risk of unsuitable people from working with children and vulnerable adults. We looked at the recruitment records of two members of staff who had recently been recruited to the service. There were checks on their identity as well as scenario based questions at interview which showed that potential applicants understood the nature of the service and type of support to be given. The service as part of the interview process also asked questions specifically written by the people who

## Is the service safe?

used the service. This included questions such as; “Can you go on holiday with me sometimes?” and “Can you cook?” This showed people were involved in helping select staff for their service.

Risk assessments had been completed for people in areas such as risks associated with going out into the community and using the trampoline in the garden. The risk assessments we saw had been signed to confirm they had been reviewed. The home also had an environmental risk assessment and fire risk assessment in place.

We saw that records were kept of weekly fire alarm tests and monthly fire equipment and electrical appliances tests. There were also specialist contractor records to show that the home had been tested for gas safety, legionella and portable appliance safety.

Safeguarding events, accidents and incidents were monitored regularly by the registered manager to check for any trends and staff told us how they reported any accidents and incidents promptly. We saw how staff had used incident recording to support the service in approaching commissioners and specialist learning disability services for additional support for people.



# Is the service effective?

## Our findings

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

At the time of the inspection eight people who used the service had been assessed as lacking capacity and were being deprived of their liberty. A deprivation of liberty occurs when a person is under continuous supervision and control and is not free to leave, and the person lacks capacity to consent to these arrangements. The staff at the service had made appropriate applications to the local authority, and had received authorisation in respect of these. All staff we spoke with had an understanding of DoLS and why they needed to seek these authorisations. The service also had a system for monitoring when authorisations were due to expire so they could be re-applied for promptly.

A staff member we spoke with told us that they had attended training in the Mental Capacity Act (MCA) 2005. We saw records to confirm that this was the case. MCA is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances. The staff member had an understanding of the MCA principles and their responsibilities in accordance with the MCA and how to make 'best interest' decisions – they talked to us about what may constitute a deprivation of liberty. We looked at the care plans for three people who had been assessed as lacking capacity to make best interest decisions in relation to their care. We saw that a multidisciplinary team and their relatives were involved in making such a decision and that this was recorded within the person's care plan.

The registered manager also told us that for people who did have capacity that they used an easy read best interests

decision making framework to support people to make decisions over complex issues. For example, one person was supported to make a complex healthcare decision with the use of this framework which ensured they had information in a way that was meaningful to them, they were aware of the risks, benefits, alternatives and whether the person understood the implications of their decision. This was an excellent example of supporting people to make their own decisions.

All staff had an annual appraisal in place. Staff told us they received supervision on a regular basis and records we viewed confirmed this had occurred. These supervisions were detailed and it was through these meetings that staff said their particular strengths were recognised and encouraged. One staff told us; "The manager listens to new ideas about anything."

We viewed the staff training records and saw that nearly all staff were up to date with their training. Staff told us; "We do lots of training". Two staff members we spoke to were happy with the level of training they had received. They had both undertaken dementia and mental health training and had found this to be very informative. One staff member said that they were about to attend an autism training course. We were also told that the registered manager kept staff informed of other training opportunities.

We looked at the training records of all staff members which showed in the last 12 months they had received training in food hygiene, fire, safeguarding, finance, and moving and handling amongst others. One staff member told us; "I enjoy training I have found it all really interesting."

The home had an induction checklist in place which included an induction to the home and a national formal induction programme called the Care Certificate. We saw that new staff also had detailed supervisions with the manager that included training, working relationships and any concerns they may have. One relatively new staff member we spoke with told us they felt very supported since they commenced their employment.

Staff told us they met together on a regular basis. We saw minutes from regular staff meetings, which showed that items such as day to day running of the service, training,

## Is the service effective?

medicines, and any health and safety issues were discussed. Staff told us; “There is one next week, we talk about ideas to make things better and everyone contributes.”

Each person had a keyworker at the home who helped them maintain their care plan, liaise with relatives and friends and support the person to attend activities of their choice. We asked staff about the skills they needed to support people at the service. They told us; “You need to be patient,” and “You need to be caring.”

The home had a domestic kitchen and dining area. The menus showed a hot meal was available twice a day and there were choices at all mealtimes.

The menu was planned with the staff team and people living at the home and as well as planning and cooking, people helped with the food shopping if they were able. Staff also told us about people's likes and dislikes. One person also needed support to maintain a healthy weight and their support plan noted that staff were to think of ways in which to encourage them to eat. Whilst we were in the lounge a senior carer who had a very good relationship with this person regularly approached the person and tried to get them to eat a little snack such as a cake or biscuit to encourage them to eat. Although the food was refused on many occasions it was evident that staff were making a very personalised approach to tackling this issue.

