

Longhurst Group Limited

St Edmunds Court

Inspection report

St. Edmunds Court
St. Edmunds Walk
Peterborough
PE7 8NA

Tel: 01733229416

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30 September 2022
14 October 2022

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24 November 2022

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

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 the Care Quality Commission (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.

At the time of the inspection, the location only provided support with personal care for one person with a learning disability. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

About the service

St Edmunds Court is a domiciliary care service and extra care scheme registered to provide personal care to people living in their own homes. The service is registered to support people some of whom may have dementia, mental health needs, people who misuse drugs and alcohol, had a physical disability, or were sensory impaired. The care agency can also support people with a learning disability and autism. At the time of the inspection 34 people were using the domiciliary care agency at the extra care housing scheme. The extra care housing scheme building had 51 rented flats with shared rooms, a restaurant and a shared garden.

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

Right Support:

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 systems in the service supported this practice. Staff encouraged people to be as independent as possible and to remain in their own homes. This enabled people to have as much control over their own lives as practicable. Staff supported people who required assistance with their medicines to promote the best possible health outcomes. Where needed staff supported people with links with the local community.

We have made a recommendation about improving the level of detail within people's care records and risk assessments to guide staff on people's health conditions and known risks.

Right Care:

Staff cared for people kindly. They protected and respected people's privacy and dignity. Staff understood and responded to people's individual needs and wishes. Staff knew how to protect people from poor care and harm. The management team and staff worked with other health and social care professionals to maintain people's well-being wherever possible. Staff were trained to recognise, and report poor care or harm and they knew how to apply it. People told us they could communicate with most staff and understood information given to them because most staff were aware of people's individual

communication needs. However, some people told us some agency staffs language skills could be improved.

The service had enough staff to cover people's care call visits, however this was due to the use of agency staff. Some people and their relatives had mixed opinions on the skills and knowledge of some agency staff used.

We have made a recommendation for the provider to consider a formal induction and training competency spot checks for agency staff working at the service to ensure they had the right skills and knowledge to support people.

Right Culture:

People and those important to them, were involved in planning their and their family members care decisions. People and relatives had mixed opinions about how complaints or concerns were dealt with. Incidents and accidents were reviewed to look for patterns and trends. Action was taken when needed, this included retraining staff on safe medicines administration to try to reduce the risk of recurrence. Audits were undertaken to monitor the service and a survey in 2021 was sent to people to ask for feedback on the service provided. Staff had chosen not to complete the 2021 staff survey, but another survey was about to be sent out to engage staff and ask for their views.

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

Rating at last inspection and update

This service was registered with us on 6 May 2021 and this is the first inspection. The last rating for the service under the previous provider was good, published on 9 October 2019.

Why we inspected

This inspection was based on the service being unrated since the new provider reregistered with the CQC.

Recommendations

We have made some provider recommendations for them to consider.

Follow up

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 caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

St Edmunds 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 Health and Social Care Act 2008.

Inspection team

This inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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

This inspection was announced. We gave a short period notice of 72 hours for the inspection because some of the people using it could not consent to a telephone call from an Expert by Experience. This meant that we had to arrange for a 'best interests' decision about this.

Inspection activity started on 30 September 2022 and ended on 14 October 2022. We visited the location's office on 14 October 2022.

What we did before the inspection

We reviewed information we had received about the service since they registered. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We used telephone calls and our site visit to enable us to engage with people using the service and relatives. We also used electronic file sharing and our site visit to enable us to review some of the documentation requested. This included three people's care records and medication records. We also looked at staff training and staff supervision. A variety of records relating to the management of the service were also reviewed, including incident records, complaints, compliments, and quality assurance processes.

We spoke with 13 people and two relatives of people who used the service about their experience of the care provided. We spoke with seven members of staff including the registered manager, care staff and a senior care support worker. The senior care support worker and the team leader are responsible for the day-to-day running of the care service. We also spoke to the housing manager who worked for the separate organisation who was responsible for the extra care housing scheme building, facilities and maintenance.

After the inspection

We sought clarity about how the registered manager and management team at the care service worked alongside the extra care housing schemes housing manager. After the inspection the provider told us they were writing a formal induction for agency staff.



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 under the previous provider this key question was rated as 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

- The management team had identified people's individual and known risks. People's care records included guidance for staff on how to support people when using specialist moving and handling equipment such as hoists, slings, bed rails or slide sheets.
- Records were in place for people who were at risk of choking or had poor swallowing. Advice from external health professionals were in place for staff to follow and keep people safe. However, guidance in one record we looked at referred to food being cut into 'bite size' pieces without any indication of how big or small these pieces should be. We informed the registered manager that people's care plans and risk assessments around known risks and health conditions were not always detailed enough to guide staff.
- The management team completed audits of people's daily communication logs. These were records to detail what tasks staff completed when they visited people. Audits had identified some staff had not always recorded that they had completed a bed rail check. The registered manager told us of the actions being taken to improve this.

