

# Longhurst Group Limited

## Beech Court

### Inspection report

Parsons Lane  
Littleport  
Ely  
CB6 1JG

Tel: 01353861109

Date of inspection visit:  
28 June 2021  
20 July 2021

Date of publication:  
18 August 2021

### 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

### About the service

Beech Court is a domiciliary care service and extra care housing service. Staff at the service provided personal care to six people living either in flats at Beech Court in Littleport Ely; or to people living in their own homes within the local community at the time of the inspection. The extra care housing building Beech Court has sixty-five flats.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

### People's experience of using this service and what we found

Staff knew the people they supported well. There were enough suitably trained and knowledgeable staff to help support people's care and support requirements in a timely manner. Staff had spot checks undertaken to review their competencies following their training. Staff had regular supervisions and appraisals. Staff were encouraged to undertake further qualifications should they choose to do so. Potential new staff to the service had a series of checks carried out on them to help ensure they were suitable to work with the people they supported.

People and their relatives told us the support from staff made them, their family member feel safe. Staff demonstrated a good understanding of how to keep people safe from harm or abuse. They also confirmed that they would report any concerns they may have to senior staff.

Staff had documented people's end of life wishes and worked with external health professionals to try to make sure people have as dignified a death as possible.

Information in people's care plans and risk assessments helped guide staff to care and support people safely. Although in places, they could be more detailed and person-centred. The registered manager was making this improvement. Staff supported people to take their prescribed medicines safely. Infection control practices in line with government guidance were in place to reduce the risk of cross contamination. Lessons were learnt and shared with staff when things went wrong or there was a risk of this.

People where required were supported by staff to have enough to eat and drink. Prior to COVID-19 restrictions, activities took place in the communal areas of Beech Court should people choose to attend. Staff helped promote people's privacy and dignity. Staff also encouraged people to be involved in decisions around their care. People felt listened to and their choices respected.

The registered manager and staff when required, would work with external health and social care professionals. This would make sure people received joined up care and support. No complaints about the service had been received, but people and their relatives felt they could raise concerns and be listened to.

People, and their relatives were asked to complete surveys to feedback on the service provided. Staff could enable people to have information in different formats such as large print to help aid their understanding.

Guidance and legislation updates were sent to the registered manager by the providers quality assurance team. This helped support the registered manager and staff team to work with the most up to date guidance. Staff meetings were held to update staff on people's care needs and provide updates on guidance and the organisation. Audits were undertaken to monitor the quality of the service provided. The provider also promoted organisational oversight of the service. Improvements found were added to a service improvement plan.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for the service under the previous provider was good, published on 21 January 2017.

#### Why we inspected

This is the first inspection since the new provider registered with the CQC on 1 July 2019.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Beech Court

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was carried out by two inspectors.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 72 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 28 June 2021 and ended on 20 July 2021 where we visited the office location.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information

about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with two people who used the service and two relatives about their experience of the care provided. We spoke with four members of staff including the registered manager, senior support worker and community support workers.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at a variety of records relating to staff recruitment, the management of the service, including policies and procedures.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection (under the previous provider) this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Trained staff demonstrated to us their understanding of the different types of harm. Staff knew how to report concerns of harm or poor care to keep the people they supported safe in line with their providers process.
- A staff member said, "If we have someone that we feel isn't being treated properly by a family member, or friend or (care staff) we would report it to our safeguarding team and make a report about what is going on."
- People and their relatives told us the support received from staff made them, their family member feels safe. A person confirmed to us, "Oh yes, I feel safe. Quite comfortable (with staff) coming into the home. I have the cords (emergency call bell) that I can pull."

Assessing risk, safety monitoring and management

- Staff had access to people's individual risk assessments such as a moving and handling risk assessment or a falls risks assessment for people at risk of falling. This information helped guide staff to support and monitor a person's risks safely.
- Staff knew the people they supported well. The registered manager said they were continuing to work on the information held about the people they supported. This meant knowledge staff had about how to support people safely and how a person wished to be supported would be added to provide more detail into the person's care record.
- Staff had access to people's individualised personal emergency evacuation plan in the event they needed to evacuate the building.
- Staff had documented the equipment people used, such as moving and handling equipment to promote their safety and independence. However, service dates for this equipment had not been recorded. The registered manager told us they would make this improvement.

Staffing and recruitment

- There were enough suitably trained staff to meet people's care and support needs. A new staff member was in the process of being recruited to help cover staffs annual leave or sick leave.
- Potential new staff to the service had a series of checks completed on them to try to make sure they were of a suitable character to work with the people they were supporting.
- People and their relatives told us that in the main staff punctuality when attending their care call visits was good. We were told there had not been any missed care call visits.
- A person explained, "(Staff) are sometimes late, but it depends on what has happened from the previous call. Sometimes I haven't been well and had an ambulance out, which has an impact on the next care call. Not something that happens often." A relative confirmed, "(Care call visit times) are usually absolutely fine."

