

Relativeto Limited

Longfield House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Longfield House is a residential care home providing personal care to up to nine people with a diagnosis of learning disability and other complex behaviours.. There were nine people living at the home at the time of our inspection.

Longfield House accommodates five people in one building, and four others in self-contained flats in the adjacent Coach House.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

We had concerns which we expressed to the registered manager about the recruitment process and also the retention of staff. Although we did not find sustained impact on people, staff were concerned about how fragile the balance of staffing was at times in terms of numbers and skill mix. We have made a recommendation about the robustness of the recruitment process.

People looked happy and comfortable with staff and told us they felt safe. Safeguarding concerns were dealt with robustly and staff knew how to report such concerns. Risks assessments reflected people's specific needs and provided guidance for staff which they spoke to us about. People with more complex behavioural needs were supported by staff trained in appropriate use of restraint and the service had worked hard to reduce incidents.

We found medicines were managed safely and all staff understood the importance of effective infection control practice. Staff had received supervision and training and understood the importance of ensuring people attended health and other appointments as necessary. Staff evidenced good communication around people's changing needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the

best possible outcomes that include control, choice and independence. The outcomes for people promoted choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Staff displayed kindness and reassurance for people and respected their privacy and dignity. Care documentation was detailed and provided evidence of how well staff knew people. There needed to be more evidence of written reviews although staff were very knowledgeable about people's individual circumstances and were happy to share ideas about how best to support someone.

The registered manager was a strong advocate of person-centred practice and was working hard towards embedding this approach in the service.

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

Rating at last inspection

The last rating for this service was Good (report published 2 September 2017).

Why we inspected

The inspection was prompted in part due to concerns received about staffing, service provision and management. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe and well led sections of this full report.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 effective.

Details are in our effective findings below.

Good ●

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 well-led.

Details are in our well-Led findings below.

Good ●

Longfield House

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 Care Act 2014.

Inspection team

The inspection team consisted of three adult social care inspectors.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced on the first and third days and announced on the second day.

What we did before inspection

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

During the inspection

We spoke with four people who used the service and observed communal areas. We spoke with nine members of staff including support workers, team leaders, the deputy manager and the registered manager.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated 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.

Staffing and recruitment

- We found a lack of rigour with the recruitment process which had not adhered to the provider's own policy. There was an active use of character references rather than previous employers as a second reference. Having only one interviewer meant a lack of sufficient interrogation at interview where concerns on application forms should have been probed further. We recommend the registered manager reviews the recruitment procedure to ensure it is robust.
- Appropriate checks of agency staff were made, and the service used one agency to aid consistency for people.
- Staff told us they felt there were sometimes insufficient staff, both in terms of numbers and experience on duty. We checked staffing rotas and found numbers of staff on duty varied per shift but most gaps were covered. Regular staff chose to pick up extra shifts to promote consistency. Staff from the provider's other services were used alongside agency staff when needed.
- The managers acknowledged there was a staff retention issue. The service had three permanent staff vacancies and analysis had taken place in regard to why staff had left although no obvious trends were identified. Some staff advised us there was a poor staff culture, which was slowly being addressed, where longer term staff spoke negatively of previous incidents and this deterred less experienced staff from remaining in the service.

Assessing risk, safety monitoring and management

- Each person had personalised and detailed risk assessments in place to support in the management of behaviour and other relevant risks. These provided in-depth guidance for staff to follow to minimise the risk of harm to people.
- Staff were able to describe how they best supported people to live fulfilled lives while ensuring risks were minimised. They were all aware of people's specific risk management plans.
- Where people were likely to harm themselves or others, individualised de-escalation techniques were documented and physical intervention was used as a last resort. Where restraint had been used, detailed records showed the technique and how much time was spent in hold prior to release. These records were reviewed promptly by managers to ensure appropriate use of such techniques.
- All staff we spoke with were able to explain the emergency evacuation procedures to us. People had personal emergency evacuation plans in place. Practice fire evacuations took place but details of who had taken part were not recorded. We asked the registered manager to ensure this detail was completed in future to ensure all staff had taken part.
- Premises checks including specialist equipment were conducted at least weekly and records completed. However, not all vehicle record checks were being completed properly and this had not been addressed by

managers despite staff logging their concerns.

