

Langley House Trust

Longcroft

Inspection report

Longcroft
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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 visit took place at Longcroft on 18 January 2017 and was announced. We told the registered manager before our visit that we would be coming. We did this to ensure we had access to the main office and the management team were available.

Longcroft is a small care home in Lancaster managed by the Langley House Trust. It provides accommodation for up to 14 men with mental health illness. Car parking facilities are available on site. At the time of the inspection there were 13 people who lived at the home.

There was a registered manager in place. 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 found the service had systems in place to record safeguarding concerns, accidents and incidents and take necessary action as required. Staff had received safeguarding training and understood the process and procedure to follow.

There were appropriate numbers of skilled staff deployed to meet the needs of the people who lived at the home. They included mental health professionals and social workers. Staff had been safely recruited and were supported by the management team.

Thorough risk assessments had been developed to minimise the potential risk of harm to people whilst out in the community and within the service. These had been kept under review and had been reviewed with the individual at the centre of decision making.

Staff responsible for assisting people with their medicines had received training to ensure they had the competency and skills required. People told us they received their medicines at the times they needed them.

The registered manager demonstrated a good understanding of their responsibilities under the Mental Capacity Act 2005 (MCA). Staff showed a good knowledge of the people they supported and their capacity to make decisions. The staff we spoke with were able to describe how individual people preferred their support to be delivered and the importance of treating people with respect.

People were supported by caring staff who were supportive and respectful. One person who lived at the home said, "It helps to have someone you can turn to, trust and support you individually."

Staff knew people they supported and provided a personalised service. Care plans were in place detailing how people wished to be supported whilst promoting independence. People who lived at Longcroft were

involved in making decisions about support and guidance they required.

People were provided with support to meet their aims and goals. For example staff provided guidance and support for people who wished to live independently, further their education or employment opportunities.

We found people had access to healthcare, mental health services and social care professionals and their healthcare needs were met.

People who lived at the home knew how to raise a concern or to make a complaint. The complaints procedure was available and people said they were encouraged to raise concerns.

The registered manager used a variety of methods to assess and monitor the quality of the service. These included resident meetings, quality audits and staff meetings.

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 who lived at Longcroft told us they felt safe because staff were around to offer support if required. Safeguarding procedures were in place and staff understood how to safeguard people they supported.

Assessments were undertaken of risks to people who lived at the home. Recorded plans were in place to manage these risks.

Systems were in place to make sure the registered manager and staff learnt from events such as accidents and incidents.

Staffing levels were sufficient with an appropriate skill mix to meet the needs of people supported by the service.

Is the service effective?

Good ●

The service was effective.

People were supported by staff that were sufficiently trained, skilled and experienced to support them to lead an independent life as possible.

The manager was aware of the requirements of the Mental Capacity Act 2005.

People who lived at the home received support to manage their diets according to their care plan.

Staff supported people to attend healthcare appointments and liaised with other healthcare professionals as required.

Is the service caring?

Good ●

The service was caring.

People who lived at Longcroft told us they were treated with respect and caring staff and management.

Care and support had been provided in accordance with people's goals and aspirations.

People were supported to maintain and develop relationships with people who mattered to them.

Staff were respectful of people's rights and privacy.

Is the service responsive?

Good ●

The service was responsive.

Care plans were in place outlining people's care and support needs. Staff were knowledgeable about people's support needs, their aims, goals and preferences.

People knew their comments and complaints would be listened to and responded to.

Is the service well-led?

Good ●

The service was well led.

Systems and procedures were in place to monitor and assess the quality of service people were receiving.

The registered manager consulted with the organisation, people they supported and relatives for their input on how the service could continually improve.

A range of audits were in place to monitor the health, safety and welfare of people.

Longcroft

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 visit took place at Longcroft 18 January 2017 and was announced. We told the registered manager before our visit that we would be coming. We did this to ensure we had access to the main office and the management team were available.

The inspection team consisted of an adult social care inspector.

Before our inspection visit we reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people the service supported. We also checked to see if any information concerning the care and welfare of people being supported had been received.

During the inspection we spoke with six people who lived at the home, six staff members and two volunteers who supported people at Longcroft. In addition we spoke with the area manager, registered manager and deputy manager.

We looked at care records of three people who lived at the home, recruitment records of staff members and records relating to the management of the service. We also contacted other health and social care professionals. In addition we had a walk around the premises and spent time observing staff interactions with people who lived at Longcroft. This helped us to gain a balanced overview of what people experienced living at Longcroft.

Is the service safe?

Our findings

People who lived at the home told us they felt safe and secure. Comments from people included, "Yes a great home I would be on the streets or dead if it wasn't for this place." Another said, "I am ready to move on but I feel so safe here and the staff have made me feel that way."

