

Relativeto Limited

# Longfield House

## Inspection report

Oakleigh Road  
Clayton  
Bradford  
West Yorkshire  
BD14 6NP

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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?	Requires Improvement ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

The inspection took place on 3 August 2017 and was unannounced. At the previous inspection in October 2014, we rated the service "Good" overall and in each of the individual domains. At this inspection, we found overall the service still met the characteristics of a Good service, although we rated the 'Is the service responsive?' domain 'requires improvement' due to some people not always receiving the full range of their planned activities.

Longfield House is a specialist residential care home for adults with learning disabilities and complex needs located in Clayton village. The service consists of Longfield House a five bedded home with one self-contained apartment and Longfield Coach House which has four self-contained apartments. There are communal areas within the complex for people to enjoy activities and social events. At the time of the inspection 9 people were living in the home.

A registered manager had been in post since May 2017. 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.

People were supported safely by vigilant staff who knew them well. Risks to people's health and safety were assessed and clear and detailed plans of care put in place which were subject to regular review. Incidents were recorded, investigated and analysed to look for any themes or trends. Safeguarding procedures were in place and we saw they had been followed to help keep people safe.

Medicines were safely managed and stored securely. People received their medicines as prescribed and clear records were kept.

The premises were well maintained and suitable for its intended purpose. People had access to a range of communal areas where they could spend time, either alone or with others who used the service. People were able to personalise their environment in line with their preferences.

There were sufficient staff deployed within the home to ensure people's safety and welfare. Staff were highly visible and able to respond to people's changes in behaviour or mood.

Staff received a range of training relevant to their role caring for people in the learning disabilities sector. Staff demonstrated a good knowledge of the people and topics we asked them about.

The service was acting within the legal framework of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). People's consent was sought and people were given choice and control over their lives.

People's healthcare needs were assessed and the service worked with a range of health professionals to ensure that people's healthcare needs were met.

Staff treated people well with kindness and dignity. Staff had a good knowledge of people and demonstrated a commitment to ensure people's lives were fulfilled and occupied.

People's independence was promoted. The service helped people achieve independence increasing goals, for example around spending more time alone in the community or undertaking household tasks.

People's care and support needs were assessed and detailed plans of care put in place. Some of these required updating but a plan was in place to address.

People had access to a range of activities and social opportunities in the local community. However we found some instances where people had not received their planned community support due to the way staffing hours had been organised.

We found an open and honest culture within the service and people, staff and relatives said they felt able to approach the management team with any concerns.

A range of checks and audits were undertaken and these were used to make continuous improvements to the service.

## 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.

Safeguarding procedures were in place and we saw they had been followed to keep people safe. Risks to people were assessed and clear care plans produced for staff to follow. Staff had a good understanding of how to keep people safe. The building was safely maintained.

Staff were present and visible and able to respond to changes in people's needs in order to keep them safe. Safe recruitment procedures were in place to help ensure staff were of suitable character to work with vulnerable people.

There was a well organised medicine management system in place and people received their medicines as prescribed.

### Is the service effective?

Good ●

The service was effective.

Staff received a range of training relevant to their role. Staff had a good understanding of the topics and people we asked them about.

The service was acting within the legal framework of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People had access to a varied diet and were offered appropriate support in the preparing, cooking and consumption of food.

### Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect from staff. Staff interacted positively with people and demonstrated a desire to ensure people had fulfilling lives.

Staff knew people well and had developed good positive relationships with them. There was a person centred approach

to care with care and support focused around people's choices and preferences.

### Is the service responsive?

The service was not consistently responsive.

Although a range of activities were available, some people who required 2-1 support in the community had not consistently received this support.

People's care needs were assessed and clear and person centred plans of care put in place. Some updating was needed to some care plans.

People's comments and complaints were acted on and the management team were approachable.

**Requires Improvement** ●

### Is the service well-led?

The service was well led.

A registered manager was in place. People and staff spoke positively about the management team and said they were effective in their role.

A series of checks and audits were undertaken by management staff to ensure continuous improvement of the service.

People's feedback was sought and used to make positive changes to the service.

**Good** ●

# Longfield House

## **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.

The inspection took place on 3 August 2017 and was unannounced. The inspection was carried out by one Adult Social Care inspector.

