

Longhurst Group Limited

Bircham House

Inspection report

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Sawston
Cambridge
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17 November 2022

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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

About the service

Bircham House is a domiciliary care agency, registered to provide personal care to people living in their own flats within an extra care housing scheme in Cambridge.

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. At the time of our inspection there were 17 people receiving personal care from the service.

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

The provider's electronic employment application form did not request full employment history from applicants.

We have made a recommendation for the provider to review their electronic application form to ensure it requests applicant's full employment history.

People told us they felt safe. Risks had been assessed and enough staff were available to meet the needs of people. Medicines were administered as prescribed; staff had completed training and their competency had been assessed. Infection control procedures were effective, and reporting systems were in place to monitor incidents and accidents if they occurred. Lessons learnt were reviewed and shared with staff.

People's needs were assessed, met and reviewed by trained and knowledgeable staff. People were involved in the care planning process. Care plans were in place and provided guidance to staff. Staff were aware of the dietary and healthcare requirements of the people they supported. Staff assisted people to have healthcare reviews as required and acted upon the advice provided.

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.

People told us staff were kind and caring and promoted their independence and choice. Staff knew people well and respected their privacy and dignity.

A new registered manager was in post and people, relatives and staff were aware of their appointment. People, relatives and staff felt able to approach the registered manager with any concerns and told us they felt these would be acknowledged and acted upon. The provider's systems allowed for quality monitoring to take place at the service which drove continuous improvements.

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

Rating at last inspection

This service was registered with us on 01 July 2019 and this is the first inspection.

The last rating for the service under the previous provider was good, published on 14 September 2017.

Why we inspected

This was a planned inspection as a newly registered service.

Recommendations

We have made a recommendation to the provider to review their electronic employment application form.

This is to ensure full employment history, and gaps in employment is explored for prospective staff.

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.

Bircham House

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service provides care and support 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.

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 the Care Quality Commission 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 a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice for the inspection. This was because we needed to be sure the

registered manager would be available to support the inspection.

Inspection activity started on 02 November 2022 and ended on 17 November 2022.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Due to technical problems, the provider was not able to complete a Provider Information Return (PIR). 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.

We used all this information to plan our inspection.

During the inspection

This performance review and assessment was carried out without a visit to the location's office. We used technology such as telephone and video calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation.

Inspection activity started on 02 November 2022 and ended on 17 November 2022. We spoke with three people who used the service and four people's relatives about their experience of the care provided. We also spoke with six members of staff including the manager, team leader and care workers.

We reviewed a range of records. This included two people's care and medicine documentation. We looked at two staff files in relation to recruitment, staff supervision and induction processes. Furthermore, we reviewed a variety of records relating to the management of the service, this included the provider's policies and procedures, and quality assurance records.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- The provider's recruitment systems required review. We found their most recent electronic application form requested only the applicants previous five years of employment. This meant full employment history and any gaps in employment were not always explored. We found this had not had a negative impact on care, and older versions of the providers application forms included full employment information.

We recommend the provider reviews their electronic application form. Full employment history with gaps in employment should be requested from applicants. Furthermore, the provider should review employment information held for staff, to ensure records are complete, and take remedial action where necessary.

- Other recruitment checks had been completed. This included Disclosure and Barring Service (DBS) checks. These checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People and their relatives said they had not experienced delays or missed care visits. They told us staff stayed for the expected time.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective systems in place to help safeguard people from abuse. An internal safeguarding team provided oversight, advice and support to the management and staff team in safeguarding matters.
- Staff had completed safeguarding training. Staff said they would not hesitate to raise concerns to the management team or external agencies, such as the local authority or CQC. One staff member told us, "I feel confident in safeguarding. I can report matters outside of the organisation if I needed to."
- People and their relatives told us staff provided safe care. One relative told us, "[Family member] had a concern before, and felt able to report it. That is the most important thing to me, that [family member] feels comfortable and safe to approach the staff."

Assessing risk, safety monitoring and management

- People's risks had been assessed and reviewed to promote their safety. People and their relatives, where appropriate, were involved in the risk assessment and care planning process.
- Staff told us robust communication systems operated at the service. This allowed them to be aware of risks to people, and any risk reducing measures which had been implemented.
- People and their relatives told us staff provided support which promoted safety and reduced risk. For example, one person said, "I don't always feel safe doing certain things on my own. [Staff] will help me do those things whilst they are here."

Using medicines safely

- Staff had received appropriate training to administer prescribed medicines safely. Audits were completed to check medicines were administered correctly, and to ensure associated records were completed.
- Staff received medicine competency checks and told us these were completed regularly. One staff member told us, "I have done medicines training. It was certainly beneficial and very good. Every three to six months we have a medicines competency completed."
- People told us they were satisfied with the support they received with medicines. One person said, "[Staff] support me with my medicines, I have no worries about this."

Preventing and controlling infection

- The provider had an infection control policy with associated COVID-19 procedures. Staff had completed infection control training and told us they had good supplies of personal protective equipment (PPE) which met their needs.
- People and relatives told us staff always wore PPE. One person said, "Staff do wear masks. And aprons and gloves when they need to."