We saw evidence of policies and service agreements to protect people from abuse from other people who lived at Longcroft. For example unacceptable behaviours to other people could result in verbal and written warnings being issued regarding their conduct. This approach made sure risks to people from other people were reduced. Discussion with the registered manager confirmed staff and management team had an understanding of safeguarding procedures. We confirmed this by talking with staff. There was evidence training had been provided for staff in safeguarding adults. Staff confirmed this was updated on a regular basis. One staff member said, "Safeguarding training is high on the agenda here."

The registered manager had systems to monitor and address accidents and incidents to manage people's safety. Records we looked evidenced staff outlined the accident, actions they took and the follow-up management of incidents. This showed the registered manager had suitable arrangements to maintain everyone's safety and to reduce the risk of reoccurrence.

Assessments were undertaken to identify risks to people who lived at the home. For example risk of violence and aggression, local community participation and risk of reoffending. We found there was a contingency plan designed to mitigate risk. All risks were rated to record the potential impact of the risks and the likelihood of occurrence. The risk mitigation plan was influenced by multi-agency public protection arrangements (MAPPA) to ensure the successful management of offenders. Detailed outcomes of MAPPA meetings enabled staff to construct care plans which met the needs of people receiving care and support.

We looked at staffing levels and how the service supported people. We did this to make sure there were enough staff on duty at all times to support people who lived at Longcroft. We found by talking with staff, our observations and talking with people who lived at the home staffing levels were sufficient and provided one to one support if required. For example on the day of our visit one person was going out with a staff member to the theatre. A staff member said, "We have sufficient staff to cope with activities for clients to follow." A person who lived at the home said, "There is always staff around to help or to go out with for a coffee or something."

We found an appropriate skill mix of staff met the needs of people who lived at the home. For example the organisation paid for a clinical psychologist to support people weekly and also a psychiatrist. One person who lived at the home said, "The sessions with the psychiatrist have been so helpful for me." Volunteers were also on hand to provide practical support and guidance for people who lived at the home."

We looked at two staff recruitment records. We found checks were in place that were required. They included information about any criminal convictions recorded, an application form that required a full employment history and references. The recruitment process was overseen by the organisations human

resource department. We spoke with a staff member about the process for recruitment they said, "A very thorough process. I was not allowed to start until all checks had been completed."

We looked at the medication documentation for the people who took the responsibility for taking their own medicines. We found care plans documented how each individual took their medication along with risk assessments and self-medication assessments, if appropriate.

The registered manager provided medication training to underpin staff knowledge and competency testing to review their abilities. The management team undertook audits, in addition to checks by the local pharmacy, to ensure procedures were safe.

We looked at how medicines were prepared and administered. Medicines had been ordered appropriately, checked on receipt into the home, given as prescribed, stored and disposed of correctly. We looked at medication administration records (MARS) these confirmed all morning medication had been signed for after being administered. We checked this against individual medication packs which confirmed all administered medication could be accounted for. This meant people had received their medication as prescribed.

At the time of the inspection visit staff were administering controlled drugs. We noted a separate facility was used to store these drugs. We saw controlled drug records were accurately maintained. For example we found the giving of the medicine and the balance remaining was checked by two appropriately trained staff and recorded accurately.

Is the service effective?

Our findings

People who lived at Longcroft told us they were supported by staff who had the knowledge and skills required to meet their needs. They told us they felt members of staff understood the support they required. One person who lived at the home said, "It cannot be easy to deal with us lot but they know how to do it and are trained to help people like me."

We found by records we looked at, observation during our visit and talking with staff demonstrated they had sufficient knowledge and skills to deliver a good quality service. For example staff told us there was an excellent range of training available and accessible to support people who may have aggressive behaviours or behaviours that challenged. One staff member said, "We are lucky because training here is not an issue. We have had training around suicide and the signs to look for and management of aggressive behaviours."

All staff we spoke with told us access to training courses was good. Staff members had achieved national care qualifications. This was confirmed by talking with staff. We found by looking at records staff had been encouraged to obtain professional qualifications.

We looked at staff supervision records to check staff were supported to carry out their duties effectively. Staff told us these supervision sessions took place on a regular basis with the management team. Staff also had annual appraisals. Supervision was a one-to-one support meeting between individual staff and a senior staff member to review their role and responsibilities.

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).

The registered manager demonstrated an understanding of the legislation as laid down by the MCA and the associated DoLS. Discussion with the registered manager confirmed they understood when an application should be made and how to submit one. We did not observe people being restricted or deprived of their liberty during our inspection.