We recommend that the provider considered current guidance and health professional advice to update people's care plans and risk assessments in more detail. This would inform and guide staff on people's health conditions and known risks.

Staffing and recruitment

- With the use of agency staff there were enough staff to meet people's needs. People and relatives had mixed opinions about the staff at St Edmunds Court. A relative told us, "We're very pleased with them, it's good usually to have the same carers." Another relative said, "No, we don't feel safe. The [name of provider] is sending agency staff more and more. There's little continuity... However, [family members] regular staff are very good."
- We discussed this with the registered manager. They told us they were trying to address people and relatives concerns by having consistent agency staff working at the service. They were also trying to recruit new staff.
- The registered manager told us that new staff were recruited following a series of checks. Checks included staff members right to work in the UK and 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.
- Recruitment checks to try to make sure the potential new staff members were suitable to work at the service were reviewed by the providers' head office staff and records held at the providers office. The registered manager was planning to carry out spot checks on these records.

Systems and processes to safeguard people from the risk of abuse

- Staff were trained on how to safeguard people and they understood how to keep people safe. Staff told us they, identified, acted, and reported any potential concerns. A staff member said, "You would speak to team leader (re concerns) in (registered managers) absence. (You would) write it down, if nothing happens (you then) have to go to local authority for (their) investigation."
- Staff confirmed they would whistle blow on colleagues if they had concerns about their conduct. A staff member told us they would whistle blow, "Because it is my duty of care."
- The registered manager understood the requirement to notify incidents that had occurred to the appropriate organisations. This included the local authority safeguarding team and the CQC.
- Most people and relatives told us that they and or their family member felt safe using the service. A person told us, "They're really good, I've got no concerns."

Using medicines safely

- Staff were trained to administer people's medicines for those people who had been risk assessed as requiring this additional support. Staffs competency to administer people's medicines was checked by the management team. Staff encouraged people to self-administer their own medicines to maintain their independence, where risk assessed to do so safely.
- People in the main were happy with how they were supported by staff to take their medicines. However, one person told us they were not given a choice by some staff to take their 'as required' medicines. As required medicines are medicines to be taken when needed. We informed the registered manager who told us they would remind staff.
- As required medicines records were not always detailed enough to guide staff. For example, body maps could be used to direct staff where creams needed to be directly applied. Improvements needed to as required medicine protocols had been identified during an audit in August 2022, however not all actions had been fully implemented.
- The management team had audited people's medicine administration records and had investigated any medicine administration errors. We saw the process for communicating with staff the necessary actions required to make any improvements needed. This included further training for the staff involved.

Preventing and controlling infection

- Staff were trained and supported to promote good standards of infection prevention and control (IPC).
- Staff followed government guidance about COVID-19. Most people and their relatives were happy with how staff wore personal protective equipment (PPE) and used it safely. One relative raised a one-off concern and we fed this back to the registered manager who will remind staff.
- The provider's IPC policy was up-to-date, and staff adhered to this to minimise the risks of infections.

Learning lessons when things go wrong

- The registered manager who was also the registered manager at another of the providers service, talked through the learning and actions they had put in place following the other service's most recent CQC inspection. This included adding spot checks of recruitment processes to their governance system.
- Staff told us the expectation was for them to notify the registered manager or management team of any incidents or errors. For example, a medication error. A staff member said, "(You are expected to) be honest with all mistakes and not to hide mistakes, (just) be honest."

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 under the previous provider this key question was rated as good. At this inspection under the current provider 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 received support and training in areas relevant to their roles, such as medicines administration, moving and handling, food hygiene, and dementia awareness. However, records showed that although as part of their registration they could support people with a learning disability and autism, staff had not been trained in this.
- Some people and their relatives had mixed opinions of the skills and knowledge of some agency staff. A relative said about their experience of some agency staff, "Sometimes it takes 15 or 20 minutes to explain basic tasks that they really should know how to do." A person told us, "The agency staff don't really understand what's wanted."
- Staff told us they got the support they needed including guidance from health professionals. They had supervisions and competency assessment spot checks to ensure they were effective in their roles.
- Staff told us they had an induction when new to the service. A staff member said, "(We had) a week's training and three days shadow shifts." They explained that they had requested and were supported with an additional day shadowing to build up their confidence. The registered manager confirmed that agency staff did not have a formal induction into the service. However, they did shadow a permanent member of staff for a care call visit. After the inspection the provider told us they were now writing a formal induction process for agency staff.