We saw the staff team monitored people's dietary intake due to physical health needs and that as far as possible they worked to make menus healthy and nutritious. We saw that for one person with difficulties in eating, that a daily food diary was maintained. Staff told us; “We are

monitoring one person closely and they are being weighed more often. I'd refer them to the GP to get the dietician involved if we have any further concerns.” The staff team had training in basic food hygiene and in nutrition and health and we saw that the kitchen was clean and tidy and food was appropriately checked and stored.

The registered manager told us that healthcare professionals visited and supported people who used the service regularly. We saw detailed records of such visits to confirm that this was the case and staff told us how they communicated any event such as a GP visit during a handover when they came on shift so everyone was up-to-date with any changes in people's health or well-being. We spoke with the local GP practice who told us; “We have a very good relationship with this service, the staff there are really good. They bring people promptly for appointments and they also ring for advice if they need it. One of our nurses is working with this service doing learning disability health checks.”

A relative we spoke with told us; “From the start they have always thought if X isn't right they have sought help straight away.”

People were supported to have annual health checks, Health Action Plans were in place and were accompanied by staff to hospital appointments. Each person had a Hospital Passport, an easy read document all about them using photographs and symbols and which told other services how people needed to be communicated with and any allergies or sensory needs. This meant that people who used the service were supported to obtain the appropriate health and social care that they needed.

# Is the service caring?

## Our findings

One person told us; “If I am getting angry I talk to the staff.”

We were shown around the premises by one of the owners who demonstrated a good knowledge of people using the service, describing their personalities, likes and dislikes.

We asked staff how they would support someone’s privacy and dignity. They told us about ensuring people’s bedroom doors or bathrooms were kept closed and staff told us about how they discussed this in their supervision meetings.

We were shown people’s rooms which were all very different and reflected their individuality. The member of staff who showed us around was able to point out items that particularly reflected the individual’s personality and explained what was important to each of them.

We looked at three care plans for people who lived at Longlast. They were all set out in a consistent way and contained information under different headings such as a key information sheet, what support needs people had and what outcomes the service was assisting people to achieve. The care plan was written with the person if they were able and was very much written from the perspective of the person and shared through reviews with relatives and other professionals who knew the person. This showed that people received care and support in the way in which they wanted it to be provided. There were very clear proactive strategies for staff to follow if people became anxious so that the staff approach was consistent for the person. We also saw that specific protocols for example to support someone with epilepsy had been developed with the GP and psychiatrist so the service had sought multi-disciplinary advice and support to ensure the best outcome for the person.

We observed the care between staff and people who used the service. We saw people were treated exceptionally by staff who had an in-depth appreciation of people’s needs. People were treated with kindness and compassion. Staff

were attentive and interacted well with people, there was lots of banter and laughter. Staff were very aware of people’s likes and dislikes and we saw that in reading the care plans that staff adhered to these with everyone throughout the day so people were supported and communicated with in a consistent and meaningful way.

We spoke with one relative who told us; “They look after people like their own children, the staff are all marvellous.”

People were actively encouraged and supported to maintain and build relationships with their friends and family. There were no restrictions placed on visitors to the home and people who used the service were able to visit their relatives and friends regularly. One relative told us; “We are always welcomed and offered a drink when we visit the home. They communicate with us whenever they need to - nothing is hidden from us.”

Staff told us how they tried to encourage people to maintain their independence. One staff said; “I could really do with a hand with these pots” and by doing this hoped someone would assist her. Staff also described how they had developed finger foods for one person so they could be encouraged to feed themselves and they said; “Everyone can do little things.”

Staff told us that keyworkers reviewed care plans on a monthly basis with the person and checked whether people were happy with the care and support they received. One staff member said; “The care plans have loads of info.”

We saw a daily record was kept of each person’s care. They also showed staff had been supporting people with their care and support as written in their care plans. In addition, the records confirmed people were attending health care appointments such as with their GP and dentist.

Posters were on display at the home about advocacy services that were available and staff told us that advocates would be sought if anyone felt this was required. People had used advocacy through the Deprivation of Liberty Safeguards assessment process.

# Is the service responsive?

## Our findings

One person told us; “I tell someone if I am worried about anything.” There was a clear policy and procedure in place for recording any complaints, concerns or compliments. We saw via the service’s quality assurance procedure that the registered manager sought the views of people using the service on a regular basis and that this was recorded. The complaints policy also provided information about the external agencies which people could contact if they preferred. This information was also supplied to people who used the service using symbols and an easy read format. We saw that one person had stated they were not happy as they could not speak to their relative. We saw the manager had discussed this with them and facilitated a phone call and they subsequently recorded the person was happy with the outcome. Staff told us; “We could tell by observing someone through their behaviour, change in mood and body language if they weren’t happy and we would discuss it as a team straight away to try and put it right.”

