Hill Care Limited

Longroyds and Pilling House Care Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection of Longroyds & Pilling House Care Home took place on 7 September 2016 and was unannounced. At the last inspection on 28 April 2014 the service met all of the regulations we assessed under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. These regulations were superseded on 1 April 2015 by the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service provides accommodation for persons who require nursing or personal care (without nursing) for up to 52 older people, some of whom are living with dementia or other mental health problems. The service is located in two separate houses; Longroyds can accommodate up to 18 people and Pilling House up to 28 people. There are also five flats and one bungalow next to Pilling House which can accommodate up to six people. Both Longroyds House and Pilling House have adequate outdoor areas for recreation and parking. The overall feeling of the location is one of a small 'hamlet' with two converted old mill owner's houses, a converted stable block and views across rolling countryside.

The registered provider was required to have a registered manager in post. On the day of the inspection there was a manager that had been registered and in post for over 15 years. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were protected from the risk of harm because the registered provider had systems in place to detect, monitor and report potential or actual safeguarding concerns. Staff were appropriately trained in safeguarding adults from abuse and understood their responsibilities in respect of managing potential and actual safeguarding concerns. Risks were also managed on an individual and group basis to minimise the risk of injury or harm.

The premises were safely maintained and there was evidence in the form of maintenance certificates, contracts and records to show this. Staffing numbers were sufficient to meet people's needs and we saw that rosters corresponded with the staff that were on duty on the day of the inspection. Recruitment policies, procedures and practices were carefully followed to ensure staff were 'fit' to care for and support vulnerable people. We found that the management of medication was safely carried out.

People were cared for and supported by qualified and competent staff that were regularly supervised and had their personal performance appraised. Communication was effective, people's mental capacity was appropriately assessed and their rights were protected. Staff were knowledge about and understood their roles and responsibilities in respect of the Mental Capacity Act 2005 (MCA). Staff understood the importance of people being supported to make decisions for themselves. The regional manager explained how the service worked with other health and social care professionals and family members to ensure a decision was made in a person's best interests where they lacked capacity to make their own decisions.

People received adequate nutrition and hydration to maintain their health and wellbeing. The premises were suitable for providing care to older people, and to people living with the early stages of dementia, but not for those people living with a more advanced dementia. This was acknowledged by the registered provider.

We found that people received compassionate care from staff that were kind. Staff knew about people's needs and preferences and met these. People were involved in all aspects of their care and were always asked for their consent before care and support tasks were undertaken.

People's wellbeing, privacy, dignity and independence were monitored and respected and staff worked hard to maintain these. This ensured people were respected, that they felt satisfied and were enabled to have control of their lives.

We saw that people were supported according to their person-centred care plans, which reflected their needs well and which were regularly reviewed. People had ample opportunities to engage in pastimes and activities in order to pass the time of day and maintain their levels of cognition and dexterity. There was an impressive range of pastimes, games, crafts and outings, which were all arranged and facilitated by an activities coordinator who had very good connections within the local community. People had very good family connections and support networks and so had the opportunity to go out with and be visited by family and friends.

We found that there was an effective complaints procedure in place and people had their complaints investigated without bias. People that used the service, relatives and their friends were encouraged to maintain healthy relationships together through regular visits, telephone calls and sharing of each other's news.

We saw that the service was well-led and that the culture and management style of the service was positive. There was an effective system in place for checking the quality of the service using audits, satisfaction surveys, meetings and different communication methods.

People had opportunities to make their views known through direct discussion with the registered provider or staff and through more formal complaints and quality monitoring formats. People were assured that recording systems protected their privacy and confidentiality as records were well maintained and were held securely in the premises.

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 were protected from the risk of harm because the registered provider had systems in place to detect, monitor and report potential or actual safeguarding concerns. Risks were managed and minimised so that people were protected from avoidable injury or harm.

The premises were safely maintained, staffing numbers were sufficient to meet people's needs and recruitment practices were carefully followed. People's medicines were safely managed.

Is the service effective?

Good

The service was effective.

People were cared for and supported by qualified and competent staff that were regularly supervised and received an annual appraisal of their personal performance. Communication was effective, people's mental capacity was appropriately assessed and their rights were protected.

