

Annfield Care Limited

Longlast

Inspection report

Longlast
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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

The inspection visit took place on 16, 22 and 25 January 2018. 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 on 20 November 2015 and found the provider was meeting the fundamental standards of relevant regulations. At that time we rated Longlast as 'Good' overall and 'good' in four domains. We rated the service as 'Outstanding' in one domain, namely 'well-led'.

Longlast is a 'care home.' People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Longlast can accommodate up to 11 people in one building and provides care for people living with a learning disability. At the time of the inspection nine people were in receipt of care from the service.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The registered manager had been in post since 2006. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like 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 found staff were committed to delivering a service which improved the lives of the people who use the service in fulfilling and creative ways. Their drive and passion had created an exceptionally dynamic and vibrant service. Staff focused totally on the goals and aspirations of the people who used it and relatives told us the service provided care that was exceptional. Social workers we spoke with told us Longlast give careful consideration to ensuring people were a compatible match to existing residents. They provided high levels of care and support in a family type environment with lots of opportunities for social integration away from the home.

Staff worked collaboratively with people to assist them to ensure their voices were heard by healthcare professionals. Staff went over and above the expectations for residential care homes when people needed to stay in hospital and would provide individuals with one-to-one support from 8am to 10pm throughout their stay. The service was making a difference to people's wellbeing by working well as a team, in harmony with one another sharing the same values and principles. The service was proactive in providing people with a range of information to assist them to make decisions about their health and wellbeing.

Staff were exceptionally caring and understood how to support and enable individuals to maximise their

potential. The service's visions and values promoted people's rights to make choices and live a dignified and fulfilled life. This was reflected in the care and support that people received. Staff understood people's different ways of communicating and how to make people feel valued.

We found that the registered manager had encouraged staff to constantly think about improvements. We found that the management style had led to people who used the service and staff feeling that they were integral and essential partners in the operation of the service. People made the key decisions about who was employed, menus, the décor and the range of activities.

We found the registered manager had provided strong leadership and constantly critically reviewed the service. They routinely identified how they could enhance the service and ensure the staff remained at the forefront of best practice when working with the people who used the service. Their oversight of the service and encouragement of staff to keep abreast of developments and be innovative had led to excellent outcomes for the people who used the service and their relatives.

We observed that people were encouraged to participate in activities that were meaningful to them. People were supported to develop their independent living skills. We heard how one person had recently moved into the service and had been extending the range of activities they could complete. Staff told us that this person was becoming more confident and had learnt a variety of new skills. Staff took on dedicated roles for sourcing and setting up both activities people could do at the service and in the community. People were exceptionally complimentary about the staff.

We saw people's care plans were person centred and had been well assessed. People's care needs were risk assessed with risk management plans in place and support for staff when they needed it. We found staff ensured the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) requirements were met.

People were supported to be as independent as possible and could access advocacy services if needed. Procedures were in place to investigate and respond to complaints.

We saw that staff were recruited safely and were given appropriate training before they commenced employment. Staff told us they received supervision on a monthly basis and they received annual appraisals. Staff were respected within the organisation and were provided with comprehensive range of training. We found the senior management team were consistently striving for excellence and assisting people and staff to reach their maximum potential. Staff were supported to achieve excellence in their roles by attending specialist training around working with people who had specific conditions.

There were sufficient 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.

The registered manager used effective systems to continually monitor the quality of the service and had on-going 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 sustain continuous improvement in the service.

The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.

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 remains good.

Staff recognised signs of potential abuse and reported any concerns regarding the safety of people to senior staff. Staff considered the least restrictive option to reduce risks to people.

There were sufficient skilled and experienced staff on duty to meet people's needs. Robust recruitment procedures were in place. Appropriate checks were undertaken before staff started work.

People's medicines were managed safely and audited regularly. People lived in a clean and well maintained service with environmental risks managed appropriately.

Is the service effective?

Good ●

The service remains good.

People were referred to healthcare professionals promptly when needed. Staff had formed extremely good working relationships with all of the local healthcare professionals into peoples' care.

Staff were appropriately trained and had an exceptionally good knowledge of how to meet people's individual needs.

Staff understood the principles of the Mental Capacity Act 2005 and acted in accordance with the legal requirements. People were only provided with care when they had consented to it.