Before the inspection we reviewed the information we held about the service. This included looking at information we had received about the service and statutory notifications we had received from the home. We contacted the local authority safeguarding and commissioning departments to get their views on the service. The service had previously completed a Provider Information Return (PIR) which is a document which tells us about the service, what it does well and improvements it plans to make. We used this to assist in the planning of the inspection.

We used a variety of methods to gather information about people's experiences. We observed care and support for several hours in the communal areas of the home. During the inspection we spoke with three people that used the service. We looked at the way people's medicines were managed, examined two people's care records and viewed other records relating to the management of the service such as maintenance records and meeting notes. Staff files and training records were reviewed.

We looked in people's bedrooms with their permission and the communal areas. During the inspection, we spoke with the area manager, registered manager, and six support workers. Following the inspection we telephoned two relatives to get their feedback on the quality of the service provided. We also spoke with two health professionals who work with the service.

# Is the service safe?

## Our findings

People and relatives we spoke indicated they thought people were safe in the home. We observed care and saw people appeared comfortable and at ease in the company of staff. Staff were vigilant in supervising people and positioning themselves around the home to reduce the risk of conflict between people in order to keep them safe. Staff all told us they were confident people were safe living in the home and did not raise any safety related concerns with us. They had received training in safeguarding vulnerable adults and were aware of how to identify and act on any concerns. Staff had access to a whistleblowing hotline run by the provider where they could confidentially raise concerns. They said they felt confident management would deal with any safeguarding incidents in a prompt and effective way.

We examined safeguarding records and saw a low number of safeguarding incidents had occurred with no concerning trends or themes. Where safeguarding incidents had occurred, these had been correctly reported to the local authority and Care Quality Commission (CQC) and fully investigated. Where concerns about staff had been substantiated, these had been taken seriously and disciplinary processes followed. Staff held finances for some people which was supported by robust protocols. All financial transactions were recorded and receipts kept. Money was checked three times a day by two staff members. People also had risk assessments in place to support the safe management of their money. This reduced the risk of financial abuse.

Risks to people's health and safety were assessed and clear and detailed plans of care put in place. This included specific risks to individuals associated with conditions such as diabetes or epilepsy. Risk assessments also considered risks associated with activities and going out into the local community. Staff were familiar with the people they were supporting, the risks they were likely to be exposed to and how to keep them safe. This gave us assurance plans of care were followed. Our review of risk assessments and discussion with staff led us to conclude the service got the balance right between controlling risk and promoting freedom of choice. For example, by taking positive risks to enable people's freedom and independence in the community whilst ensuring clear plans were also in place to keep them safe.

There was a culture of reporting incidents within the service, including those of a minor nature. Most incident records were of a behavioural nature and we saw in most cases these were diffused or deescalated before they become significant. All incidents were reviewed by the registered manager, debriefs held with the staff team and preventative measures put in place where appropriate to help reduce the likelihood of a re-occurrence. We spoke with staff and the registered manager about the use of physical restraint. Our discussions with them led us to conclude physical restraint was only used as a last resort after other techniques such as re-direction were used. Care plans confirmed this was the preferred plan of care. Any behavioural incidents were subject to monthly analysis to look for any trends and establish causes or trigger factors. This analysis was monitored by head office and shared with external health professionals to help develop a holistic plan to reduce distress experienced by each individual.

We found there were sufficient staff to ensure people were kept safe. The registered manager told us that staffing had been a recent challenge and a number of staff had recently left resulting in seven support

worker vacancies. They told us that half of those had now been filled. We saw staff had worked extra hours and staff had been utilised from other services run by the provider to ensure safe staffing levels were maintained. We observed care and support and saw people were appropriately supervised in line with their plans of care. Staff were constantly visible and reacted to people's movements to ensure their safety. Staff we spoke with said staffing levels were always safely maintained in the building both day and night and "shifts were always covered." However, some staff raised concerns that the deployment and organisation of staff and number of car drivers on shift meant that some people who required 2-1 supervision in the community sometimes missed out on activities. This is discussed within the 'Is the service responsive?' section of the report.

Safe recruitment procedures were in place. New staff told us they had been required to complete an application form, attend an interview, complete a Disclosure and Barring Service (DBS) check, and have references verified from previous employment before starting work. Documents we reviewed confirmed these checks had taken place. Any previous qualifications were checked by the service to help establish the skill level of new staff and the level of additional support or training they may require. This helped provide assurance that new staff were suitable to work with vulnerable people.