Systems and processes to safeguard people from the risk of abuse

- One person said they felt happy and safe, and people looked at ease with staff.
- Staff were able to explain how they would report signs of possible abuse or neglect and were confident appropriate action would be taken. One staff member said they had never had any reason to question staff practice.
- The registered manager investigated any concerns in detail and we saw comprehensive documentation around such concerns. They were aware of recent whistleblowing concerns raised with the Care Quality Commission and had investigated these.

Using medicines safely

- Medicines were managed safely. They were stored securely and records were up to date. Where people received PRN or 'as required' medicines, protocols were in place to guide staff.
- Staff were trained in the management of medicines and competency checks were carried out to ensure correct procedure was followed. We observed medicines being administered to one person in line with their preferences.
- Regular medicine reviews took place with the relevant therapists, GP and pharmacist to ensure people were only taking what they really needed. This was part of the 'STOMP' initiative whose aim is to reduce the use of psychotropic medicines (medicines which help to manage behaviour) for people with a learning disability or other complex needs to ensure they can have a better quality of life.

Preventing and controlling infection

- The service had appropriate equipment in place and staff understood how to use it correctly. Chemicals were stored in locked cupboards throughout the home and a recent local authority infection control audit from February 2019 had achieved 96.3%.

Learning lessons when things go wrong

- The managers analysed the number of incidents per person and the use of physical restraint. Monthly reviews showed where these incidents had decreased, or if there had been a spike why this might have happened, and if any further training or guidance was required. Any safeguarding concern was investigated thoroughly, and learning shared with staff at meetings or during supervision.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The registered manager demonstrated a good understanding of key guidance and best practice. They discussed their continual aim for reduced use of physical restraint in line with current guidance and the importance of ensuring people had their rights and choices respected.
- Assessments followed a holistic approach and ensured all aspects of support were considered.

Staff support: induction, training, skills and experience

- Staff told us, and we saw evidence of, a detailed induction which included completion of the Care Certificate which is a set of minimum standards for staff new to care. All new staff were allocated a mentor who they shadowed until they were assessed as competent. Shadowing shifts were allocated on the staff rota and staff were given time to read through care plans and risk assessments to ensure they understood how best to support people.
- We saw supervision was conducted with staff and discussions around practice and policy ensured knowledge was current. Good practice was recognised and action points were created where staff needed further development.
- Staff had access to training which helped them perform well in their roles. All support workers completed the Management of Actual and Potential Aggression (MAPA) training to ensure people were kept safe if their behaviour meant they were a risk to themselves or others.
- Staff were encouraged to develop their skills through the provider's structured award scheme. This included monthly sessions where staff could achieve a bronze, silver or gold award. Once they achieved gold this opened up developmental opportunities.

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

- People were reminded to eat slowly where this was an identified risk and offered choices of food. Staff ate alongside people promoting positive interaction and a sense of inclusion.
- People chose what they wished to eat each day and were always offered alternatives if the options given were not acceptable. Most people received assistance from staff to prepare their food but two people in the service were encouraged to prepare their own if they wished to do so. Staff supported with healthy meal planning where people agreed to this.
- People's likes and dislikes were recorded in their care records. People were weighed monthly to ensure they were not at nutritional risk. Staff monitored people with health-related conditions such as diabetes.
- We saw the kitchen was clean and tidy and food stored safely and according to cultural requirements.

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

- Staff felt most of their colleagues were supportive but one staff member did indicate a lack of handover at the 3pm shift change meant not all staff were aware of incidents during the earlier shifts. The team leaders did state any major concerns were shared with staff at the point of change.
- The registered manager was keen to focus on the strengths of the staff teams and meetings were held to promote a sense of working together. There was evidence of good relationships with other local learning disability services.

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

- The house was an adapted property. Restricted access to bathrooms and the kitchen had been removed, so people were free to enter as they wished. There was a significant programme of refurbishment being carried out.
- The dining room had one person's artwork on the wall and there was a large photographic display of activities undertaken by all people in the service.
- People were able to personalise their own rooms and they were proud to show us their choices of decoration including football allegiances.