People were supported to eat and drink sufficient amounts to meet their needs and were provided with a choice of suitable food and drink.

Is the service caring?

Outstanding ☆

This service has improved to outstanding.

People were extremely well cared for. People were consistently complimentary of staff and the support they provided. People were treated with respect and their independence, privacy and

dignity were promoted.

Staff interacted with people in a way which was particularly knowledgeable, kind, compassionate and caring. Staff took time to speak with people and to engage positively with them.

People were consistently involved in conversations and reviews about their own care and contributed to making decisions with the help and support of staff and other professionals.

Is the service responsive?

Outstanding 

The service has improved to outstanding.

Care records were extremely detailed and assisted staff to identify how to work well with people.

Staff were exceptionally sensitive to any changes in people's behaviour and looked for innovative ways to resolve any issues.

The service was tailored to meet the individual needs of people in receipt of care. There was an emphasis on meeting people's social needs and ensuring that people maintained their hobbies and interests.

There was a complaints procedure in place. Feedback systems were in place such as meetings and surveys to obtain the views of people.

Is the service well-led?

Outstanding 

The service remains outstanding.

The registered manager was effective at ensuring staff delivered services of a high standard. We found that they were very conscientious and critically reviewed all aspects of the service then took timely action to make any necessary changes.

Staff told us they found the registered manager and provider were very supportive and felt able to have open and transparent discussions with them through one-to-one meetings and staff meetings.

There were very effective systems in place to monitor and improve the quality of the service provided. Staff and the people we spoke with told us that the service had an open, inclusive and positive culture.

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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.

An adult social care inspector completed this unannounced inspection on the 16, 22 and 25 January 2018. We spent the latter two days contacting relatives and professionals who are involved in working with people who use the service.

Before the inspection, we used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information we held about the service as part of our inspection. This included the notifications we had received from the provider. Notifications are reports about changes, events or incidents the provider is legally obliged to send CQC within required timescales.

We contacted external healthcare professionals and the placing authority commissioners to gain their views of the service provided at the service.

During the inspection we spoke with six people who used the service, a visiting optician, an optical technician, two social workers and called three relatives. We also spoke with the provider, the registered manager, five care staff, and a practice nurse. We looked at three care plans and medication administration records (MARs). We also looked at three staff files, which included recruitment records and the records related to the overall management of the service.

Is the service safe?

Our findings

One person told us, "It is great here and the staff always make sure we are fine." Another person commented, "The staff make sure I'm OK and also help me to do things on my own, like learning how to make cups of tea and that safely." We spoke with relatives who told us, "Longlast is a wonderful home and the staff have done wonders for [person's name]," and, "We have peace of mind as we know they are safe and live in a well-run home."

Risk assessments had been completed for people in areas such as risks associated with going out into the community. The risk assessments we saw had been regularly reviewed. We found that the registered manager and provider critically reviewed any incidents to identify if lessons could be learnt. For instance, they had found that an increase in one person's behaviour that may challenge was related to a recent bereavement and had put plans in place to support the person work through their distress, which had reduced the number of incidents.

We spoke with members of staff who 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, "We have lots of things in place to make sure people are kept safe." Staff described how the recruitment process had led to the employment of staff committed to the service and this meant no concerns had been raised but staff were confident if this was not the case they would quickly raise an alert.

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 that where accidents had occurred they had been fully recorded and appropriate remedial action taken to reduce these reoccurring. 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.

There were enough staff deployed to keep people safe. There was always a minimum of three care staff at the service during the day and four care staff in an evening then two care staff overnight. In addition to this, the registered manager and domestic staff, worked at the service. The provider regularly visited the service.

The provider's recruitment processes minimised the risk of unsuitable staff being employed. These included seeking references and Disclosure and Barring Service (DBS) checks. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and adults. This helps employers make safer recruiting decisions and reduce the risk of unsuitable people from working with vulnerable children and adults.

We saw that staff had received a range of training designed to equip them with the skills to deal with all types of incidents including medical emergencies. The staff we spoke with during the inspection confirmed that the training they had received provided them with the necessary skills and knowledge to deal with emergencies. Staff could clearly articulate what they needed to do in the event of a fire or medical emergency.