We found the building to be safe and suitable for its intended purpose. People had access to a range of communal and private space. Bedrooms were personalised with posters, wallpaper and furniture according to people's individual preferences. The building was maintained in a safe condition and regular checks took place to ensure it remained safe. This included checks of the building, health and safety and of the water, gas and electrical systems. Fire checks took place and fire equipment and systems were subject to regular maintenance. Personal evacuation plans were in place for each person detailing how to safely evacuate them in the event of a fire.

Medicines were managed safely. Medicines were administered by team leaders who had received training in medicines management. Staff received regular competency checks to ensure they continued to retain the skills to give medicines safely. We saw there had been no recent medicine errors within the service, indicating a consistent and safe medicine system was in place.

Each person had a medicines profile in place which explained to staff the level of support people required, which medicines they were prescribed, what they were for any common side effects. This helped staff understand the medicines they were supporting people with. We looked at a sample of Medicine Administration Records (MAR) and saw they were well completed indicating people had received their medicines as prescribed. Stock checks of medicines were conducted each day to help ensure all medicines were accounted for. Where people were prescribed "as required" medicines these were supported by protocols to ensure their safe and consistent use. Medicines were stored safely and securely and the temperature of storage areas regularly monitored to ensure storage remained safe.



# Is the service effective?

## Our findings

Staff received a range of training relevant to their role. People and relatives spoke positively about the staff that supported people and said they thought they were appropriately trained. All training was delivered face to face by training staff employed by the provider. We spoke with new members of staff about training provision. They spoke positively about the training they had received and said it had given them the skills they needed to work in learning disabilities care. Staff new to care completed the care certificate. This is a government recognised scheme which provides the necessary training to equip people new to care with the necessary skills to provide effective care and support. In addition, staff shadowed experienced staff for a week, and new staff received additional training in topics including safeguarding, epilepsy, management of Actual and Potential Aggression (MAPA) and a two day course in autism. Staff received a range of training updates in key topics on a regular basis. We looked at training records which showed staff training was largely up-to-date.

Staff told us they felt well supported by the management of the service. Staff received regular supervision and appraisal, where any performance issues could be addressed, developmental needs planned and support offered.

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 Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We found the service was acting within the legal framework of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Due to the level of supervision and control exercised over people living in the service, the registered manager explained that DoLS applications had been made for all nine people living in the home. At the time of the inspection, seven of these had been authorised with two further applications awaiting assessment by the supervisory body. The registered manager explained how some of the approved authorisations had conditions attached. They were able to describe the conditions relevant to each person and evidence how they had been complied with. The registered manager had a system in place to track the DoLS in place, the conditions they were subject to and when they expired. This gave us assurance that DoLS would continue to be managed appropriately.

Care planning considered people's capacity to make decisions relating to their care and support. People were involved in the decision making process to the maximum extent possible. People had consented to

various elements of their care and for their information to be accessed and photographs used by the service. Where people were unable to make decisions themselves, Mental Capacity Assessments were undertaken and best interest processes followed.

People had access to a varied diet. Some people, namely those living in the self-contained flats had a greater level of independence and were supported to source, choose and prepare their food themselves with minimal assistance and prompting from staff. These people were encouraged to prepare healthy and balanced meals whilst also respecting people's capacity to make their own decisions in this area. In the main house, a weekly menu was drawn up taking into account people's preferences and the need for a healthy and balanced diet. We saw people were offered appropriate assistance at mealtimes with staff offering gentle encouragement. Adjustments were made based on people's individual needs. For example, one person had a halal diet and another person needed a bespoke diet to help ensure their health was maintained. People's weights were recorded and used to inform eating and drinking plans of care.

People's healthcare needs were assessed and clear and detailed plans of care put in place for staff to follow. Each person had a health action plan in place, which is a structured plan for people with learning disabilities to support them to stay healthy. Whilst health files showed people were supported to attend a range of appointments including dental checks and GP led annual health checks, some health action plans needed bringing update. The registered manager was aware of this and was in the process of updating this information.

## Is the service caring?

### Our findings

People and relatives we spoke with told us they thought staff were kind and caring and treated people well. One person said "all the staff are nice." A relative said "[relative] appears happy around staff."