No problem at all. Timings are fine."

#### Using medicines safely

- Staff were trained in administering people's prescribed medicines safely. A staff member confirmed, "With regards to medication it's checking that it is the right person and giving it correctly and in date...and that MAR (medicine administration record) charts are completed and everything is documented." Audits were undertaken of people's MARs to ensure medicines had been administered safely and recorded accurately.
- Staff also had their medicines competency checked by senior staff. A staff member said, "I had a spot check possibly about a month ago. I'm due (another) one next week. Never know when."
- Staff only administered or prompted people's prescribed medicines when it had been risk assessed that the person required this support. A relative said, "Quite happy for the (care staff) to manage (family members medicines) ...no problems."

#### Preventing and controlling infection

- Staff had been trained in infection prevention and control and how to put on and take their personal protective equipment (PPE) safely. A staff member confirmed, "We change our PPE after every call (care call visit). We have a big stock of PPE." They went on to confirm they also wore face masks when supporting people.
- Staff had weekly COVID-19 swab tests to try to reduce the risk of cross contamination. People self-isolated when returning from hospital admissions or external appointments during the COVID-19 restrictions.
- Staff had access to a business contingency plan in the event of a COVID-19 outbreak that could affect staffing levels. The registered manager said, "The housing and care manager and me as registered manager could also deliver care (if needed)."

#### Learning lessons when things go wrong

- Staff told us that lessons learnt and things that might need changing were discussed at staff meetings.
- Root cause analysis records were completed for incidents, accidents or near misses. These records included any actions taken to reduce the risk of recurrence. One example of learning was for staff to reread the policy about seeking medical advice in a timely manner and to undertake refresher training on moving and handling.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection (under the previous provider) this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff assessed people's needs to make sure they were suitably skilled enough to meet the persons requirements. A staff member confirmed, "With our (care) packages all risk assessments are done. Falls, behaviour, moving and handling and environment. What people need to have (support) is assessed to enable the residents to live independently...this is done at the initial assessment."
- The registered manager received guidance and legislation updates from the quality team within the provider organisation. This helped make sure they are working in line with up to date guidance and legislation.

Staff support: induction, training, skills and experience

- New staff to the service completed an induction which consisted of shadow shifts with an established staff member, training and reading key policies and procedures.
- Staff had training to enable them to support the people they cared for effectively and safely.
- Staff were encouraged to build on their skills and knowledge by completing nationally recognised training.
- Staff had supervisions and appraisals. Staff also had their competency checked by a more senior staff member. This was to make sure they were delivering effective care and support safely and in line with their training. A staff member confirmed, "I am spot checked by my manager and I spot check the care staff. I don't do it at a set time, no warning, but it's done regularly."

Supporting people to eat and drink enough to maintain a balanced diet

- Not all people received support from staff with their meals and drinks. Where staff did support this people and their relatives had no concerns.
- A person confirmed, "I buy the food. (Staff) will ask me what I want. (Staff) will always leave me with a cup of tea." A relative told us, "(Staff) will put the meals on the table, and they will try to get (family member) to eat. They are very patient with her."
- The registered manager confirmed to us that no one being supported by staff, was currently under the speech and language therapist team or a dietician.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The registered manager told us that no one being supported by staff currently had input from the district or community nurses' team.

- A person explained to us how they accessed health care services. They said, "I organise this myself. I'm sufficiently hard of hearing. I cannot hear a detailed conversation. The (staff) can help me and will help me if I am not managing myself. I will ask them." Another person told us, "(Staff) from Beech Court rang the GP for me when I was quite poorly."

#### Ensuring consent to care and treatment in line with law and guidance

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Staff had training on the MCA 2005 and Deprivation of Liberty Safeguards. However, some staff were unable to demonstrate to us knowledge of this training. The registered manager told us they would discuss this during staff meetings to help embed knowledge.
- Staff told us that no one they supported lacked the mental capacity to make decisions.
- Staff respected and listened to people's choices. People and their relatives gave us examples of how their choices were respected by staff. A person confirmed to us, "Yes (staff) will listen to me." Another person said, "(Staff) listen to me and answer any questions."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection (under the previous provider) this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff treated the people they supported well and respected their equality and diversity.
- Relatives said when asked whether staff treated their family member with kindness and compassion, "Yes, absolutely, from them definitely," and, "Yes I would say the staff are compassionate and kind."
- A person told us about how staff treated them when supporting them. They said, "They treat me very well, we get on well together." Another person told us how staff helped with their well-being. They said, "Oh yes the (staff) are kind. We have a chat and laugh quite a lot."