We recommend that the provider considers a formal induction and competency spot checks for agency staff working at the service. This would give assurance about their skills and knowledge.

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

- The registered manager and management team reviewed the local authority assessment of a person's needs before agreeing to provide care and support. This helped them make sure that staff had the suitable training and knowledge to support the person.
- The provider emailed the registered manager with any guidance, updates, or legislation changes. The registered manager printed the updated information. Staff were required to sign to say they had read and understood the changes.
- The provider and registered manager supported staff with guidance and knowledge based on people's needs. One staff told us the learning and knowledge they had developed following a visit from the local authority's dementia bus. They said, "(The) dementia bus... I loved that training. This training was the best, as I now know how [named person] is feeling." They went on to explain the positive changes following this training made to the persons support.

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

- People who required this assistance, were supported by staff to eat and drink enough whilst also having full freedom of choice. However, some people informed us some agency staff initially were unable to use some of their kitchen equipment. We informed the registered manager of this feedback, they told us this had now improved.

Staff working with other agencies to provide consistent, effective, timely care;

- People spoken with made their own or were supported by their family to arrange health related appointments. A family member told us they were sure that staff would contact health professionals, such as the GP when needed.
- Records showed us where staff had requested emergency support or made referrals to request other healthcare support such as district nurses support or speech and language therapists when it was needed.
- Staff encouraged people to stay healthy by the safe use of equipment related to people's care, such as moving and handling equipment and specialist beds.

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.

- Staff respected people's choice over how they spent their time. Staff sought consent from people in a variety of ways, so people's choices were listened to and respected. A person confirmed, "[Staff] always ask me before they do anything."
- Some people had their decisions made by a court appointed deputy, such as a lasting power of attorney. These representatives made decisions that were in people's best interests. Staff were respectful of these decisions.
- Staff had training in the MCA and had knowledge of what this meant when it came to supporting people. A staff member told us, "(It is about) not assuming the person lacks capacity to make a decision even if you think it is wrong."

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 our last inspection under the previous provider this key question was rated as good. At this inspection under the current provider the rating has remained 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

- Most people and relatives told us they preferred the support of regular care staff. A person said, "[Staff], are a life-line and support for me. My carers are chatty...The regular carers use their time well, and if they finish early, they'll sit and chat. They don't rush off."
- Relatives told us how their family members regular care staff team were good and knew how to communicate with their family member effectively. For some people this meant staff adapting their approach by speaking slowly and clearly or writing down information.
- Staff recorded people's individualised diverse requirements such as religion, culture, sensory impairment and disabilities in their care records. This information would guide staff on how a person wanted to be cared for and supported in line with their wishes.
- Staff treated people with kindness and respected their choices. A person confirmed, "[Staff] keep (my care) records up to date, give me my tablets at the right time and tell me when they're running out." A relative told us, "The [staff] always ring me if they have any concerns about [family member]."

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

- The registered manager and management team involved people and where appropriate their relatives in decisions about their care and support. A person told us, "My care plan is regularly updated."
- Where people were unable to sign to agree their care and support requirements, this was recorded alongside the reason why.
- People felt involved in decisions about their support and care needs. One person confirmed, "[Staff] know me well now and what I need and like."

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to maintain their independence as far as practicable and remain living in their own homes with assistance from staff where needed. A person told us, "When it comes to tasks [staff] just know what needs to be done. It's good to be looked after."
- Staff respected people's privacy and dignity. Staff told us they closed curtains and doors when carrying out personal care support. A person confirmed, "I think they do a brilliant job."
- Staff told us how they promoted and maintained people's privacy and dignity. A staff member said, "[We] let the [person] do as much as they can (themselves) and cover with a towel and or flannel re their dignity."

Is the service responsive?

Our findings

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

At our last inspection under the previous provider this key question was rated as good. At this inspection under the current provider the rating has remained 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 and their relatives told us, regular staff, delivered personalised care that respected people's choices and met their needs. Information to guide staff on people's individual preferences was included in their care records including the 'knowing me' document.
- In the main people and their relatives, were positive about the support regular staff provided. A person told us, "[Staff] don't even need to be asked... They just see what needs doing and do it." However, a person said about some agency staff, "The agency staff don't understand what's wanted." We discussed this with the registered manager.
- Staff spoken with demonstrated their knowledge to us of the people they supported and their individual needs and preferences.

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.

- Staff promoted people's right to communicate and have their choices heard in various ways. This included the use of a relative's support when needed.
- Information in different formats such as pictorial or large print would be available to aid people's understanding when needed.
- The majority of staff knew how to communicate with people. Staff talked through the different ways people's care plans informed them of people's individual communication needs. This included, speaking slowly and clearly or writing down information and or questions and awaiting a response. However, some people told us some agency staffs English was not always good. The registered manager told us this had now improved.