We saw evidence of Personal Emergency Evacuation Plans (PEEP) for all of the people living at the service. 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. We also found that fire drills were completed every six months for day staff and every three months for night staff and refresher training was undertaken annually. This frequency was in line with that required in the fire regulations.

All areas we observed were very clean and had a pleasant odour. We saw that personal protective equipment (PPE) was available around the service and staff explained to us about when they needed to use it. Ample stocks of cleaning materials were available. We confirmed that checks of the building and equipment were carried out to ensure people's health and safety was protected. There were also specialist contractor records to show that the home had been tested for gas safety, legionella and portable appliance safety.

We found that there were appropriate arrangements in place for obtaining medicines, checking these on receipt into the service and storing them. We looked through the medication administration records (MARs) and found medicines had been administered and recorded correctly. Adequate stocks of medicines were securely maintained to allow continuity of treatment. Information was available to inform staff about any protocols for people's 'as required' medicine. All staff who administered medicines had been trained and had completed competency checks to ensure they could safely handle medicines. One staff member explained they had recently completed their training and as a part of this had been assessed as competent to administer medicines.

Is the service effective?

Our findings

People told us they were extremely happy and felt the staff were very skilled. One person said, "The staff are lovely." Another person said, "The staff really know what they are doing."

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. 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 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 Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS) authorisations.

We found that the staff clearly understood the Mental Capacity Act 2005 (MCA) and what actions they would need to take to ensure the service adhered to the code of practice. The care records we reviewed contained assessments of the person's capacity to make decisions. We found that in line with the MCA code of practice assessments were only completed when evidence suggested a person might lack capacity. Care records also described the efforts that had been made to establish the least restrictive environment. When people had been assessed as being unable to make complex decisions discussions had taken place with the person's family, external professionals and senior members of staff to make 'best interests' decisions. Best interest decisions were clearly recorded and covered, for example, finance and administering medicines.

At the time of the inspection, we found that, where appropriate, DoLS authorisations had been sought. Staff we spoke with had a very good understanding of DoLS authorisation and why they were needed. The registered manager kept a record of when the DoLS authorisations expired and ensured a new DoLS application was submitted. They had designed and introduced a pictorial explanation of what a DoLS authorisation meant, which made it easier for the people who used the service to understand the process. Staff were aware of the person's right to contest the DoLS authorisation and apply to the Court of Protection for a review of this order.

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. Over the last year the provider and registered manager had introduced a process for ensuring the people and their relatives fully understood the assessment and care plans. They invited family members to a care review that gave them the opportunity to go through and discuss all of the care records. They found that people and their families were spending several hours discussing them and it made it easier for all to understand the care and support which was needed. A relative had commented, "Until we had that full review I didn't really understand how well they knew [person's name] and even spotted little things about

how they made sense of the world. It was impressive to see that they knew them as well as me, which is remarkable."

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 member told us, "The [registered] manager listens to any new ideas we have and is happy to try them out."

We viewed the staff training records and saw that nearly all staff were up to date with their training. One staff member told us, "We do lots of training and the [registered] manager will support us to go on courses." Staff we spoke with discussed the autism spectrum disorder distance learning course they were completing and how they found this to be very informative. We were also told that the registered manager kept staff informed of other training opportunities. New staff completed an induction, which followed a national formal induction programme called the Care Certificate.

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, medicines, and any health and safety issues were discussed. Staff told us, "We always talk about how to make things better and everyone contributes."

The service had a domestic kitchen and dining area. Menus were planned with people who used the service. People, if they were able to, helped with the cooking and food shopping. People's nutritional needs and preferences were assessed and recorded in their care plans. We saw that staff ensured people were actively involved in managing their own diet. People were very complimentary about the meals on offer at Longlast. One person said, "The food is really good and all the staff are very good at cooking." The staff told us they played to each other's strengths so would organise their cooking around what meals they were good at preparing.

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 optician and two social workers who told us that staff were adept at ensuring people received their regular check-ups, were referred to healthcare professionals in a timely manner and were always making sure people got equitable access to the services. Health action plans were in place and staff accompanied people to hospital appointments. Also, if a person needed an overnight stay in hospital the staff remained with the person from 8am until 10pm so they always had a familiar face. 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.

The environment was designed to support people's privacy and dignity. People's bedrooms had personal items within them, such as photographs.

Is the service caring?