People received adequate nutrition and hydration to maintain their health and wellbeing. The premises were suitable for providing care to older people, but not entirely suitable for people living with dementia. The service did not provide care to people with early on-set or advanced dementia needs.

Is the service caring?

Good

The service was caring.

People received compassionate care from staff that were kind. Staff treated people respectfully and adhered to principles of equality and diversity and ensured people were given equal opportunities and acknowledged as individuals.

People's wellbeing, privacy, dignity and independence were monitored and respected and staff worked hard to maintain these.

Is the service responsive?

Good

The service was responsive.

People were supported according to their person-centred care plans, which were regularly reviewed. They had the opportunity to engage in a wide variety of pastimes and activities.

People had their complaints investigated without bias and they were encouraged to maintain healthy relationships with family and friends.

Is the service well-led?

Good

The service was well led.

People had the benefit of a well-led service of care, where the culture and the management style of the service were positive. The quality of the service was regularly checked and improvements made accordingly.

People had opportunities to make their views known and recording systems in use protected their privacy and confidentiality. Records were well maintained and securely held.

Longroyds and Pilling House Care Home

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 of Longroyds & Pilling House Care Home took place on 7 September 2016 and was unannounced. One Adult Social Care inspector carried out the inspection. Information had been gathered before the inspection from notifications that had been sent to the Care Quality Commission (CQC). Notifications are when registered providers send us information about certain changes, events or incidents that occur. We also requested feedback from local authorities that contracted services with Longroyds & Pilling House Care Home and reviewed information from people who had contacted CQC to make their views known about the service. A 'provider information return' (PIR) had been received from the registered provider. A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with twelve people that used the service, two relatives and the regional manager, because the registered manager was on leave of absence. We also spoke with four staff that worked at Longroyds & Pilling House Care Home. We looked at care files for three people that used the service and at recruitment files and training records for four staff members. We looked at records and documentation relating to the running of the service, including the quality assurance and monitoring, medication management and premises safety systems that were implemented. We looked at equipment maintenance records and records held in respect of complaints and compliments.

We observed staff providing support to people in communal areas of the premises and we observed the interactions between people that used the service and staff. We looked around the premises and saw communal areas and several people's bedrooms, after asking their permission to do so.

Good

Is the service safe?

Our findings

People told us they felt safe living at Longroyds & Pilling House Care Home. They explained to us that they found staff to be "Friendly and helpful" and "Really nice staff." Relatives we spoke with said, "My [relative] is quite settled here now, they feel safe with staff and are confident their belongings are secure" and "I have no concerns about [relative] being treated well, they find the staff friendly and quite pleasant."

We found that the service had systems in place to manage safeguarding incidents and that staff were trained in safeguarding people from abuse. Staff demonstrated knowledge of what constituted abuse, what the signs and symptoms of abuse might be and how to refer suspected or actual incidents. Staff said, "I am responsible to ensure people are kept safe and know I must contact either my manager or Kirklees Council safeguarding team, if I were to suspect any abuse of any sort: physical, financial, emotional, sexual or any of the other types of abuse" and "I would always make sure people were protected from harm and report any concerns to the safeguarding team. Symptoms to look out for include unexplained bruising, behaviour that is withdrawn, heightened mood changes, as well as perhaps soreness in groins or even just having no money to use."

We saw evidence that staff were trained in safeguarding adults from abuse in the form of training records and certificates and staff confirmed this in interviews with us. We saw the records held in respect of handling incidents and the referrals that had been made to the local authority safeguarding team. These corresponded with those we had been informed about by the service through formal notifications. There had been four safeguarding referrals in the last year.

Staff being trained in safeguarding adults from abuse and being aware of their responsibilities to report such incidents, and the systems in place to monitor and record issues, ensured that people who used the service were protected from the risk of harm and abuse.

People had risk assessments in place to reduce the risk of harm from potential falls, poor positioning, moving around the premises, wanting to leave the premises but not having capacity to maintain personal safety, inadequate nutritional intake and the use of bed safety rails. People were aware of the need for these risk assessments and told us they agreed to them being implemented.