Longcroft had been awarded a five-star rating following their last inspection by the 'Food Standards Agency'. This graded the service as 'excellent' in relation to meeting food safety standards about cleanliness, food preparation and associated recordkeeping.

It was apparent when talking with the cook they were enthusiastic about their role and supported people to

learn cooking skills. This was part of developing individuals living skills for when they moved into independent living." A staff member said, "It helps build confidence for people when they know how to prepare a meal and learn about cooking." A person who lived at the home said, "I have learnt a lot from [cook] I really enjoy cooking now."

People who lived at the home told us they enjoyed their meals. People told us they were offered an additional alternative meal if they did not like what was on the menu. We found staff were aware of the dietary needs of people who lived at the home. For example two people were vegan and the cook prepared their meals accordingly. Comments from people who lived at the home about the quality of meals were all positive and included, "Fantastic cook always prepares homemade meals." Also, "The food is fantastic always a choice."

Where people's health needs had changed, staff worked closely with other health providers to ensure they received support to meet their ongoing needs. For example evidence in care records confirmed visits to the service from GP's and mental health professionals when people required treatment. Documentation was updated to reflect the outcomes of professional visits and appointments.

Is the service caring?

Our findings

People who lived at the home we spoke with liked the staff and all thought they were kind, caring and supportive. One person said, "Yes definitely very caring. Also, "I have been here years and what I like is they all treat you as a human being, very considerate and caring."

We observed instances of staff interacting with people they supported. They treated people with respect and patience. For example some people were making furniture in the workshop staff were laughing and joking with people and supporting them with their work. One staff member said, "Some clients feel they are achieving something with their joinery skills and we get pleasure at assisting them. It helps build up relationships when we are all working together." A person who lived at Longcroft said, "The staff are so helpful and given me a purpose with making furniture it is what I like to do."

The registered manager had a keyworker system in place. This was when designated staff were attached to an individual who lived at the home and provided support and guidance on an individual basis. For example relationships developed between staff and people who lived at the home which enabled people to be supported to achieve their aims and goals with staff support. One person who lived at Longcroft said, "It helps to have someone you can turn to, trust and support you individually."

People's preferences, interests and aims had been recorded. Support and guidance had been provided in accordance with people's wishes. This demonstrated people who lived at the home were encouraged to express their views about how their support was provided. Staff told us knowing their aims and wishes helped them provide support to achieve independence. For example in terms of employment, volunteer work or educational opportunities within the community.

We found evidence in records all aspects of the person's care plan were reviewed with the individual and updated on a regular basis. This ensured staff had up to date information about their needs which reflected the support and guidance they required.

We spoke with staff and the management team. We found they had a good knowledge of the people who lived at Longcroft. They were knowledgeable about their background, younger days, family and their mental health disorders. Staff told us how they knew the behavioural triggers from getting to know the people well. They would discuss these with health and social care professionals to monitor their behaviour in order to prevent further deterioration and reduce any incidents that may occur.

When staff spoke with us it was clear they had worked with the same people for some time and had become very familiar with their likes, dislikes, health and social care needs. One staff member said, "We have a small staff team with some members that have been here for a number of years which helps."

Staff maintained people's privacy and dignity throughout our visit. For example, we saw staff knocked on people's bedroom doors before entering. Staff also addressed people in their preferred name. Staff showed us around the home and would only show us individual bedrooms with people's consent. A person who

lived at the home said, "They knock before coming into my room."

We found in care records of people who lived at the home they received support from visiting healthcare professionals and other agencies, such as the mental health service. Many people who lived at Longcroft had contact with families. Visiting professionals supported people in an advocacy role to give guidance and support during reviews of people's health and social needs.

Before our inspection visit we contacted external agencies about the service. They included the commissioning department at the local authority. No concerns had been expressed by the local authority.

Is the service responsive?

Our findings

People who lived at Longcroft had facilities which provided them with the opportunity to take part in activities. For example gardening, joinery workshop and art sessions. A person who lived at the home said, "It's great, love making things from the workshop."

People who lived at the home had their social, health care needs also their individual aims discussed with them. We noted assessments had been completed from care records we looked at. Care plans we looked at recorded what each person could do independently and identified areas where the person required support and guidance. The aim at the assessment stage was to promote self independence. There was evidence of pre-admission assessments conducted by a wide range of individuals including, psychiatrists, other mental health professionals and senior staff at Longcroft. This assessment ensured the management team and staff at Longcroft could meet people's complex needs.

We found staff supported people who lived at the home to become self-sufficient. This was by promoting independence to enable them for example, manage their own finances. One person who lived at the home said, "I feel I can take more control of my life since being here from the support staff have given me."

