

Longley Hall Limited

Longley Hall Limited

Inspection report

Longley Hall
Longley Lane
Sheffield
South Yorkshire
S5 7JF

Tel: 01142423773

Date of inspection visit:
19 April 2023
25 April 2023

Date of publication:
14 June 2023

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Longley Hall Limited is a supported living and domiciliary care service which provide personal care to people with a learning disability or autistic people. The supported living service comprises of 2 blocks of flats and can cater for up to 17 people. People live in studio flats with an ensuite shower room and have access to a shared lounge, kitchen, bathroom and garden. There is one small self-contained flat and a manager office co-located on the premises. By supported living we mean schemes that provide personal care to people as part of the support that they need to live in their own homes. The personal care is provided under separate contractual arrangements to those for the person's housing. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. At the time of our inspection there were 10 people using the service who received personal care.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support:

Risks to people's health and safety were not always effectively managed safely by the service. People's risk assessment on how to support them safely often contained inaccurate or out of date information, which placed them at an increased risk of harm. Despite issues with people's care records, most staff appeared to know people well and understood their support needs to effectively manage risk. The provider submitted an action plan to CQC to address the quality and safety issues in people's care records.

The training and support staff received from managers needed to improve. Staff received the provider's minimum training requirements to support people. However, not all staff completed training individualised to the needs of the people in the service to support their quality of life. For example, the service supported people with a learning disability and/ or autism, yet only half of the staff were trained in this area. The provider told us physical restraint was not taught or practiced at the service as they promoted less restrictive interventions, such as de-escalation and breakaway strategies with staff. We found approximately half of all staff were trained on how to manage challenging behaviour.

The provider used the Positive behaviour support (PBS) model, which is a person-centred framework for providing long-term support to people with a learning disability, and/or autism, including those with mental health conditions, who have, or may be at risk of developing behaviours that challenge. Where people had been assessed for PBS, plans provided detailed proactive and reactive strategies for staff to follow to prevent behaviour that challenges. However, we found people's PBS plans were not consistently followed by staff.

Processes to manage incidents and safeguarding concerns had been historically poor, which placed people at increased risk of harm. The provider had recently taken action to re-establish processes to monitor and review incidents and concerns at the service for opportunities to address future risk.

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; the policies and systems in the service supported this practice. We saw people were supported to access the community as and when they wished.

Right Care:

People's needs were assessed and developed into a support plan. Further work was underway to ensure support plans and risk assessments contained accurate information to enable people to receive appropriate care and support that was responsive to their needs. The manager and staff understood their responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards although records needed to be improved.

There were sufficient staff deployed to meet people's needs and wishes. Staffing levels were determined by people's assessed needs and the commissioning bodies. The provider told us staffing had recently increased at the service, which they felt was safer. The provider told us there was also a business case under review to increase night-time staffing arrangements.

Right Culture:

Governance arrangements were not as effective or as reliable as they should be. Inconsistencies in leadership led to serious shortfalls in the provider's quality assurance processes, which meant processes to identify risk and ensure the service was operating within the scope of regulations had not been effective. Relatives, staff and professionals linked to the service told us the recent change in leadership had been positive and the standard of care provided by the service was improving.

For more details, please see the full report which is on the Care Quality Commission website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 19 May 2018).

Why we inspected

The inspection was prompted in part due to concerns received about people's care, closed cultures and management of risk. A decision was made for us to inspect and examine those risks.

You can see what action we have asked the provider to take at the end of this full report.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. Please see the safe, effective and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Longley Hall Limited on our website at www.cqc.org.uk.

Enforcement

We have identified 3 breaches in relation to safe care and treatment, staff training/ support and the systems of governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Longley Hall Limited

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 3 inspectors.

Service and service type

This service provides care and support to people living in 2 blocks of flats so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

This service is also a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with CQC to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post.

Notice of inspection

This inspection was announced on the first day and unannounced on the second day. We gave the service 24 hours' notice of the first inspection day. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 19 April 2023 and ended on 5 May 2023. We visited the service on 19 April 2023 and 25 April 2023.

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 and professionals who work with the service.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke to 8 people using the service and 3 relatives about their experience of the care provided. We spoke to 11 members of staff which included the nominated individual, operations manager, the manager, 3 team leaders and 9 support workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke to the local authority's safeguarding and commissioning team for feedback. We received feedback from 3 people's social care professionals allocated to their care. We reviewed a selection of people's care records and medication records. We looked a selection of staff files in relation to recruitment, training and support staff received. We reviewed a variety of records relating to the management of the service, including incident records, audits, 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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Known risks to people were not always safely managed.
- Staff did not have access to up-to-date and accurate information to provide safe care and support. For example, where people had been assessed as needing a specific diet or support to mitigate risk of choking, their assessments and supports plans had not been reviewed for some time. Information about people's assessed risk were in some cases unclear due to conflicting information in their care records. Some staff we spoke with were not aware of people's assessed risks.
- Systems to monitor accidents and incidents were not effective and did not promote learning. Audits did not fully consider any emerging trends or themes to reduce the risk of reoccurrence and improve the quality of the service.