Learning lessons when things go wrong

- Lessons were learnt when things went wrong, and information was shared with staff.
- The registered manager evidenced to us how root cause analysis took place. Staff told us information was shared using communication books, on a one to one basis and during team meetings.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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

- People had their needs assessed and were encouraged to make choices surrounding their care and support. Staff received regular updates relating to standards, guidance and the law and told us these were effectively communicated.
- People and their relatives, where appropriate, said they were central to the care planning process, and the service was responsive to changes requested by them.

Staff support: induction, training, skills and experience

- Staff had received scheduled supervisions and appraisals in line with the providers procedures. Staff had undertaken training to meet the needs of people, and training for new staff was booked promptly.
- Staff undertook a period of induction when new to their roles. Staff told us this was a structured process and included shadow shifts with experienced members of the team.
- Staff told us the training they completed was effective for their roles and opportunities were available to complete formal qualifications. Furthermore, they said training systems were effective which allowed them to keep their knowledge and practice current.

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

- People were assisted with meal and drink provision where this was part of their assessed care and support needs.
- Staff were knowledgeable of people's requirements, likes and dislikes, and people told us staff always offered choice and support. One person told us, "[Staff] ask me what I would like, and they prepare this for me."

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

- Staff worked with other agencies to ensure consistent, effective and timely care was provided to people. Staff sought healthcare advice and reviews for people when it was required.
- One person told us, "[Staff] arrange for [healthcare professional] to visit when I need them." A relative told us, "[Family member] required review and [staff] contacted [healthcare professionals]. It was brilliant, they all worked together."

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.

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.

- At the time of inspection people were able to make their own decisions surrounding their care. People were further supported by their relatives, where appropriate.
- Staff had completed training surrounding the MCA and told us of the importance of gaining consent and promoting choice.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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; Respecting and promoting people's privacy, dignity and independence

- People received kind and respectful care which promoted their dignity and independence.
- People told us they felt well cared for and said they would recommend the care and support to other people. One person said, "I would recommend [the service] to everyone! [Staff] are all delightful." Another person told us, "I recommend [the service], I really do, [staff] are fantastic!" Relatives shared the same views. One relative told us, "I can't say enough about how kind and caring [staff] are." Another relative said, "I think staff go over and above what is expected, they are so friendly and helpful."
- People had arrangements with staff surrounding how they entered their properties. We were told by people, and their relatives, these arrangements were always respected by staff.
- People said staff promoted their privacy and dignity. One person told us, "[Staff] always make sure I am comfortable and covered up when they are helping me." Another person said staff always made sure doors and curtains were closed before helping them with personal care.

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

- People and their relatives, where appropriate, told us they were involved and encouraged to participate in care planning and reviews.
- One person told us, "I have a [care plan], and they go through it with me. [Staff member] will visit and ask if everything is okay with my care, or whether something needs to be changed."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. 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

- People were involved in planning and reviewing their care to ensure it was personalised to their needs and preferences. Care plans and risk assessments were reviewed on a timed basis or sooner if people's care needs or wishes changed.
- People told us staff knew them well, and they received care in a consistent way which was responsive to their needs. People and their relatives told us they were able to speak at length with staff regarding the care provided to them. One relative told us, "[Staff] have always been very accommodating to changes."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People received information in a way that met their communication needs.
- The registered manager told us they would be able to provide information in alternative formats to meet the needs of people. This could include large print, language translation or audio provisions. Care planning prompted staff to consider if alternative formats were required.
- People were supported with communication aids in line with their assessed care needs. This included support with hearing aids and glasses.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure. No complaints had been received by the service in the previous 12 months.
- People and their relatives told us they were confident to raise any concerns or complaints with the staff, should they have them. We were further told they felt confident responsive action would be taken.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- The registered manager and staff were clear about their roles, and quality performance activities were completed to ensure people received good quality care. Continuous learning took place at the service with a focus to further improve the care experience of people where possible.
- The registered manager was new in post, and people, relatives and staff told us they were able to approach them with concerns or comments if required. One staff member told us, "[Management] always say to me to call them, or see them, if I need clarification or help with anything, they are very good."
- The provider had an internal quality team which reviewed the service, and action plans were developed and worked towards where necessary. The registered manager completed further quality monitoring using a variety of processes. This included satisfaction surveys, audits and staff performance observations.
- People and their relatives spoke very highly of the staff team. We were provided with consistent positive feedback which demonstrated an open, person-centred and positive culture at the service. One person told us, "I can't say anything high enough about the service. The staff are consistent, it is particularly the staff which make it so good."

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 registered manager understood their legal responsibilities in relation to the duty of candour. This included reporting notifiable events and incidents to external organisations such as the local authority and CQC.

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

- People and their relatives told us they experienced positive and responsive communication with staff. Relatives told us communication took place in person, using the telephone and through email.
- Staff told us effective communication systems were in place. This included inclusive and informative staff meetings, communication books and handovers. One staff member told us, "The communication in the team is very good."
- People and their relatives had been approached to provide feedback on the care and support provided. Feedback opportunities were present during general contact, by satisfaction surveys and during care reviews.

Working in partnership with others

- The registered manager and staff told us they worked with external organisations. This included the local authority, GP's and district nurses which ensured people received effective joined up care.