

Essex County Council

Longwood Place

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Longwood Place provides short break respite care and accommodation for up to eight people who have needs associated with dementia, physical, sensory or learning disabilities. At the time of our inspection two people were receiving respite care.

Longwood Place is a 'care home'. People in care homes received accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

At our last inspection on the 13 and 21 January 2016, we rated the service Good. At this inspection we found the evidence continued to support the overall rating of Good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our rating of the service has not changed since our last inspection.

The provider's recruitment procedures ensured only suitable staff were employed. There were enough staff to meet people's needs. Risks to people's health and wellbeing were appropriately assessed, managed and reviewed. People's medicines were managed and stored safely. Staff were aware of their responsibilities to keep people safe and to protect them from harm and abuse. Measures were in place to protect people from the risk of the spread of infection.

Staff had received training, supervision and an appraisal of their performance to enable them to acquire the skills and knowledge to provide effective care. Staff had an understanding of the principles of the Mental Capacity Act 2005 (MCA). People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service supported this practice. People were supported to eat and drink enough and maintain a balanced diet and to access health care services if required.

Staff were kind and sensitive to people's needs. Staff were observed providing good personalised care and it was evident they clearly understood people's individual needs. Staff ensured people's privacy and dignity was respected and maintained at all times. Where required people and families were supported to access advocacy services.

People's care plans were person centred and relatives were involved in the planning and review of their family member's care and support needs prior to their stay at the service. People were supported by staff to pursue their interests and access the community. There was a complaints system in place and relatives told us they were confident any concerns would be listened to and acted upon.

Staff and relatives spoke positively about the registered and deputy managers who were committed to providing a good person centred service. There were systems in place to regularly assess and monitor the quality of the service provided. Relatives and staff had the opportunity to say how they felt about the service

and the service it provided.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Longwood Place

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on the 26 April 2018 and was unannounced. The inspection team consisted of one inspector and one assistant inspector.

Before our inspection we reviewed the information we held about the service. This included the last inspection report and statutory notifications. Notifications are changes, events or incidents that the provider is legally obliged to send us. We also reviewed a Provider Information Return (PIR). A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection, the people staying at Longwood Place were unable to talk with us so we used observation as our main tool to find out about the care they were receiving. We spoke with five members of staff, deputy manager and the registered manager. Following our inspection we spoke via telephone to three relatives on the 27 April 2018 to seek their views on the service.

We reviewed a range of documents and records including four people's care files, three staff recruitment and support files, staff rotas, training records, arrangements for medication, minutes of staff meetings and quality assurance information.

Is the service safe?

Our findings

People were protected from avoidable harm and abuse. Staff we spoke with were able to demonstrate a good understanding of the different types of abuse, had a clear understanding of the service's safeguarding and whistleblowing procedures and what action to take if they felt people were at risk. Staff felt confident if they needed to raise any concerns that the deputy and registered managers would take appropriate action to protect people and keep them safe. One member of staff said, "[Names of managers] are very good, I am confident they would take the necessary action if I raised any concerns. If they didn't, I would go higher up and, if I had to would contact the Care Quality Commission or the Police."

Risks to people's safety and well being continued to be assessed and monitored effectively. Risk assessments had been completed which identified individual risks to people both within the service and when accessing the community. These meant any identified/potential risks were mitigated and helped staff to keep people safe. Prior to people's stay at the service a comprehensive pre-admission form was required to be completed. This meant any changes in people's care and support needs were noted and their risk assessments updated accordingly. Systems were in place to keep people safe in the event of an emergency situation such as fire and personalised emergency evacuation plans were in place for people.

Safe recruitment processes were in place to ensure staff were of good character and suitable for their role. Relevant checks were carried out before a new member of staff started work at Longwood Place. These included obtaining references, ensuring applicants provided proof of their identity and completion of a criminal record check with the Disclosure and Barring Service (DBS). Staff disciplinary procedures were in place to respond to any poor practice.

Rotas were planned to ensure adequate staffing levels on a weekly basis. This was based on the number of people staying at the service and information regarding their level of care and support needs. There were systems in place for the continued review of staffing numbers to ensure appropriate staffing levels at all times. During our inspection we observed sufficient numbers of staff supporting people in a timely way.

Where people were supported to take medication this was managed and administered safely. Medicines were stored in a locked cabinet and were administered by staff who had received appropriate training. Records showed regular checks were undertaken to ensure people had received their prescribed medication safely. Relatives told us that prior to any admission they were required to provide information regarding their family member's medicines. One relative told us, "They are very on the ball about medicines, I cannot fault them. They telephoned me once to clarify something I had written on the form to ensure [name] received the right medication."

People were cared for in a safe environment and appropriate monitoring and maintenance of the premises and equipment was on-going. There were up to date safety certificates in place for the premises such as for the electrical and gas systems. The service employed a maintenance person to carry out general maintenance and day to day repairs.