We found no evidence that people had been significantly harmed however, risks relating to the safety and welfare of people were not always effectively managed. This was a breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The management team responded immediately during the inspection and sent CQC an action plan to review everyone's care records by 20 June 2023. They also assured staff will be debriefed on everyone's assessed risks and support needs.
- After the site visit, we met with the local authority's safeguarding team to discuss our findings about how the service was managing risk. They told us the provider was working towards a local authority set action plan, which included actions covering our areas of concern.
- The provider carried out regular safety checks and maintained the premises to ensure it was safe. The provider told us they were in discussions with the landlord to address recommendations identified in their most recent fire risk assessment.

Using medicines safely

- People received their medicines as prescribed and staff consistently completed a record of administration. However, there was scope to make medicines management processes safer.
- People's medicines were safely stored in a lockable cabinet in their own room or in a controlled drugs cabinet located separately from people's bedrooms. During the inspection we found 2 instances where medicines had not been safely stored. The manager took immediate action to address our feedback.
- People's medicine support plans did not promote safe and personalised support as these had not been reviewed for some time.

- Audits of medicines had recently recommenced in the last 3 months. The provider showed us they are working towards an action plan to improve the service's medicines management processes.

Systems and processes to safeguard people from the risk of abuse

- People received care from staff who were trained on how to identify, prevent and report abuse. We found there was scope to improve the provider's safeguarding systems to ensure risk of abuse were kept to a minimum.
- The provider's systems to monitor safeguarding concerns had lapsed in 2022, but this had recently been re-established to ensure managers and leaders had oversight of all concerns happening in the service.
- Due to shortfalls around the management of incidents and the overall quality of people's care records, we were not assured incidents of abuse or risk of abuse were kept to a minimum for people with behaviours which may challenge others. In completed incident records we reviewed, we felt records did not always clearly demonstrate staff had followed people's positive behaviour support plans to avoid possible harm.
- The provider recognised this was an area for improvement and we saw corresponding actions plans in place.

Staffing and recruitment

- Enough staff were deployed to maintain people's safety and meet their individual needs. Staffing levels were determined by people's assessed needs and the commissioning bodies.
- Staff told us staffing had recently increased at the service, which they felt was safer. The provider told us they were reviewing people's support hours with commissioners of the service and submitted a case to increase night-time staffing arrangement from 2 staff to 3 staff. This would enable the third staff member to be flexibly deployed between the 2 apartment blocks as and when required.
- The provider operated safe recruitment procedures to ensure applicants were suitable to work in at the service. Pre-employment checks were conducted, suitable references were sought, and Disclosure and Barring Service certificates were checked.

Preventing and controlling infection

- We were not always assured the provider was promoting safety through the layout and hygiene practices of the premises. We found built up dirt and grime in shared bathrooms, kitchens, food cupboards and fridges. We discussed our concerns with the new manager and they assured us this will be addressed after the inspection.
- Systems were in place to ensure the prevention and control of infection.
- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using Personal Protective Equipment (PPE) effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff did not always receive additional training necessary to support them to provide effective care to people with complex needs. The provider's training records showed approximately less than half of all support workers employed at the service had been trained on epilepsy awareness, autism awareness, challenging behaviour, mental health awareness, diabetes management and epilepsy medication.
- The provider did not always provide supervision and appraisal in line with their own policies and procedures. Supervision is an accountable two-way process, which supports motivates and enables the development of good practice for individual staff members. In 2022 we saw staff had received 1 supervision out of the 6 required by the provider's policy.

The provider had failed to give staff appropriate support, training, supervision and appraisals as is necessary to enable them to carry out their roles. This was a breach of Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider was aware of these areas of concern and all staff supervisions had been planned in for 2023. The provider assured CQC training compliance was improving and where there were gaps in staff training, these were planned in.
- Although staff did not always receive additional training to support them with more complex care tasks, they did receive the provider's minimum training requirements which aligned to the Care Certificate standards. For example, this included training on first aid, safeguarding, medicines, moving and handling and infection prevention and control. Staff also completed a period of shadowing with an experienced staff member before they were able to support people. The provider's training matrix showed good levels of compliance with the provider's mandatory training program.

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

- This inspection was triggered, in part, by concerns relating to the eating and drinking support people received. We found improvements were needed to ensure people's eating and drinking support was consistently safe and led to better to health outcomes.
- Due to shortfalls with the quality of people's support plans and risk assessments, we felt it did not promote staff to provide person-centred eating and drinking support. Please refer to the safe section of the report for more detail about what we found regarding people's risk assessment and the action we took in relation this.
- Since the last inspection there had been incidents where people's eating and drinking supports plans had

not been followed by staff, which placed them at risk of harm. The provider was aware of these incidents and told us they were working towards a local authority action plan to improve people's eating and drinking support by reviewing people's care records with involvement of external health and social professionals. Debriefs with staff had been completed to remind them of people's eating and drinking support needs.

- Most people received a well-balanced diet. One relative however, told us their family member's diet was not well-managed by the service and they had gained a significant amount of weight.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care Supporting people to live healthier lives, access healthcare services and support

- The management team assessed people's needs before they started using the service, to check the service was suitable for them. Support plans were generally detailed, however as regular reviews were not taking place, we were not confident these reflected people's current level of needs.