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

- Not everyone supported by staff required social support calls. Where they did, staff supported people to go for walks, and accompanied people on shopping trips.

Improving care quality in response to complaints or concerns

- People and their relatives had mixed opinions about how their concerns and or complaints were dealt with. One relative told us, "Minor complaints get sorted, sort of." A person said about the number of agency staff covering care call visits, "I've given up complaining, nothing ever happens, and we have had no response." The registered manager told us they were trying to recruit new staff to the service to resolve some people's complaints about the use of agency staff.
- Records showed that a complaint that had been investigated, had actions taken to try to resolve the matter to the persons satisfaction.

End of life care and support

- Staff supported people, where needed, to make end of life decisions such as to stay in their own home and be cared for in line with their wishes wherever possible.
- The registered manager and management team sought people's views about end of life care and emergency support if needed. People's wishes about their end of life care decisions, including any religious beliefs or a wish to be, or not to be resuscitated were recorded in their care plans to guide staff.

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 under the previous provider this key question was rated as good. At this inspection under the current provider 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; 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 and management teams' audits had not identified all the areas that required improvement found during this inspection. For example, staff had not had learning disability and autism training, even though it formed part of the providers registration of this service to support people with a learning disability and autism. The governance system to monitor the service had identified that some people were not always happy with some of the agency staff that supported them. The provider and registered manager were currently trying to recruit new staff.
- The registered manager told us there had not yet been a provider audit on all areas of the service to ensure provider organisational oversight. They said there was one planned.
- The management team audited areas of the service such as people's care plans, MAR charts and daily communication logs. Where areas of improvement were found actions were taken to try to reduce the risk of recurrence.
- The registered manager and management team understood the requirement to be open and honest when things went wrong. For example, if staff incorrectly administered people's medicines. Action taken included a reminder to staff of their responsibilities and refresher training.
- The registered manager understood the requirement to notify the CQC about any incidents that had occurred and when to report these to the local authority safeguarding team.
- The registered manager explained how they were also registered manager at another of the providers services and that their role included a role for the providers Peterborough locations. This meant they were not based at this service full time. A senior care worker and a team leader supported the registered manager in the day-to-day running of the service.
- The registered manager explained how they had oversight of the service by reviewing accidents and incidents to look at patterns and trends.
- The registered manager and staff team were clear about their roles and explained these to us. A staff member said, "(We are) encouraged to raise concerns and use the communication book to flag (concerns). I feel supported by the staff and the team leader and senior leader."

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

- The registered manager, management team and staff involved people and where appropriate their

relatives in all aspects of their, their family members care and support. However, due to the registered manager working in a dual role, most people and relatives told us they felt they did not have contact or saw the registered manager often. A relative said, "The only time I've seen a manager was at a group meeting for residents and their families." The registered manager told us of their plans to organise a meeting with people using the service soon.

- People were asked to feedback on the quality of the service provided in 2021. Actions were documented as having been taken following areas for improvement.
- Most staff felt supported, particularly by the team leader and senior care worker who were responsible for the day-to-day running of the service. Again, due to the dual role of the registered manager some staff had mixed opinions about the frequency of the contact they had with them. However, a staff member confirmed, "[Registered manager] is not here set days a week. They are always at the end of a phone. [Registered manager] will always answer a call."
- The housing manager who was responsible for the building, told us, "I have a very close and good working relationship with the on-site care managers (team leader and senior care worker), we speak and have a catch-up on a daily basis."
- The registered manager told us that in 2021 staff had chosen not to complete the staff survey. The registered manager told us the reasons why they thought this had happened. They confirmed that a 2022 staff survey was about to be rolled out to gather staff views.

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

- The registered manager and staff team worked to support people to remain as independent as possible. Staff told us how they supported different people with individual needs.
- The majority of people and relatives told us they would recommend the service to other people. A person said, "Oh yes, I've loved it from the start." A relative told us, "Yes, I would recommend it, it's pretty good. It's a learning curve for us all but seems to be pushing on."

Continuous learning and improving care

- The registered manager and management team undertook root cause analysis investigations when things went wrong, for example when there was an incident, accident, complaint or a near miss. There was an overarching document that recorded the investigations undertaken following an incident or accident that helped identify any patterns and trends.
- The registered manager took action to improve the service based on the findings of their monitoring processes. They told us they had plans to introduce an electronic care planning system to improve monitoring. They also talked through the process followed with staff following a medicine error. This would help to reduce the risk of recurrence.

Working in partnership with others

- The registered manager, management and staff team worked with health professionals and other organisations such as social workers to promote good outcomes for people.