We observed care and support within the home and saw positive interactions between staff and people who used the service. Staff had a genuine regard for people's wellbeing and treated them in a respectful and dignified manner. Some people who used the service could not verbalise their opinions to us. We saw these people looked comfortable in the company of staff. We saw staff respected people's privacy for example respecting people's rights for privacy in their own rooms. However, one person did tell us that whilst very happy with the service "some staff didn't always knock on their door before entering."

People received a high level of interaction from staff. We saw good positive relationships had developed between people and staff. Staff we spoke with demonstrated good caring values and a desire to ensure people had the best possible experience whilst living in the home. Staff knew people very well and were able to confidently describe how to ensure people received care which was aligned with their preferences. Care plans were very person centred and demonstrating the service had taken the time to learn detailed information about people to better understand them. Detailed information on how to communicate effectively with people was recorded in sensory and communication care plans to assist staff

The service worked with people to build their confidence and increase their independence. For example, people were supported to achieve independence increasing goals, through completing a series of smaller steps. One person was being introduced to public transport, with the support plan gradually increasing the amount of time the person spent alone. We saw this was successful in giving the person more independence and self-confidence. Another person was being supported to be less dependent on staff whilst in the house, reducing the restrictions on and control over the person. On a daily basis, people were encouraged to cook, prepare drinks and undertake household chores themselves to increase their life skills. Staff we spoke with demonstrated they recognised the importance of increasing people's independence and were able to confidently describe the measures being taken with each person

A person centred approach to care and support was in place with people's daily routines based around their individual preferences. For example people could get up when they wanted and staff supporting with medicines would plan medicine administration around this. Staff demonstrated people were placed at the heart of their work and that their choices and opinions were used to formulate daily living plans. We saw evidence people's refusals to take part in activities and tasks was respected by staff, whilst at the same time offering encouragement to help ensure people's lives contained sufficient stimulation.

People were supported to maintain links with their families and were encouraged to visit them. This was supported by protocols to minimise anxiety and distress.

Religion or belief is one of the protected characteristics set out in the Equalities Act 2010. Other protected characteristics are age, disability, gender, gender reassignment, marital status, pregnancy and maternity

status and race. We saw the service was acting within the Equality Act and for example, made arrangements to ensure food prepared for people met their cultural and religious preferences. We saw no evidence to suggest anyone who used the service was discriminated against and no one told us anything to contradict this.

## Is the service responsive?

### Our findings

People had access to a range of activities however these did not always consistently take place. We saw people had regular activity timetables which included trips, bowling, swimming and going out for meals. In addition, we saw people had been on day trips to the coast, and planned and undertook holidays. The provider also had resources which included a textiles centre and a bakery where people were supported to undertake activities and learn skills which could be used in future employment. Although we found a range of activities were available, the organisation and deployment of staff was a barrier to some people consistently receiving their organised activities. Some staff raised concerns with us that people who required 2-1 support in the community were not always receiving their planned activities due to the way staff were deployed and the lack of car drivers allocated to particular shifts. Some people's daily records showed activities had been cancelled due to these factors. For example, in one example, a person's daily records showed that their planned activities had been cancelled on both the 29 July and 2 August 2017 due to lack of transport, with records stated they had subsequently become in a low mood. A staff member said, "over the last few months people haven't all been going out as much as we would like." A relative said, "not doing as much activities as before, I would like to see more variety."

People and relatives praised the care and support provided by the home. One relative said, "They look after him well." During the inspection, we observed care and support. Staff were extremely vigilant to people's activity around the home, responding immediately to any changes in their behaviour. A health professional told us "The individual I am the social worker for at Longfield has a complex diagnosis and is therefore difficult to support, the service generally manage [them] very well, aiming to provide choice and control whilst managing risk."

People's needs were assessed prior to using the service. This was used to develop person centred plans of care. We saw one person was new to the service. The service was constantly reviewing care and support plans, staffing levels and activities with the person as they got to know them to ensure safe and appropriate care. Staff meetings were held to ensure information on the persons needs was shared amongst the wider support team. The care records we reviewed demonstrated people's needs were assessed in a range of areas. This included how to support them with eating, personal care and social activities. People had positive behaviour plans in place which stated how staff should safely support people whilst giving detailed instructions on how to help reduce any anxiety or distress.