Supporting people to live healthier lives, access healthcare services and support

- We saw people accessed specialist health and social care services as needed, and regular appointments were met. Notes of such visits provided detail of the outcome and whether any further action was needed.

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 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 had decision-specific mental capacity assessments in place which covered all aspects of care support including medication, finances and physical intervention. All key parties were involved in these decisions which formed the judgement about their capacity to consent and the assessments followed best interests' guidelines.
- We read in one assessment the person acknowledged the need for physical intervention to ensure they were 'kept safe'. The registered manager had recorded the person always had post incident discussions where intervention had had to be used and this was how they recognised the need for such action. Equally the impact of having two to one staff was viewed as positive as it enabled the person to access the community more readily than if they only had single staff support, ensuring their life was as active as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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 had the appropriate legal authority and were being met.

- One person told us they were being supported by the service to challenge their DoLS through the Court of Protection. They had an advocate and the service was encouraging them to develop their independent living skills.

- Other people had appropriate DoLS authorisations in place and conditions were being adhered to. The service reviewed restrictive practices regularly and removed them when no longer required.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People were supported by caring staff. We observed one staff member give a person a screw driver to enable them to replace batteries in their item which the person responded to very positively.
- Staff knew people well. One staff member spoke with us about how they communicated with one person and recognised alterations in tone and sounds to indicate their different feelings.
- People were supported to engage in culturally appropriate activities. One person told us how they had celebrated Eid the previous week. The service had developed a prayer room for use by staff and other people were supported to attend church if they chose to do so.

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

- Staff demonstrated understanding about people's complex needs and how best to engage with them.
- One staff member responded to a request for a person to go out for coffee and cake. This was trialled after an appropriate risk assessment was developed and now this forms part of this person's regular routine. Another example was discussed where a person wanted to go out in a boat and the service is exploring options around the possibility of a ferry trip.
- Communication plans were person-specific. Care records detailed how best to communicate with people including the use of gestures and actions, along with picture cards and other prompts. Staff were also aware of how to interpret people's feelings and had guidance in care documentation as to people's particular techniques.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain and develop relationships with others wherever possible. One person felt supported to go out with their partner and said staff were happy as long as they told them when they were coming back.
- People were encouraged to do as much for themselves as possible. We heard one person being encouraged to go out with staff to buy some cigarettes, saying, "It will do you good. You like that walk in the park don't you?" Another person was encouraged to clear up their dinner plate and cup.
- The deputy manager spoke with us about plans for more independent living for some people in the service where they felt this was a realistic option. They explained how they had liaised with relevant health and social care professionals including advocates to plan specific goals towards this aim.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved. 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's care records were individualised and reflected their interests and preferences. References were made to what people enjoyed doing and who was important to them. We saw where people liked to undertake particular activities these were planned for in their weekly schedule and included trips to places of interest as well as leisure activities.
- Some staff suggested people did not always attend their activity as there were insufficient drivers on duty. However, when looking at records we saw over a two-week period people had attended activities daily according to their allocated hours of support.
- People's usual daily routines were documented to ensure stability and consistency where people were unable to verbally communicate their needs. This detail helped lessen incidents as staff promoted people's feelings of safety and reassurance. However, some people could have been more encouraged to undertake activity within the house.
- Care plans provided detailed accounts of how people displayed specific behaviours, and management techniques of these including why some people had protected furnishings in their room.
- Although we found written care plan reviews were sporadically completed, we were aware staff spoke daily about people's changing needs. We heard a number of conversations about the smallest of changes people had demonstrated and staff spoke with each other as to how best respond to these changes.
- People had 12 month development plans which set goals for them to achieve. However, we found these were not always reviewed often enough to ensure people were on target, or whether any revision was needed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had pictorial health action plans which outlined their communication methods in detail along with a specific communication care plan. There were few signs around the service as they were a potential hazard.
- People had pictorial weekly schedules showing their usual morning and afternoon routines.

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

- One person responded well to achieving tokens as a reward and this had resulted in trips to theme parks

which they thoroughly enjoyed. Another person visited a large aquarium regularly and their care documents recorded how much they enjoyed this activity. The registered manager explained staff recorded detailed information about how people responded to new activities to ensure people were engaged and interested.