People were protected from the risk of the spread of infection. Staff had received infection control training and had access to personal protective equipment (PPE) such as disposable aprons and gloves. The service was clean and there were no malodours.

Processes were in place to record incidents and accidents. These were monitored by the registered manager and the registered provider and ensured, if any trends were identified, prompt action would be taken to prevent reoccurrence.

Management operated a culture of openness and transparency when something goes wrong and staff were encouraged to raise concerns and report incidents.

Is the service effective?

Our findings

Prior to people staying at Longwood House, an assessment of their care and support needs was undertaken to ensure the service would be able to support them safely and effectively. The information from the assessment process was used to develop people's care plans. Systems were in place for the ongoing review of people's care and support needs. This included the requirement for families to complete a preadmission form prior to each person's stay. This meant staff were fully aware of people's current care and support needs and enabled them to provide an effective personalised service to people.

People were cared for by staff who were supported to obtain the skills and knowledge they required to enable them to meet people's individual needs. This included specialised training, for example percutaneous endoscopic gastrostomy (PEG) and the administration of buccal midazolam. Staff told us they felt well trained, one member of staff said, "We do lots of training. We also get the opportunity to choose training we want to do. I recently did virtual reality autism awareness. That really gave me an insight and helps me how to support people with autism." They went on to say how learning from this training would be shared with the wider staff team. Relatives told us they were confident that staff had the requisite training to support them to meet the care and support needs of their family members.

Staff received regular supervision and received an annual appraisal of their performance. Supervisions and appraisals are important as they are a two-way feedback tool for the managers and staff to discuss work related issues and training and development needs. One member of staff told us, "I get regular supervision. [Registered manager] really listens to what I have to say." All staff said they were well supported by management who were always available if they needed any support or 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Standards (DoLS).

We checked whether staff were working within the principles of the MCA. All the staff we spoke with were able to demonstrate a good working knowledge of the MCA and DoLS and understood the importance of gaining people's consent and helping people to make choices on a day to day basis. Records showed people's capacity to make decisions had been assessed. This meant their ability to make some decisions, or the decisions that they may need help with and the reasons as to why it was in the person's best interests had been recorded. DoLS checklists were in place to ensure no one was being unnecessarily restricted which would deprive them of their freedom and liberty.

People were supported to eat and drink enough and maintain a balanced diet. Care plans recorded people's dietary needs and preferences and staff were able to demonstrate their knowledge of these. One relative

told us, "[Name] has the same meal every day and staff understand the importance of this. It is important as [name] is autistic and changes to their routine can really upset them."

Although people's families usually supported them to attend health care services, records showed, where required, people had been supported to attend GP appointments.

The environment at Longwood Place was accessible, including a passenger lift to the lower ground floor. Bedrooms were bright and homely. The bedrooms on the upper floor had been fitted out with specialised equipment such as ceiling hoists to support people with more complex needs. People were able to access all areas of the building including several communal lounges, activity room and a sensory room. Relatives were very complimentary about the atmosphere at Longwood Place. One relative said, "There's always a lovely atmosphere and the place is always clean and tidy."

Is the service caring?

Our findings

Staff provided a caring and supportive environment for people staying at Longwood Place. Many staff had worked at the service for a number of years which enabled positive relationships to develop with people who regularly stayed at the service. During our inspection we observed warm interactions between people and staff. It was clear from our observations and discussions with staff and relatives that staff knew people very well.

Relatives were involved in making decisions about the care and support they wished their family member to receive during their stay at the service. Care plans contained information about people's likes, dislikes and preferences in regard to all areas of their care including personal, communication, emotional and behaviour needs and religious beliefs. We saw people were able to request a preference of gender of care worker. Staff we spoke with were able to demonstrate a good knowledge of how people wished to be supported.

People's privacy and dignity was respected. Staff demonstrated a good understanding of privacy and dignity and described how they protected and respected people's dignity such as knocking on people's doors before entering their rooms and helping people to maintain their personal appearance. People's bedroom doors had locks on them should they wish to have privacy.

People were supported to maintain their independence. Staff told us, where appropriate, people were encouraged and supported to carry on with their day to day routines during their stay at Longwood Place.

The service worked effectively with other agencies. For example, we saw evidence where the service had worked collaboratively with other agencies to ensure a smooth transition for people who were transferring from children's to adult social care services.

Throughout our inspection we saw that people and staff were relaxed in each other's company. Relatives were very complimentary about the kindness and caring attitudes of staff. Feedback included, "The staff are so sensitive to people's needs and look at life in a positive way for everyone." And, "It took me a long time to realise I needed a rest and I was unsure whether [names] would like Longwood Place. I needn't have worried they love it there. The staff are brilliant and are like friends."

The provider had a policy in place regarding how to access advocacy services and support families with information should they need it. The registered manager informed us no one was currently using advocacy services. An advocate helps people to make choices, to say what they want and ensure that their voice is heard and listened to.

Is the service responsive?