Our findings

People, their relatives and visiting healthcare professionals were exceptionally complimentary about the caring nature of the staff. People told us that the staff were 'wonderful,' 'lovely,' and "the best in the world." One person told us, "The staff are brilliant and treat everyone really well. We are like one big family." Another person commented, "This is the best place to live in."

We were told, "They [staff] have really made it like home-from-home and they could not be more caring than they are," and, "[Name of person] has never been so happy and always tells me that the staff are kind. They have really come into their own since moving to Longlast. The staff have such patience and this has helped [person's name] to try new things."

We found staff were attentive, kind and really thoughtful. One person showed us the model railway a staff member had made for them and we saw this was skilfully created. The person told us they loved to look at trains and was impressed with how the staff member had made all sorts of tunnels for the train to go through and made it look like a miniature landscape.

Recently one person who had lived at the service passed away and the staff had noticed the impact this had on everyone. To reduce this and provide an opportunity for people to say goodbye they had organised a wake for this person and visits to the grave. Staff had worked very closely with one person, who was particularly distressed, to work through the grieving process. We found that the empathy and compassion staff demonstrated had given people the opportunity to mourn and come to terms with the loss.

Without exception the visiting professionals we spoke with complimented the staff and highlighted their compassionate and kind nature. A social worker told us, "Longlast provides an exceptional caring service. The staff are truly dedicated to delivering a service that puts each individual at the centre of the care." The optician told us, "You are always made to feel very welcome and nothing is a problem. I find the commitment to giving people high quality care is outstanding." An optical technician said, "I couldn't praise enough the work and level of care being provided. The staff are so committed to making sure they provide people with everything they need and do truly care about people." Visiting professionals also discussed how the staff team were committed advocates for people and would not hesitate to challenge practice that was not effective.

Staff told us how they worked in a way that protected people's privacy and dignity. They told us about the importance of encouraging the people to be independent and also the need to make sure people's privacy was maintained. For example, they had enabled people to find new adapted mobility aids, which had led to them being able to spend the majority of their time enjoying activities in the service or out and about in the community. One staff member said, "I love working here and could not think of a better place to work."

We found staff placed great emphasis on the service's visions and values, which aimed to promote people's rights to make choices, receive compassionate care and live a dignified and fulfilled life. This was reflected in every aspect of the care and support that people received. The registered manager and staff showed

genuine concern for people's wellbeing. Staff had an absolute commitment to deliver a personalised and responsive service, which relatives described as fantastic. A relative commented, "It is clear that the [registered] manager and staff are totally dedicated to the people and want them to have a fantastic quality of life."

Throughout the inspection we saw that staff were not rushed in their interactions with people. We saw many examples of staff providing support with compassion and kindness. Staff spent time chatting, encouraging, laughing, and joking with people. We saw that people were provided support promptly and discreetly. We observed that one person needed extra support when in their bedroom and an alarm had been fitted so that staff knew when they needed to go to the room. This alarm played discreet music, which meant it did not highlight to everyone in the lounge that the person needed assistance. Everyone we spoke with was very complimentary about how the staff supported them with every day tasks and to lead ordinary lives.

Staff were committed to delivering a high quality service for people and had created an environment that people thrived in. A staff member said, "We aim to ensure people have the best care possible and are only happy if we feel that the care is what we would expect our relatives to get."

Staff were devoted to ensuring each person found their lives were enriched by their experience of life within the service and their local community. The registered manager and staff told us how they worked with people who used the service to enable them to continue to live a fulfilling life. We found the staff empowered people to voice their wants and aspirations for their lives and then supported them to achieve these goals. For example, one person told us how staff supported them to maintain their longstanding friendships and would help them visit people when they wanted. They also supported the person to maintain their interest watching trains.

Staff were passionate about their work. They actively listened to what people had to say and took time to help people feel valued and important. Staff understood people's communication methods and readily assisted people to express their views and join in conversations. Staff supported people to join in conversations with us and we found these were very lively and enjoyable exchanges of views. One person discussed with us their experiences of the service and how staff had made their life much more interesting. They talked about the about the activities staff had found for them to do both in the house and in the community, such as arts and crafts.

The registered manager and staff knew how to assist people to access advocacy services, if this was needed. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights. We heard how the registered manager and staff had actively ensured people were enabled to voice their opinions on how the care should be delivered. They explored all the ranges of ways they could support people to communicate their views about the care and support being offered, which included new technological solutions.