- We saw evidence where people were supported to maintain family relationships and if necessary, appropriate positive risk assessments were in place to manage such events.

Improving care quality in response to complaints or concerns

- The service had an easy read complaints policy and procedure displayed on the wall to assist people in raising concerns.
- The service had few complaints and the ones they had received were dealt with promptly and thoroughly. If people in the service raised an issue this was recorded and investigated thoroughly, and appropriate referrals made to external agencies for further support if needed.
- The service had received a compliment from a DoLS assessor who had noted how the staff had supported a person to reduce their dependency on staff, engage with more people all while reducing sedative medication.

End of life care and support

- End of life care plans were in the process of being completed for all people in the service. We saw one which provided a detailed and pictorial outline of the person's wishes. This included what they wished to happen at the funeral service including choice of music and the type of flowers they wished to have.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Staff spoke positively of their roles and how they enjoyed their jobs. They did state it would be easier once all vacancies were filled. One staff member said, "We always remember we are support workers, not parents," emphasising the need to let people do as much for themselves as possible.
- The registered manager was committed to providing a person-centred service focusing on achievable outcomes for people. This included the transition towards independent living for some people in the service. The support with the DoLS challenge was also evident of their commitment to this model.
- The registered manager cited many examples of how far people had grown from their achievements due to staff input and patience.

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 was very aware of the staffing retention issues and stated how much they, along with the deputy manager, continued to cover shifts when needed. Staff verified both managers were responsive to issues even if out of hours.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff spoke well of the registered manager and deputy saying they felt supported. They also spoke highly of their colleagues. They had staff meetings which were conducted openly and encouraged staff feedback.
- The registered manager showed us how staff/people allocations were being checked to ensure equity across the service as some staff had reported they supported the more complex people more often.
- Weekly key performance indicator data was completed and scrutinised by the provider. Other quality assurance measures included thematic reviews, peer reviews by managers of other services and responding to people's feedback. A regular audit programme was in place which reviewed key areas of service provision and actioned any issues promptly.
- The registered manager had links to several networks of other professionals including those organised by the provider. They attended regional meetings of the provider which included discussion around risk, mental capacity, and any lessons learnt from other services. They also were part of external networks organised through the local authority to discuss best practice.
- The performance rating from the service's last inspection was displayed as required in the home and on the provider's website.

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

- The provider had focused on developing a 'People's Council' which ensured people's views were considered. We saw where people had contributed ideas at a meeting in June 2019 for different activities, themed nights and parties and different food options. They also spoke about what could be done better and we saw these had been taken forward by staff.
- The service had recently developed a 'You said, We did' board which indicated how they were acting on people's suggestions such as a garden party and barbeque.
- The registered manager was focused on ensuring all staff helped to shape the service and we saw this through the positive interactions during the staff meeting. They shared information on what work had already been carried out since they became manager which focused on changing attitude and culture in the service.

Continuous learning and improving care

- The service had recently conducted its own thematic review focusing on risk and as a result developed a detailed action plan.
- We observed part of one staff meeting and found staff were very open and honest in their comments, and also constructively offered suggestions as to how people could be best supported. This included different engagement techniques which they had found to be successful.
- Case studies were discussed at meetings to share learning and promote best practice. The registered manager cited a number of examples which had been used.
- We saw evidence of a reduction in incidents for people with the most challenging forms of behaviour. We compared data from the same week in 2018 and 2019 and found a significant reduction for one person. This was also during a period where medication had been reduced to manage the behaviours, thus demonstrating management strategies were effective. There were plans in place to further reduce medication after the person had been on their holiday.
- Incident reports showed minimal intervention was used at all times and staff were praised when they managed situations in the least restrictive manner. Where learning resulted from an incident this was shared with all staff.
- The registered manager explained how staff had suggested a 'master' activity planner to minimise the risk of having no drivers available for activities when planning staffing. We saw this in use.

Working in partnership with others

- The service worked alongside other support agencies and we found positive relationships with people. One person's behaviour was being closely monitored and supported by other health professionals in regard to forming alternative management support plans.