We saw that the service had maintenance safety certificates in place for utilities and equipment used in the service that were all up-to-date. These included, for example, fire systems, electrical installations, gas appliances, hot water temperature at outlets, lifting equipment, a chair lift and a passenger lift in both properties. While there had been some breakdowns with the passenger lift in Pilling House in May 2016 and with the heating and hot water in one of the houses in February 2016, these had been quickly resolved.

There were contracts of maintenance in place for ensuring the premises and equipment were safe at all times. We also saw people's personal safety documentation for evacuating them individually from the building in the event of a fire. These safety measures and checks meant that people were kept safe from the risks of harm or injury.

The service had accident and incident policies and records in place should anyone living or working there have an accident or be involved in an incident. Records showed these had been recorded thoroughly and that action had been taken to treat injured persons and prevent accidents re-occurring.

When we looked at the staffing rosters and checked these against the numbers of staff on duty during our inspection, we saw that they corresponded. The staffing system worked on three shifts across the 24 hour period: 8 am to 5 pm, 5 pm to 10 pm and 10 pm to 8 am.

People and their relatives told us they thought there were enough staff to support people with their needs. Staffing numbers were determined using a dependency tool to calculate the level of staff cover required. One relative said, "There are usually enough staff around. I visit fairly regularly and [relative] says the staff usually attend to people in good time. One person I know needs to be helped quickly once they press the bell for help and the staff manage to get them the support they need in time."

One person that lived at Longroyds & Pilling House Care Home said, "There are sufficient staff here when [Name] and I need anything doing. Of course they cannot always attend immediately if they are already helping someone else, but we understand that. There are few problems really." Another person said, "Sometimes at night you might have to wait a while longer because for 28 of us in this house there are only two care staff and so sometimes you might have to wait for your call bell to be answered, if the staff are working together with someone that needs two care workers."

Staff told us they covered shifts when necessary, had sufficient time to carry out their responsibilities and spend time chatting with people and assisting them with activities. Staff also said their days were 'full' and there was an abundance of chores to be completed, but that they did these cheerfully enough. One member of staff there were occasionally issues if a staff member was on long term leave of absence, as this led to the need to cover gaps with 'bank' staff. They told us this had led to staff feeling disillusioned in the past and so they left their jobs and moved on to other employment. We saw that on the day of our inspection there were sufficient staff on duty to meet people's needs appropriately and in good time.

The regional manager told us the organisation used thorough recruitment procedures to ensure staff were right for the job. The registered provider ensured job applications were completed, references taken and Disclosure and Barring Service (DBS) checks were carried out before staff started working. A DBS check is a legal requirement for anyone applying for a job or to work voluntarily with children or vulnerable adults. This checks if they have a criminal record that would bar them from working with these people. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. Recruitment files also contained evidence of staff identities, interview records, health questionnaires and correspondence about job offers.

We saw that two of the four staff files we looked at did not have information in relation to DBS checks. The regional manager advised these staff had been employed by a previous organisation which the registered provider had taken over. The regional manager undertook to investigate why this had occurred, and assured us all staff DBS checks would be looked at and carried out if they found they were not currently in place. They assured us that, under normal circumstances, these safety checks were in place prior to people commencing work, which meant people they cared for were protected from the risk of receiving support from staff that were unsuitable.

We looked at how medicines were managed within the service and checked a selection of medicine administration record (MAR) charts. We saw that medicines were obtained in a timely way so that people did not run out of them, that they were stored safely, and that medicines were administered on time, recorded

correctly and disposed of appropriately. We saw that controlled drugs managed in the service (those required to be handled in a particularly safe way according to the Misuse of Drugs Act 1971 and the Misuse of Drugs Regulations 2001) were safely handled and recorded. All of this was evidenced in the systems for recording, stock checking and auditing medicines and in the practices carried out administering them. Staff were thorough in their practice, which followed safe practice guidelines.

The service used a monitored dosage system with a local pharmacy. This is a monthly measured amount of medication that is provided by the pharmacist in individual packages and divided into the required number of daily doses, as prescribed by the GP. It allows for the simple administration of measured doses given at specific times. All unused medicines were safely stored in dedicated 'sharps bins' and accurately recoded in a returns book for return to the local pharmacy.