We looked at care plans for three people who used the service and saw they were person centred. Person-centred planning is a way of helping someone to plan their life and support, focusing on what’s important to the person. People’s needs were assessed and care and support was planned and delivered in line with their individual care plan. Individual choices and decisions were documented in the care plans and they were reviewed monthly. Risk assessments were all signed and dated with dates for review clearly noted. The documents were signed by staff to state that the plans had been read and understood and this was evidenced in the way staff interacted with people throughout the day. For example, one person had been supported by Speech and Language therapy to use picture cards and we asked staff about these and they could tell us why and how they were used.

Staff also told us about transition work that they had done supporting people both into and out of the service. For one person for whom the service decided it could not meet their needs, the manager and staff told us how they worked with specialist services to keep people safe until such time as a suitable service was found for the person. This was

clearly a difficult experience for staff and people at the service but the service had viewed it positively and had learnt from this experience. The manager said; “The safeguardings we put in let us learn from the experience.”

We asked the registered manager how they ensured the service was delivering person centred care, they said that they encouraged staff to listen and watch the people they provided care for. They were confident that the staff at the service all knew the people they were supporting and they ensured that new staff shadowed more experienced staff members to learn from them. They showed us an independent life skills book that showed one person’s photographic record of life skills they had been working on. The manager told us how this person’s family, at their review, did not believe this person had carried out these skills until they saw the photographs and were then delighted.

We saw in care plans that there were very clear behaviour support plans that included what things may trigger a person to become anxious and how staff could apply distraction techniques to alleviate any distress. We spoke with a behaviour support practitioner after we visited the service who said of Longlast; “The communication has been very good for long time. They always follow our advice and complete all the charts we request. There are no problems or areas of concern.” One staff member told us; “The behaviour team have been great they came up with ideas we hadn’t thought of.” This showed the service tried innovative ways to ensure people were reassured and worked with other care and support providers to ensure people were supported. The registered manager also told us how they worked with other services such as day centres people attended to ensure people were safe and happy. They gave us an example of one person who it discovered was disposing of their lunch at the day service. The home ensured they communicated with the day service each day to monitor this situation for the person to ensure their nutritional needs were met.

On the day of our inspection, several people were out at their day service placement. Other people at the service were involved in watching TV, baking cakes, making Christmas decorations as well as helping staff with day to day tasks such as doing their laundry. Staff told us they worked flexible shifts to ensure people got to activities. One person told us; “I like swimming, I won a cup for it. We also go to the pub and I like knitting too.”



# Is the service well-led?

## Our findings

The feedback from staff, professionals and relatives, as well as how the management team demonstrated how they gained feedback from people and events to constantly improve the service, was outstanding.

The home had a registered manager and two joint owners who were involved in the service very regularly. On the day of our visit all three people were at the service. All staff we spoke with stated that the registered manager and providers were very understanding and very supportive.

Relatives told us; “We can talk to the owners or the manager if we have any queries,” and “All the support we have had has been excellent, anything we raise has been worked through together.”

One staff member told us they were always able to sit down and tell the registered manager if they had any problems. Although there were regular staff meetings and scheduled supervision sessions every month staff told us they would feel able to approach the registered manager at any time between these. They said that they had no concerns about anything within the service currently although the service had experienced a difficult year with the behaviour of someone no longer at the service. Staff told us that the manager had worked alongside them at all times, had got support from external agencies and really supported everyone through this difficult time. This showed the registered manager enabled a positive culture and listened to staff.

We spoke to three staff members about what it was like to work at the service about their opinion of how the service was managed and about any issues they had. They told us; “It’s really nice here, we help each other and are a real team,” and “It’s like you are in a family home, I love working here.” Another staff member went on to say that they were very happy working at the service and that morale within the team was very good; “It’s a lovely atmosphere here, it’s really friendly.” We saw that the service had consulted with staff to look at how they could work the rota to support people with daytime activities. The manager told us they offered staff the choice to work double shifts so they could support one person for the whole day if they were out doing activities to improve consistency for the person. We

saw that’s each day was clearly planned so staff knew what activities and tasks they were responsible for and the senior checked these at the end of each shift to ensure everything had happened as planned.

Staff told us; “We asked for a big TV in this lounge and we got one. The owners accommodate us when we ask for things.”