Respecting and promoting people's privacy, dignity and independence

- Staff helped promote people's privacy and dignity when supporting them with their personal care. A person told us, "Yes the (staff) will cover me up. They will close the curtains and doors etc."
- Staff helped people maintain their independence wherever possible. A person confirmed, "I will sort out my clothes and the same with my food and then I will get help from the staff."
- People's personal information was kept confidential.

Supporting people to express their views and be involved in making decisions about their care

- Staff encouraged people and their relatives to express their views and be involved in decisions around their family members care and support needs.
- A person confirmed to us they were able to express their views. They said, "Yes I do get that opportunity. The staff will come in and ask me how I am feeling." Another person told us, "(Senior support worker) will have a chat with me."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection (under the previous provider) this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff knew the people they were supporting well. People received person-centred care and support from staff. However, some of this person-centred information known by staff, was not included in people's care records. The registered manager told us they would make these improvements to make people's care records more detailed to help guide new staff.
- A person told us, "Staff come in and know exactly what I want and where everything is. I know what (staff) are doing. We have got into a routine." Another person confirmed, "I have got a copy of (my care record). I have had a conversation around this." A relative said, "If there was any review (of care decisions) and (staff) wanted changes in anyway. They will call me."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager told us that to make information more assessible to the people they supported they could offer information in different formats. This included larger print or pictures.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- During COVID-19 communal areas within Beech Court and the wider community were closed due to restrictions. However, as restrictions were currently being lifted, further links with the community were being developed and they were hoping to start organised trips out and about again.
- Prior to COVID-19, people told us of all the activities they liked to take part in at Beech Court in the communal areas. For example, a Spanish version of bingo using playing cards.
- A person told us how staff had helped them keep occupied during COVID-19. They said, "I listen to talking books and I do puzzles of all sorts. I can do those myself. (Staff) show an interest in my books, they always want to know what I am reading and then we can discuss it."

Improving care quality in response to complaints or concerns

- The registered manager told us the service had not received any complaints in the last twelve months.
- Relatives told us they had received information on how and who to contact if they needed to make a complaint or raise a concern about the service provided. A person told us, "No I have never had to

complain...I'd speak to anyone of them if I had a problem.

- Although one person could not recall receiving any information on how to make a complaint should they wish to do so. Although they stated later that they would contact the senior support worker about any concerns.

#### End of life care and support

- Staff had been trained on supporting people with their end of life care.
- People had their individual end of life wishes documented in a 'specific wishes care plan' to help guide staff.
- The registered manager told us that when a person was end of life, staff would work with external health professionals such as the persons GP and district nurses. This would help make the persons death as dignified as possible.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection (under the previous provider) this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives spoke positively about the registered manager and the service staff provided. One person said, "I have improved so much since they started. I feel so much better in myself." A relative told us, "(Staff) know (family member) well. They know her likes and dislikes...I know she is getting all the care that she needs. Any silly little thing (staff) are on the phone. I greatly value them."
- The registered manager encouraged staff to act when an improvement was identified. The registered manager gave us several examples. A staff member told us, "We discuss problems with any residents... anything that the (registered) manager needs to discuss. ...Anything about safeguarding and incidents. Lessons learnt and things that we change are also discussed."
- The registered manager encouraged staff to develop their skills and knowledge. A staff member said, "(The registered manager) wants me to do NVQ level 3 (national vocational qualification)."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- A staff member confirmed, "We look after residents how we would like our parents or grandparents to be looked after." Another staff member told us, "I love it. The best career change that I made. It's so rewarding. It's nice to think I can look after them. It's a lovely job."
- The provider and registered manager had displayed the inspection rating clearly on their website for people to refer to when needed.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager told us they were aware of the type of incidents they would be required to notify the CQC about. However, they stated no incidents had occurred that had needed to be reported.
- Staff spoken with demonstrated an understanding of their roles and responsibilities.
- Staff undertook audits to monitor the quality of the service provided.
- Representatives from the providers quality assurance team also completed monitoring visits as part of the providers governance systems. This gave the provider organisational oversight of the quality of care being provided at the service. Any improvements found were added to a service improvement plan.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager was working to establish links within the local community, as the COVID-19 restrictions started to lift. Examples included working with the local food bank.
- People told us they were asked to complete questionnaires on the service provided. A relative confirmed they had been asked to give their opinions, "Via a feedback form."
- Staff attended meetings to discuss ideas on how they could improve the service provided and to be given any updates about the service. One meeting held talked through with staff how to support a person who was at the end of their life, in conjunction with the training they had received.

#### Working in partnership with others

- The registered manager told us that when needed they would work with external organisations such as the local authority, the clinical commissioning group, GP's, and district nurses. This would help make sure people received joined up care and support.