- The provider was working with the local authority's safeguarding team and people's allocated social workers to review their care and support. The provider assured CQC everyone's support plans would be reviewed by 20 June 2023.

- Most staff appeared to know people well and were aware of changes through handovers. Our discussions with staff and people's relatives showed compliance with people's support plans was an area in need of improvement. For example, some staff were not following people's positive behaviour support plans to ensure they followed all preventative and reactive strategies to enhance people's quality of life.

- Feedback received from external professionals linked to people's care showed there was scope to improve communication with staff and the information contained in people's care records. One professional said, "It can be a little challenging to get any updates from staff members about people when reviewing (their care and support). Often staff don't know much about the person and aren't able to locate their files." Another professional said, "I have had 24-hour grids sent to me which aren't completed very well and don't evidence enough about the person's day."

- People's cultural and religious needs were considered in their support plans, and where possible people and their families were involved in the planning process.

Adapting service, design, decoration to meet people's needs

- People lived in flats that looked like any other residential property in the surrounding area and there was no indication they were a supported living service. At the time of our inspection the service was undergoing several refurbishments, such as new a floor in flats C and D. We also observed ongoing work to remove old furniture and declutter the environment.

- People who lived at the service were able to personalise their own rooms. Shared living spaces however, lacked personalisation and did not look homely. For example, on the first day of the inspection we observed in the shared upstairs living room for flats A and B it was also used to store staff PPE. There was also general clutter in hallways and corners of shared living areas. On the second inspection day we observed some improvement to shared living areas to remove excess clutter.

- During the inspection we observed people were comfortable in their environment and spent time in their own rooms or the shared living rooms. Each bedroom had its own bathroom to promote people's privacy and independence. People had access to suitable and accessible outside spaces that could be use used extensively in the summer.

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 MCA 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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). 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 whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Initial assessments of people's needs included an assessment of people's capacity to choose and make decisions.
- People had signed their care records to show they consented to their care and support, if they had the capacity to make this decision.
- Staff had undergone training in the MCA and clearly demonstrated their practical awareness of the need to gain consent before providing care.

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- A new manager was appointed in February 2023. Prior to their appointment there had been inconsistencies in leadership, which negatively impacted on the service and placed people at an increased risk of receiving poor care. Staff and external professionals we spoke with recognised recent changes in leadership had been positive and the service was on an improvement trajectory.
- In the last 12 months audit processes were not consistently followed, but evidence showed a regular programme of audits to monitor and improve the quality and safety of the service had recently recommenced. As improvements to audit processes had not been sustained over a long period of time, we will check at the next inspection if this practice has been embedded.
- Most issues found at inspection had already been identified on the provider's action plan and we saw evidence of ongoing improvements being made at the service. In the 'safe' and 'effective' sections of the report we identified improvements were needed with the environment, management of people's health and safety risks, people's care records and compliance with their support plans, incident handling and the support staff received. These areas of concern had been allowed to deteriorate over a significant period, which was in part, due to inconsistent manager and provider oversight of the service.
- The provider had governance systems to monitor the performance of Longley Hall Limited. Historically the provider's oversight of the service had been poor, but a change in leadership had led to the provider visiting the service more regularly to monitor service performance and compliance with their own action plan. The provider had provisioned additional resources to promote rapid improvement at the service, such as allocating an operations manager to the service 2 days per week and the nominated individual carrying out spot checks. The provider's quality assurance team were also supporting the service to improve.
- The provider told us they had plans to employ a deputy manager and service manager, to build capacity and support in the local management team.

We found no evidence that people had been significantly harmed however, systems were either not in place or robust enough to demonstrate quality and safety was consistently well-managed. This placed people at an increased risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Relatives and professionals we spoke with felt staff culture was improving. During the inspection we received feedback staff were mostly caring, but there were times where staff conduct was unprofessional or opportunities for positive social interaction with people had been missed. One professional told us during a visit they saw a staff member asleep on the sofa. A relative told us when they visited, they had sometimes seen staff using their mobile telephones or sat on the sofa not interacting with anyone.
- There was a friendly and relaxed atmosphere at the service. We observed many kind, friendly and thoughtful interactions between people and staff members. Staff promoted people making choices for themselves.

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

- The provider and manager had a good understanding of the duty of candour and a policy and procedure was in place for staff guidance.
- The management team understood their responsibilities to be honest with people, relatives and staff when things went wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Feedback gathered at inspection showed when people called the service the availability of staff and managers at the service was mixed.
- The service was working with professionals to support improvement and learning.
- The provider had a system in place to involve people, the public and staff to share their comments and suggestions about the service. Further improvements were needed to ensure processes, such as quality assurance surveys or meetings with staff and people, were embedded into practice.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Risks relating to the safety and welfare of people were not always effectively managed. This was a breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider did not have effective systems in place to give staff appropriate support, training, supervision and appraisal as is necessary to enable them to carry out their roles. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems were either not in place or not robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

The enforcement action we took:

We served a Warning Notice.