Good

Is the service effective?

Our findings

People told us they felt the staff at Longroyds & Pilling House Care Home understood them well and had the knowledge to care for them. They said, "The staff know what they are doing, they use equipment to help some of us move around", "Staff do plenty of training here" and "Staff are knowledgeable and have been helping me to try out some aids."

The registered provider had an induction programme in place and reviewed staff performance via one-to-one supervision and an appraisal scheme. Staff files showed they received supervision regularly and their performance appraisal scheme meetings were recorded.

Induction followed the guidelines and format of the Care Certificate, which is a set of standards that social care and health workers follow in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers, as identified by Skills For Care. Staff confirmed they had completed induction and that all new staff now completed the Care Certificate.

Skills For Care are part of the National Skills Academy for Social Care and help create a better-led, skilled and valued adult social care workforce. They provide practical tools and support to help adult social care organisations in England recruit, develop and lead their workforce. They work with employers and related services to ensure dignity and respect are at the heart of service delivery.

The registered provider had systems in place to ensure staff received the training and experience they required to carry out their roles. A staff training record was used to review when training was required or needed to be updated and there were certificates held in staff files of the courses they had completed. Staff confirmed they had completed mandatory training (minimum training as required of them by the registered provider to ensure their competence) and had the opportunity to study for qualifications in health care. We saw four staff files that evidenced the training they had completed and the qualifications they had achieved.

We saw that communication within the service was good between the staff and people that used the service. Staff confirmed they had good lines of communication with their registered manager and senior staff who listened to their suggestions and concerns. Relatives told us they felt they were given information about their family members as necessary and said they were always made welcome if they needed to speak with the registered manager. Methods of communication used between staff, the management team, service users and their relatives included daily diary notes, memos, telephone conversations, meetings, notices and face-to-face discussions.

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

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that there were people with DoLS in place and these were appropriately recorded. While the service was assigned the client category of 'dementia' to its registration conditions, there were actually very few people using the service that were living with dementia.

We saw that people consented to care and support from staff by either verbalising their wishes or by conforming with staff when asked to accompany them. We observed people accepted the support they were offered with nutrition, mobilising and going to the bathroom, and that this was provided in an appropriate way.

People had their nutritional needs met by the service because people had been consulted about their likes and dislikes, allergies and medical diets and the service sought the advice of a Speech and Language Therapist (SALT) when needed. The service provided three nutritional meals a day plus snacks and drinks for anyone that required or requested them. There were nutritional risk assessments in place where people had difficulty with swallowing, where they were at risk of weight loss/gain or where they needed support to eat and drink.

Menus were on display for people to see what was on offer. Whilst people told us they were satisfied with the meals that were provided, they also said that they were not consulted about them. We later saw in 'resident' meeting minutes that people had been given opportunities to discuss meal options and choices.

Meals were taken leisurely, as we saw a small number of people still eating breakfast at 10 am and there was plenty of time allocated to the lunchtime routine. A new chef had been recently appointed and had identified areas of the kitchen that required improvement, upgrading and repair. They said these had been passed to the registered manager for action.

We saw that people had their health care needs met by the service because people had been consulted about their medical conditions and information had been collated and reviewed with changes in their conditions. We were told by staff that people could see their GP on request and that the services of the District Nurse, chiropodist, dentist and optician were obtained whenever necessary. We were also told that approximately 18 months ago some of these health care services were contracted out by the National Health Service to a private health care company, which dealt with referrals and requests for advice or visits effectively. People's care records confirmed when they had seen a health care professional, the reason why and what the outcome was. We saw that diary notes recorded when and how people had been assisted with the health care that had been suggested for them.

There was information on notice and wipe boards about the day's events, the menu was visible on dining tables, there were written signs on bathroom and toilet doors and everyone had a name plate on their bedroom door to inform people and staff who occupied the room. However, there was no pictorial signage and no means of engaging people living with dementia in meaningful daily living skills. Environment incorporates design and building layout, colour schemes, textures, experience, light, sound and smell.

We discussed this with the regional manager and they explained that the service (particularly the premises) were not suitable for people living with advanced dementia. This was because there were too many steps in

to the houses and where ramps had been fitted they were too steep. In addition to this, the layout of bedrooms meant it was difficult for people to locate their rooms, and outdoor walkways were cobbled and uneven.