There was a 'social skills budget' provided by the management team for a variety of individual or group activities. This was to ensure people had the opportunity to pursue their individual interests or hobbies. For example going out to the theatre or watch a sporting event or attend a music concert. One person who lived at the home said, "They do go out of their way to help people do what is important to them."

There were many examples of people following their preferred activities that ranged from voluntary work, education and hobbies. One person was given sole use of a greenhouse. The person grew their own vegetables and flowers. A staff member told us these vegetables were used in the cooking for people who lived at the home and staff.

We found Longcroft supported people to be independent so they were confident when moved into the community for independent living. For example in some cases people who lived at the home were provided with a food budget. This was so they could shop and cook for their own meals. This helped to promote daily living skills and provided confidence for when people moved on from Longcroft. One staff member said, "To encourage people to manage their own daily living needs is part of promoting independence and making people feel confident."

Throughout the inspection visit we observed people being given choice in how they wished to spend their day. These choices varied from gardening, joinery work or as on the day, a visit to the theatre. Staff we spoke with demonstrated a good knowledge of all people's needs and we observed responded to people's needs appropriately

The management team encouraged family contact and people who lived at Longcroft were encouraged to visit their families. The management team supported people to do this by helping with travel and costs. One

staff member said, "Building relationships is important for the residents here it all helps in rebuilding lives."

We found information on how to make a complaint was available for people who lived at the home. People were encouraged to give their views and raise any complaints or issues with the registered manager. The registered manager told us constant engagement with people developed relationships and encouraged people to discuss any complaints or concerns they had. The management team told us they continually had contact with people and any issues raised would be dealt with straight away.

We spoke with people who lived at the home they told us they knew how to make a complaint and who to speak to if they had any issues. One person who lived at Longcroft said, "No need to complain but I would if I had to. I know who to talk to."

Is the service well-led?

Our findings

We observed Longcroft had a calm and relaxed atmosphere. People who lived at the home approached staff and the management team in a relaxed, friendly way. One person who lived at the home said, "It is an extremely well run home." Also another said, "I move around the home and the grounds freely. The manager is really helpful and tends to leave you to do things on your own if that is what you want to do."

We found there was a positive atmosphere around the home with the management team, people who lived at the home and staff enjoying each other's company and chatting about the day ahead. The registered manager was enthusiastic about the way the home operated. He told us they were all about supporting people who lived in the home to be independent and to be confident to live their lives and fulfil their goals. This was confirmed by people we spoke with. For example one person who lived at the home said, "[Registered manager] is really dedicated he fills you with confidence that things can be achieved if you want it."

There was good visible leadership shown by the registered manager. They had a good knowledge of staff roles and responsibilities. We discussed people's care with the registered manager. We found they demonstrated an understanding and an awareness of people's needs.

Staff we talked with demonstrated they had a good understanding of their roles and responsibilities. Lines of accountability were clear and staff we spoke with told us they felt the registered manager worked with them and supported them to provide quality care.

Longcroft had a statement of purpose which outlined the service provided. It also set out the service's mission statement to constantly work to ensure Longcroft should always strive to promote independence and self-worth. They also supported individuals who lived at the home to be prepared for independent living. For example guidance on cooking, financial matters and employment. Throughout our visit we observed the registered manager and staff acted according to these values when providing support and guidance to people in their care.

Regular audits were being completed by the registered manager and by the organisation. These included, care plans, health and safety issues, and medication. Any issues raised by the audits would be addressed by the management team and improvements made where required to make sure the service continued to develop. For example an audit of the environment found the kitchen area had been neglected whilst the cooks were on leave. An action plan of arrangements to be adhered to in the event of the cook's absence was implemented. This was to ensure further incidents would not be repeated.

Staff and 'resident' meetings were held on a regular basis. We confirmed this by looking at minutes taken of meetings. A recent resident meeting confirmed input people had to make choices and discuss ideas for improvement of the home. For example a request was made to add vegan puddings to the menu. This was discussed with the cook and now is part of the food choices for people. A person who lived at the home told us they had discussed this at one of their meetings and were pleased the registered manager was acting

upon it. Staff meetings were undertaken and a person who lived at the home was invited to every meeting. One person who lived at the home said, "It is handy to pass our views at these meetings they are useful."

The registered manager had systems and procedures in place to monitor and assess the quality of their service. These included seeking views of people who lived at the home, stakeholders and health and social care professionals. We looked at evidence of responses from mental health and social care professionals about the way Longcroft was run by staff and the registered manager. They were all positive and expressed gratitude for the professionalism and input staff and the management team provided for people at Longcroft.

Legal obligations, including conditions of registration from CQC, and those placed on them by other external organisations were understood and met. There were good relationships with healthcare professionals and services involved in people's care and support.