When asked about the atmosphere at the service and the manager told us it had much improved following a difficult period with a person who had since moved on from the service and was now positive and relaxed. They believed that that they were easy to talk to and to get hold of should staff need to speak to them. Staff confirmed to us that they could speak to the registered manager about anything and they were very accessible. We saw the registered manager working alongside staff as an extremely effective and exceptionally caring role model. The success of this approach was evident in the consistent person centred care and support staff provided. They were willing to go ‘The extra mile’ for people, this was confirmed by relatives we spoke with who gave examples of this culture. The registered manager also said they thought it helped that they were willing to get ‘hands on’ and staff respected that they came from a support worker background.

We asked the registered manager and provider about how they developed the staff team. They told us they were keen to identify skills within the team and work with them to best utilise these skills. We saw that the service had recently begun senior meetings to include the two senior care staff and to involve them in greater aspects of service development and delivery. The manager told us they wanted to encourage staff to develop themselves and to delegate roles to people so they could increase their skills and knowledge. This showed how the service’s management encouraged staff to develop themselves personally and professionally. One senior care staff told us; “People’s needs are changing as they become older and so we are looking at new activities that are more appropriate to people’s age, skills and needs.”

People were an active part in the community using the local pubs, shops and services with the support of the staff team. We heard that people accessed the local community centre for coffee mornings, dance sessions and had also were about to begin a Lottery funded exercise class that a member of staff had sourced with an exercise professional. The manager told us; “We encourage staff to come with





## Is the service well-led?

ideas for new activities and the new staff we have recruited have brought in some great ideas.” We saw that a senior carer had suggested a way to improve the quality of daily recording in care files in a new format and this had been implemented. This showed that staff were involved in the planning and delivery of the service.

We saw the minutes of staff meetings which confirmed that these were held monthly. A sheet was attached to the minutes and was signed by staff to say they had seen the minutes, thereby ensuring those staff unable to attend had opportunity to learn what had been discussed.

The key workers for each person completed a monthly meeting form which addressed any issues, concerns or necessary changes needed to care plans and risk assessments. This was also a way to monitor any accidents and incidents. This was in effect a monthly review of each person’s needs and was good evidence of good practice.

We asked about the procedure for reporting accidents, incidents and safeguarding events. The registered manager showed us how these were logged by staff and reviewed by them and we saw any learning points or changes were immediately actioned in care plans or via changes to working practice that was shared with all staff. The registered manager said they were well supported by the two owners and we witnessed them working together in a supportive and professional way whilst clearly enjoying a good personal relationship.

The service carried out a range of surveys to seek feedback from people using the service, staff and relatives.

A staff survey was conducted by the service annually. We saw that in the most recent audit, all staff said they were supported by management and 100% of staff said they were confident they could report abuse to management. 100% of staff also stated they had never had any concerns about how people were treated or cared for.

The registered manager and staff were exceptional in their commitment to understanding and helping people communicate their views. Staff used a pictorial survey with people and observed and recorded their responses. The registered manager told us they were gone through slowly with people to ensure they understood what they were being asked about. People were involved as far as possible

in every aspect of the ongoing development of the service. Where any changes were made these were trialled carefully and people’s responses observed and monitored to make sure the changes worked for them.

Comments from the most recent relative survey included; “Overall a brilliant homely environment.” and “Every aspect of care is done well especially prompt attention towards healthcare.”

We asked the registered manager what they felt their key challenges and main concerns were about the service and they said they were always aware that due to the extremely complex needs of the people living in the home it was difficult for them to say if they were unhappy. We asked how they handled this and they told us they observed behaviour closely, spoke to staff regularly and ensured that where possible they got involved ‘on the shop floor’ often staying back later to complete paperwork to accommodate this. For example, the manager told us they were introducing a new recording system to monitor tasks carried out by the night staff. The manager told us and the rota demonstrated that they were working late shifts for several weeks to ensure they could explain to each night staff member exactly what was required of them and how they were to complete the documentation. This showed the manager led by example to demonstrate the standards they wanted the service to work to.

The registered manager carried out a range of audits to check the quality and safety of the service at Longlast. There were daily recorded checks on aspects of health and safety, medicines and peoples finances as well as a range of monthly detailed audits on all aspects of the service such as staff issues [training, vacancies, administration], service user issues [safeguarding, risk assessments, family and friends support] and environmental factors. We saw that the registered manager met with the provider to discuss the outcome of these audits and a detailed record of their discussions and action plan were made.

The registered manager had informed CQC promptly of any notifiable incidents that they were required to tell us about and we also saw that safeguarding alerts were examined and care plans and risk assessments were reviewed and updated where required. This showed the service was willing to learn from incidents.