The regional manager explained that people who developed conditions such as Alzheimer's or Lewy Body syndrome in early life would find it difficult to be supported by the environment as their illness progressed. People that developed advanced dementia were often assisted to find an alternative care service where the premises were more appropriate to their needs. The regional manager explained that the registered manager understood the limitations of the premises and environment, monitored people's needs closely and supported them and their family to find alternative care if they developed advanced dementia care needs.

The registered manager did not promote the service as being suitable for people living with early on-set dementia and had good relationships with the local authority placement officers so they also understood the limitations of the premises. In essence the service was only suitable to provide care to older people that had no or only mild confusion because of old age.

Good

Is the service caring?

Our findings

People we spoke with told us they got on very well with staff and each other. They said, "I have some good friends here and get on fine with them and the staff", "The staff are very caring and we often have some fun with them. They are really nice" and "I really like the staff, they know what I need help with and never grumble when they have to carry out those tasks."

We saw that staff had a pleasant manner when they approached people and were willing to tell us about the support and caring attitudes they displayed when offering support to people. We observed staff providing drinks in one of the lounges and they were cheerful in their conversations with people, caring in that they made sure people were comfortable and able to reach their drinks and supportive. We saw for example that one staff member sat with a person and made sure they got their drink and biscuit. We found that staff knew people well and were fully aware of their needs.

Some of the staff had been employed at Longroyds & Pilling House Care Home for several years. One of the staff we spoke with said, "I think the two houses provide good care and I would happily allow my mum or dad to be cared for here if they needed it." They had used the 'Mum test' without knowing it existed. This is what the 'Mum test' implies: if you would happily allow one of your relatives to live and be cared for in a service then it comes up to the standard you would want for your loved ones. The staff member told us they felt that the service provided a good environment and safe care for people that needed support.

Staff told also us that the management team led by example and were polite, attentive and informative in their approach to people that used the service and their relatives. All of this alleviated people's anxieties and gave them a sense of belonging.

Discussion with the staff revealed there were no people living at the service with any particular diverse needs in respect of the seven protected characteristics of the Equality Act 2010 that applied to people living there: age, disability, gender, marital status, race, religion and sexual orientation. We were told that some people had religious needs but these were adequately provided for within people's own family and spiritual circles. We saw no evidence to suggest that anyone that used the service was discriminated against.

We saw that everyone had opportunities to receive the support they required, were spoken to by staff in a polite, caring way and were treated as individuals with their own particular needs and wishes. Care plans, for example, recorded people's individual routines and preferences for their daily activities and outings with family members and staff were aware of these. Care plans recorded how people wanted to be addressed and we heard staff following these wishes.

Where it was considered necessary, people were asked if they would like the use of adaptive cutlery and crockery aids so that they could maintain their independence. All equipment in place was there to aid people in their daily lives to ensure independence and effective living, but not unless people wanted them and, if necessary, they had been risk assessed.

People that used the service had their general well-being considered and monitored by the staff who knew how events or incidents upset their mental health, or affected their physical ability and health. Staff discussed with us how they met several people's particular needs with the use of equipment, by following routines or by respecting their preferences and choices. People were supported to engage in pastimes they liked, which meant they were able to keep control over their lives. This helped people to feel their lives were fulfilled and aided their overall wellbeing. We found that people experienced a satisfactory level of well-being and were quite positive about their lives.

While we were told by the management team that no person living at Longroyds & Pilling House Care Home was without relatives or friends to represent them, we were told that advocacy services were available if required. (Advocacy services provide independent support and encouragement that is impartial and therefore seeks the person's best interests in advising or representing them.) Information was provided on the 'resident' notice board. The services available included the local authority 'Buddies Scheme' and Independent Mental Capacity Advocates. At the time of our inspection no one used these services.

People we spoke with told us their privacy, dignity and independence were always respected by staff. People said, "Staff are very discreet with our personal care needs, though many of us are somewhat past worrying too much, having experienced so many things in life" and "Staff ensure I am covered up, or left for a while in the bathroom, when helping me with those things and I never hear them talking about any of us in a personal way." We saw that staff only provided care that was personal in people's bedrooms or bathrooms, knocked on bedrooms doors before entering and ensured doors were closed quickly if they had to enter and exit a person' room, so that people were never seen in an undignified state.