Is the service responsive?

Our findings

Without exception all the people we spoke with said that staff were responsive to their needs. One person told us, "The staff know me so well and check on me straight away." A social worker told us, "The staff and the care they provide is outstanding. Nothing is ever too much trouble."

The health and social care professionals we spoke with told us that they found that Longlast was exceptionally responsive to people's needs. They told us that since the last inspection the staff had maintained an outstanding service and there had been no dip in practice, in fact they found this had developed to exceed their previous experience. Social workers told us that they found Longlast was the service they used as a benchmark for assessing what good care for people living with a learning disability should look like. A visiting optician stated, "The [registered] manager and staff pick up on the slightest change. I am always happy to take their call as I know they will be appropriately making a request for me to provide a treatment or visit."

We found that the staff made sure the service worked to meet the individual needs of each person. Each person had a keyworker who helped them maintain their care plan, liaise with relatives and friends and supported the person to attend activities of their choice. Each person had a very detailed plan, which identified their background, preferences and needs. These plans were up to date and clearly stated how staff should support each person. The registered manager told us, and records confirmed that there was an emphasis on making sure that even the smallest things were documented. They said, "We make sure every detail about people's care and support needs are captured in the records. I think we can't go far wrong if we have the details recorded as it means we have all the information for the bigger picture and this lets us provide consistent care. As well, if anything changes we will be able to spot this quickly and can get straight onto calling other healthcare professionals for advice." We found that people's care and support reflected what was written in their support plans.

The provider had sourced and introduced a disability distress assessment tool to the service. This tool provided information to staff and health professionals about the non-verbal signs which people may show when they were experiencing distress, pain or a change in their emotions. The registered manager reported that this tool had been very successful, as the healthcare professionals working with the client group at the service who could not verbally communicate had told them it readily assisted them to pick up what a person was trying to express.

Staff were proactive when people's needs changed. For example, when people needed to go to hospital for an appointment or to stay overnight, staff put systems in place to make sure one of their own staff team stayed with the person from 8am to 10pm during their stay in hospital. This meant the person always had the support of familiar staff and the staff member was able to provide the support and guidance to health professionals to make sure they were able to communicate with and understand the person and their healthcare needs. We found this practice improved the person's experience of receiving treatment.

At the time of our inspection no one was receiving end of life care. However we found that staff clearly

understood the actions they needed to take if this was the case. Recently one person had died unexpectedly whilst receiving treatment in hospital. This had been a shock to the staff and people who used the service and we found that the registered manager had worked well with all to come to terms with this loss. Staff had worked closely with people and assisted individuals to understand the grieving process.

People informed us that they were encouraged to maintain their hobbies and interests. Dedicated staff helped meet the social needs of people who lived at the service. People told us they never had a dull moment at the service and the staff provided an exceptionally good programme of interesting and innovative activities. The registered manager explained that they allocated roles to staff in relation to activities and this meant two staff had dedicated roles organising events in the service and two staff had organised access to the community resources. We spoke with one of the staff members who had this role and they told how they researched what events and activities were available in the community. Then they discussed these opportunities with the people, such as local social events, clubs and to the theatre, who then picked what they wanted to join in.

A person said, "There are always plenty of things going on." Another person said, "You always get to try stuff and if you don't like one thing there is always something else to do."

People's spiritual needs were met in a wide range of ways, from being supported to visit the graves of their relatives and celebrate their lives to enabling people to continue to practice their faith. People, who wanted to went to the local church each week. We found the service protected people from the risks of social isolation and loneliness and recognised the importance of social contact and friendships. The people who used the service told us that they were supported by staff to develop and sustain their personal relationships.

The registered manager told us that people were involved in all aspects of the service. This included staff meetings, recruitment and the planning of social and recreational activities. People told us they were involved in interviewing potential staff and that if they were not happy the individual was not employed by the service.

There was a complaints procedure in place. The registered manager told us that no complaints had ever been received. None of the people or relatives with whom we spoke said they had any complaints or concerns. We found that the registered manager and provider clearly understood how to thoroughly investigate any concerns and ensure action was taken to rectify the issues. People and their relatives told us they knew how to complain and raise issues.