The registered manager told us that since becoming manager of the service, they had been working hard to update care and support plans. Most of the care plans we looked at were up-to-date and contained information relevant to people's support needs. We did note that some plans such as health action plans needed updating. We were confident this would be addressed by the registered manager as they had identified this through their own quality assurance checks.

Detailed information on people's likes, preferences and what was important to them was recorded within care and support plans. This helped staff provide a high level of personalised care. Staff we spoke with were familiar with people and their plans of care giving us assurance that appropriate care was provided in line

with plans of care. People had goals around increasing their independence and building self-confidence. Staff understood people's goals and demonstrated a dedication to help people achieve them.

The registered manager told us monthly key worker meetings were held with each person to discuss progress in achieving goals, and to review the effectiveness of care and support plans. However, we noted these had not consistently taken place in recent months. This reduced the responsiveness of the service to people's changing needs, views and choices. Annual review meetings took place with people which involved a more formal review of the person's care and support plans.

People, relatives and staff said the management team were approachable. They said they felt able to raise any concerns with them and they were confident they would be addressed. We saw information on how to complain displayed throughout the premises including how to contact senior managers within the organisation. A complaints file was in place. Details of any complaints were required to be sent to organisations head office on a weekly basis to ensure the provider was aware of any complaints and how they were responded to. We saw a low number of complaints had been received, with those received, responded to appropriately

## Is the service well-led?

### Our findings

A registered manager was in place, who registered with the Care Quality Commission in May 2017. We noted there had been a considerable turnover of registered managers with the current manager the 5th to be registered with the commission since 2013. Two health professionals told us that whilst they thought the service provided good quality care, the changes in management had been disruptive to the service. Whilst we found the manager and deputy were both new to the role, they had a good understanding of the service and we had confidence they would continue to ensure development and continuous improvement of the service. We found all required statutory notifications such as notification of abuse had been reported to the Commission. This meant we could monitor events occurring within the service.

People, relatives and staff spoke positively about the current registered manager and deputy. One staff member said, "Registered Manager is amazing. Can go to them with any issues or problems, the door is always open." Another staff member said of the management team "They are very approachable." We found a friendly and inclusive atmosphere within the home. Care and support revolved around ensuring people's needs and preferences were met. Staff demonstrated good caring values with a desire to help people achieve their goals and develop their self-confidence.

All the staff we spoke with told us that they enjoyed working at the service and they thought people received good care and support and they would recommend it to others. We asked staff if anything needed improving about the service. Most staff said no improvements were needed, with some staff stating that the only improvement needed was with regards to the provision of activities to some people.

Every week the registered manager was required to complete a monthly report which included staffing levels, incidents, safeguarding and any other occurrences within the service. This allowed monitoring of the service by head office to ensure the service was operating appropriately.

Systems were in place to assess, monitor and improve the service. This included a range of audits and checks undertaken by the management team. Regular audits were undertaken by the manager or deputy. These looked at a range of areas including the environment, medicines, and care plans. We saw evidence these audits were effective in identifying areas for improvement. For example, recent audits had noted some areas of care plans such as health action plans were not up-to-date and action plans had been put in place to address. The registered manager and deputy were overseen by an area manager who provided support and undertook an audit on a quarterly basis. In addition, the quality team completed an annual audit which looked at a comprehensive range of areas. Actions from these visits were sent to the registered manager to address. We saw these were effective systems to drive improvement within the service.

Staff meetings took place. These provided a mechanism for staff to discuss any concerns or worries as well as discussing standing agenda items such as safeguarding. Any quality issues or findings of audits were also discussed to help drive improvement of the service.

Incidents and accidents were investigated and used to learn lessons and drive improvement in practice.

Analysis of incidents such as behaviours that challenge took place on a monthly basis to look for themes and trends. Information on events occurring within the service including, safeguarding, complaints, incidents and staffing factors were sent to head office on a weekly basis. This ensured provider oversight.

Service user feedback was sought through a range of mechanisms. Much of this was through informal contact with people on a daily basis as well as through key worker meetings, although these were not all up-to-date. Annual review meetings also provided opportunity to gain people's feedback, and surveys were sent to people and relatives on an annual basis to establish people's views on the service.