Good

Is the service responsive?

Our findings

People told us they felt their needs were being well met. They talked about their family members, about activities they engaged in and about how staff assisted them. They talked about food provision and their relationships with each other. All of the arrangements to help people have their needs met were recorded within people's care plans.

We looked at three care files for people that used the service and found that people's care plans reflected the needs they presented. Care plans were person-centred and contained information under a maximum of twelve areas of need to advise staff on how best to meet these for people. One observation was that each care plan area contained four pages of information and evaluation. With a potential of up to twelve care areas being implemented the care plan could contain up to 48 pages, which was a mammoth task for care staff to read, digest and follow.

Care files also contained personal risk assessment forms to show how risk to people would be reduced, for example, with pressure relief and skin integrity, falls, moving and handling, oral hygiene, nutrition, infection control and prevention, bathing and with regard to peoples initial capacity. We saw that care plans and risk assessments were reviewed monthly or as people's needs changed.

There were activities held in-house and all coordinated by the designated activities coordinator. People had a lot of opportunity to engage in pastimes and activities in order to pass the time of day and maintain their levels of cognition and dexterity. There was an impressive range of different pastimes, games, crafts and outings. The activities coordinator had very good connections within the local community. People had very good family connections and support networks and so their opportunity to go out with and be visited by them also contributed to all of this. Discussion with the activities coordinator evidenced they facilitated board games, quizzes, craft sessions, theme nights, outings to local places of interest, garden parties and competitions. Everything was clearly recorded and there were pictures of people having a good time.

Some people told us there was not a lot to do, but others said there was plenty to keep them occupied, so much so that one person said they were selective and another person said they didn't join in with much as they "Were not the sociable kind." People said, "We could do more activities like group singing, as I really like to sing", "The activities coordinator doesn't do much in the mornings but they are not here to defend themselves so I won't criticise" and "There is always plenty to do, we had a wonderful garden party not long ago and we have already started knitting and making pottery ornaments for the Christmas fair." People watched television and listened to music in the day time and the choice was theirs by consensus.

We saw that the service used equipment for assisting people to move around the premises and that this was used effectively. People were assessed for its use and there were risk assessments in place to ensure no one used it incorrectly. Other items included slide sheets and supporting belts. The staff understood that people had their own hoist slings to avoid cross infection and these were kept separately to avoid cross contamination. Bed rail safety equipment was in place on people's beds and these had also been risk assessed for safe use.

A small number of people preferred to remain in their bedrooms and only mix with others at meal times. These people were visited throughout the day by staff checking they were not in need of anything. Where people spent time taking bed rest, their personal care needs were met by staff at regular intervals to assist them with their needs. This included positional changes, mobilising, drinking and taking food. These people had monitoring charts that recorded when staff had supported them and we saw these were completed appropriately.

Staff told us it was important to provide people with choice, so that they continued to make decisions for themselves and stayed in control of their lives. People had a choice of main menu each day and we found if they changed their mind, the chef usually catered for them. People were able to choose where they sat, when they got up and went to bed, what clothes they wore each day and whether or not they went out or joined in with entertainment and activities. One person said, "I am usually tired by 8 pm and so go to my bed. Though I may not be asleep at that time. When I wake in the morning I press the bell for help and staff come help me get washed and dressed." People's needs and choices were therefore respected.

People were assisted by staff to maintain relationships with family and friends. Staff who key worked with people got to know family members and kept them informed about people's situations if people were in agreement with this. Staff also encouraged people to receive visitors and telephone them on occasion. Staff spoke with people about their family members and friends and encouraged people to remember family members' birthdays, by helping them send cards.

The service had a complaint policy and procedure in place for dealing with complaints and concerns and records showed that any received had been handled within timescales. People told us they knew how to complain. They said, "I would speak with the manager", "If I had a complaint I would either tell the staff and manager or vote with my feet and leave" and "If anyone were to treat me badly they would know about it, as I am not backward at coming forward, if you know what I mean. I've not had to complain as staff are pretty good really."