Our findings

The service was responsive to people's needs. Prior to using the service, management undertook a thorough assessment of individual's needs to ensure these could be met by the service; this included 'tea' visits and overnight stays. Information from the pre-assessment was used to develop people's care plans. The majority of people using the service were unable to communicate verbally and depended upon others to ensure their needs and preferences were identified accurately. Relatives confirmed to us that the service had carried out a thorough assessment prior to their family members staying at Longwood Place.

Each person had a person centred care plan which was tailored to meet their individual care and support needs. Prior to each admission families were required to complete a detailed pre-admission questionnaire which requested information about the person's medication, any changes to their care and support needs and whether there had been any significant events since their last stay. Where required, we saw people's care plans and risk assessments had been updated to reflect changes in their care and support needs.

We checked whether the service complied with the Accessible Information Standard to ensure effective communication systems were in place for people using the service. We saw evidence of pictorial care plans. Some staff were trained in the use of Makaton. Makaton is a language programme designed to provide a means of communication to individuals who cannot communicate efficiently by speaking. Staff were also able to provide examples of other communication methods they used such as the use of communication boards, photographs and Ipads. The registered manager assured us if information was required in an alternative format to enable people to receive information in a way that helped them to understand it, this would be made available. Care plans recorded people's communication needs. Some people were only able to share their feelings through certain actions and or behaviours. We noted these had been clearly recorded in their care plans including, where appropriate, guidance to staff on how to respond.

The service supported people to follow their interests and participate in the various activities both within the service and externally; residents we spoke with confirmed this. The service had a wheelchair accessible vehicle to support people to access the community.

The service had a policy in place for dealing with complaints. There had been no complaints within the last 12 months. All the relatives we spoke with were unaware of the provider's complaints policy however all were confident that if they had any concerns the deputy and registered managers would listen and action any concerns.

No one receiving respite care at Longwood Place had needs in relation to their end of life care.

Is the service well-led?

Our findings

All providers are required to display the rating of their performance by the Care Quality Commission following our assessment of their performance; this includes displaying the rating on their websites. During our inspection we noted the provider had failed to display the rating from our previous inspection. We discussed this with the registered manager who took immediate action to ensure the provider's website is updated to include the service's rating.

The service requires and did have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager was supported by a deputy manager with the day to day management of the service. Both managers had worked at the service for a number of years and demonstrated their commitment to ensuring people received good quality care. They promoted a positive, transparent and inclusive culture within the service.

Relatives were very complimentary about staff, the deputy and registered managers. They said the service was well led and managed. One relative told us, "Yes, I do think the service is well led and managed and can think of no improvements they need to make." Another said, "[Names of deputy and registered managers] are very approachable, communication is good and they even help me with transport arrangements. Longwood is such a nice place. I don't have the energy I had before and sometimes it is difficult to cope. I miss [name] so much when they are in respite but this is a vital service for which I am grateful for. As a parent the most important thing to know is that everything is well managed and [name] is safe." The records we viewed showed consistent positive feedback had been received about the service.

Staff were supported and felt valued and enjoyed working at the service. They told us both the deputy and registered managers operated an 'open door' policy and they were available for support and guidance at any time. Staff worked effectively together as a team and morale was high. Comments included, "We are a small team and we are good about communicating with each other. Morale is good, this is a really nice place to work." And, "This is one of the nicest places I have worked. The managerial team are really supportive and go 'the extra mile'."

Regular staff meetings were held and topics such as updates on people using the service, training and recruitment were discussed. Staff told us they were able to openly discuss any concerns and suggestions for improvements to the service such as the recent review of rostering arrangements.

The registered manager sought the views of relatives. This was done in a number of ways such as daily interactions and feedback following a person's stay. An annual questionnaire was also undertaken to improve the quality of the service provided. We noted 26 responses had been received following the February 2018 annual questionnaire. The registered manager confirmed they had not had time to undertake

an in-depth analysis of the responses however we noted all responses had been positive. Comments included, "We are very happy. [Name] absolutely loves her stay at Longwood. We can enjoy our break knowing she is in good hands." And, "Communication is always excellent." And, "We have a good relationship and value the help, support and assistance we get from Longwood."

The service worked in partnership with other agencies to support care provision and 'joined up' care. We saw examples of where the service had communicated with other health and social care professionals to ensure positive outcomes for people using the service. During their stay, many of the people continued with their daily routines such as attending day centres and college. One member of staff told us, "We work closely and have a good relationship with the day centres so if there are any issues or concerns they get in touch and vice versa."

The registered manager kept themselves updated by accessing websites such as 'Skills for Care' and the 'Care Quality Commission', attending local forums and senior managers' meetings to keep themselves updated on best practice and guidance relevant to the management of the service.

There were systems in place to monitor the quality and safety of the service. The registered manager was committed to delivering a high standard of care to people and carried out regular checks and audits such as medication, health and safety and fire safety.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.