Surveys were sent out to people and their relatives to obtain their views about the care delivered. , We reviewed the questionnaires and found they were very positive. The feedback showed people were happy living at the service, stating, "[Name of person] is really happy at Longlast," and, "It is really brilliant at Longlast." We also saw that relatives had provided positive feedback too. This included, "I am happy that [person's name] is at Longlast and so is the rest of the family," and, "There is nothing more they could do as Longlast feels like a family home."

Is the service well-led?

Our findings

At the last inspection in November 2015 we found the service was exceptionally well-led so we rated this domain as 'outstanding'. We found that over the last two years the provider had sustained this outstanding practice and continued to consider improvements that could be made. We found their creativity and acceptance of innovative practice had led to the domains 'caring' and 'responsive' developing so they could demonstrate outstanding practices in these areas. For example the development of an accessible format for describing DoLS authorisations and the use of a song to alert staff when a person went to their bedroom.

The provider was a company with two directors. We found that both directors were very involved in the service and visited regularly. On the day of our visit both directors and the registered manager were at the service. One of the directors ensured the premises remained fit for purpose and over the years had constantly upgraded the environment. The other director worked closely with the registered manager and they jointly looked to incorporate new and innovative practices into the service. For example, they have recently introduced the disability distress assessment tool and an easy-read guide to the DoLS authorisation process.

The registered manager had been in post since June 2006. People, relatives and visiting professionals were extremely complimentary about the management of the service. One visiting professional told us, "[Registered manager's name] runs a very tight ship and everything is always spot on." We saw that a 'best interests' assessor had concluded that they found the staff at this service had the best understanding of the MCA they had seen. A relative said, "The staff here provide high quality care. [Registered manager's name] and [director's name] have really been determined to make sure the home delivers an excellent standard of care."

People and staff reported that the registered manager supported them and included them in the running of the service. Staff told us they thought the service had an open and honest culture. Staff told us they had regular meetings and made suggestions about how they could improve the service for each person. All staff we spoke with stated that the registered manager and providers were very understanding and very supportive. A staff member told us, "They [provider and registered manager] are always at hand to discuss anything and always welcome anything we say and any suggestions we make." Another staff member told us, "We really take pride in making the home run for the people and making sure they receive quality care."

We found staff routinely consulted the people and shared the findings in a format everyone could understand. People thought the service was well run and completely met their needs. They found staff recognised any changes to their needs and took action straight away to look at what could be done differently. People were involved in all aspects of the running of the service from recruitment to determining what improvements could be made to the service. People told us about how they planned the questions they asked at interview and the registered manager confirmed that they had an equal say on who was employed.

We found the provider and registered manager provided very strong leadership and their constant critical

review of the service had led to year-on-year improvements. They in consultation with staff, people who used the service and relatives routinely identified how they could enhance the service and ensure they remained at the forefront of best practice. Their and the providers oversight of the service and encouragement of staff to keep abreast of developments and be innovative had led to excellent outcomes for the people who used the service and their relatives.

Staff were able to clearly explain the governance procedure, their role and how suggestions were implemented. All of the staff we spoke with had a comprehensive understanding of people's needs and their level of knowledge exceeded that seen in a residential setting. The passion for knowledge displayed by staff was directly attributable to the registered manager's leadership and commitment to the people who used the service. We found their leadership and management skills were exceptional and although they had been in post for 18 years they had not become complacent and therefore the service remained abreast with all of the latest developments for working with people who have a learning disability.

We saw that the staff team were very reflective and all looked at how they could tailor their practice to ensure that the support delivered was completely person centred. We found the registered manager was the integral force ensuring the service was safe, responsive, caring and effective. We found that under their and the provider's leadership, the service had developed and been able to support people with complex needs to lead ordinary lives.

The provider had systems in place for monitoring the service, which the registered manager fully implemented. The registered manager completed monthly audits of all aspects of the service, such as medicine management and staff development. They took these audits seriously and used them to critically review the service. The audits had identified areas they could improve upon. The registered manager produced action plans, which clearly detailed when action had been taken. The provider also completed monthly reviews of the service and discussed the operation of the service. These two elements combined ensured good governance arrangements were in place.

Services that provide health and social care to people are required to inform the CQC of deaths and other important events that happen in the service in the form of a 'notification'. The manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.