Staff we spoke with were aware of the complaint procedures and had a healthy approach to receiving complaints as they understood that these helped them to get things right the next time. We saw that the service had handled several complaints in the last year and complainants had been given written details of explanations and solutions following investigation. Compliments were also recorded in the form of letters and cards. All of this meant the service was responsive to people's needs.

Good

Is the service well-led?

Our findings

People told us they felt the service had a pleasant, family orientated atmosphere. They said they were comfortable and thought the houses were homely. Staff we spoke with said the culture of the service was, "Lovely, family orientated, friendly and positive" and "Relaxed and caring."

The registered provider was required to have a registered manager in post and on the day of the inspection there was a manager in post, who had been registered for over 15 years.

The registered manager and registered provider were fully aware of the need to maintain their 'duty of candour' (responsibility to be honest and to apologise for any mistake made) under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We saw that notifications had been sent to us over the last year and so the service had fulfilled its responsibility to ensure any required notifications were notified under the Care Quality Commission (Registration) Regulations 2009.

We were told by staff that the registered manager's management style was open, inclusive and approachable. Staff told us they could express concerns or ideas in the knowledge that the registered manager would take them seriously and consider implementing those ideas, even if only for a trial period, providing they improved the service delivery to people.

The service maintained links with the local community through the village church, school and small businesses. Relatives played an important role in helping people to keep in touch with the community by taking people out shopping or to activities in the village and Huddersfield if necessary.

The service had six written visions and values. One member of staff said these were listed in a booklet by the entrance to one of the houses. They quoted two of the values as "Diversity and choice", which they said they remembered from their induction, but were unable to remember the others. We could not locate the booklet when we went to check this. The service also had a 'statement of purpose' and 'service user guide' that it kept up-to-date (documents explaining what the service offered) and these contained aims and objectives of the service.

Longroyds & Pilling House Care Home was registered in January 2011 under the registered provider Hill Care Limited. There had been no changes to the registration conditions since that time.

We looked at documents relating to the service's system for monitoring and quality assuring the delivery of care and the quality of the service. There were quality audits completed on a regular basis and satisfaction surveys were issued to people that used the service, relatives and health care professionals associated with the service.

A range of audits of different elements of the service were carried out at daily, weekly, monthly or six-monthly intervals. These included audits for management of medicines (its storage and recording systems), stores, security, water overflow systems, water outlet temperatures, boiler controls, fire alarms, lights and

doors, window restrictors, shower heads, waste management, electrical systems, gutters, cold water storage tanks, siting of ladders, wardrobe safety and hoists. There were other audits carried out on staff training and achievements, care plans and records, health and safety, infection control and kitchen safety and maintenance. There were on-going action plans in place for each area audited to show what and when improvements would be made. These were validated by the regional manager once action had been taken to resolve the issues.

Satisfaction surveys were issued for people that used the service, relatives, staff and health care professionals to provide feedback about the service. The last ones to be received were from health care professionals which showed positive comments, with one occupational therapist stating that activities could be more tailored to individuals and cover more meaningful occupation for them. Surveys issued in 2016 received from people that used the service could not be located but we received a survey results sheet shortly after the inspection, which explained about the areas that scored highly and those that required attention in 2015.

The analysis of people's feedback revealed that the service was good in team work, dignity, hospitality to visitors and cleanliness of people' bedrooms. Areas for improvement were laundry provision and activities to suit everyone, as some people thought the activities provided were not to their liking.

The regional manager explained that a new annual quality monitoring and auditing systems was soon to be implemented which matched the five domains inspected by the Care Quality Commission. This was currently being trialled by the registered provider's organisation.

Other methods of consulting people and checking the quality of the service included holding 'resident' welfare meetings and staff governance meetings, all of which were recorded. The last 'resident' welfare meeting was held in May 2016 and covered activities and religious needs. The last staff governance meeting was held in August 2016. These methods enabled people to make their views about the service known to the registered provider so that improvements to the service could be made accordingly.

The service kept records on people that used the service, staff and the running of the business that were in line with the requirements of regulation and we saw that they were appropriately maintained, up-to-date and securely held.