

Langley House Trust

Longcroft

Inspection report

Longcroft
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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service:

Longcroft is a spacious building situated in Lancatser. It provides accommodation for up to 14 men who are offenders with mental health conditions. At the time of our inspection the home had 12 people living there. Accommodation is provided over three floors, and includes three communal spaces and a dining room.

People's experience of using this service:

People told us they felt safe, secure and comfortable at the home. One person explained the stepped admission to the home helped them to feel safe and added, "By the time I came into the home full time I felt much more relaxed, confident and reassured." When we discussed safeguarding responsibilities with staff, they demonstrated a good understanding, including about reporting procedures.

People confirmed there were adequate staff numbers to meet their requirements in a timely way. Personnel files we reviewed contained required checks to ensure employees were safely recruited and suitable to work with vulnerable adults.

Care records held risk assessments intended to reduce the potential risk of inappropriate care, harm or injury. The management team had good procedures to monitor and reduce incidents.

People told us they received their medicines on time and safely. One person said, "The staff make sure I get my medication on time. They have never failed with that." The registered manager ensured staff had training and competency-testing to underpin their related skills.

Staff confirmed they had a range of training to underpin their skills and experience. One employee commented, "I was really surprised about how much training is on offer, it's really good."

We observed people had a wide range of choice and sufficient portions at mealtimes. Staff completed food safety training as part of the hygienic preparation of meals.

Care records we looked at evidenced a multi-disciplinary approach to each person's continuity of care. We noted, where required, people were referred in a timely way to other services to meet their ongoing needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. A person told us, "All along the way my keyworker has consulted with me and we agree together about what might help and what sort of support I need."

We observed staff consistently interacted with those who lived at Longcroft in a caring and friendly way. One person said, "The staff we have are really friendly, but professional."

Care records we looked at showed staff used a person-centred approach to the assessment and ongoing planning of people's support. Documentation evidenced each person was at the heart of their support planning, which focused on maximising their independence. One person said, "I have had a lot of disruption in my life and my plan is all about getting me back on track."

People told us Longcroft was well-organised and had good leadership. They and personnel stated the management team involved them in the ongoing development of the home. A staff member commented, "The new managers are good, they are really supportive and there have been some good, positive changes to improve us as a service."

Rating at last inspection: Good (report published 02 March 2017).

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any issues or concerns are identified we may inspect sooner.

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

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 remained safe
Details are in our Safe findings below.

Is the service effective?

Good ●

The service remained effective
Details are in our Effective findings below.

Is the service caring?

Good ●

The service remained caring
Details are in our Caring findings below.

Is the service responsive?

Good ●

The service remained responsive
Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service remained well-led
Details are in our Well-Led findings below.

Longcroft

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was carried out by one adult social care inspector.

Service and service type:

This service is a 'care home.' People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, both of which we 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 comprehensive inspection visit took place on 06 March 2019 and was unannounced.

What we did:

Before our inspection we completed our planning tool and reviewed the information we held on the service. This included notifications we had received from the provider about incidents that affect the health, safety and welfare of people supported by the service and previous inspection reports.

We also checked to see if any information concerning the care and welfare of people supported by the service had been received. We contacted the commissioning department who used Longcroft. This helped us to gain a balanced overview of what people experienced whilst using the service.

As part of the inspection we used information the provider sent us in the Provider Information Return. This is

information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with a range of people about Longcroft. They included four people who lived at the home, two members of the management team and five staff.

We looked at records related to the management of the service. We did this to ensure the management team had oversight of the service and they could respond to any concerns highlighted or lead Longcroft in ongoing improvements. We checked care records of two people who used the service. We also looked at staffing levels, recruitment procedures and training provision.

We walked around the building to carry out a visual check. We did this to ensure the home was clean, hygienic and a safe place for people to live.

24 hours after our visit, as part of the inspection process, we received new, more detailed risk assessments to indicate how the service intended to develop further.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Staffing and recruitment

- The provider had recently implemented changes to staff roles and responsibilities to deliver more personal care, which resulted in a small staff turnover. We found and staff commented this was now resolved and a consistent, sufficiently sized team was now in place.
- People confirmed there were adequate staff numbers to meet their requirements in a timely way. One person said, "I feel safe because there's always a member of staff about to have a chat if I don't feel right."
- Personnel files we reviewed contained required checks to ensure employees were safely recruited and suitable to work with vulnerable adults. This included references, criminal record checks and an assessment of their full work history.

Systems and processes to safeguard people from the risk of abuse

- Staff received training related to the principles of protecting people from unsafe care, poor practice and abuse. When we discussed safeguarding responsibilities with them, they demonstrated a good understanding, including about reporting procedures.
- Staff were required to complete safeguarding and near miss incident forms, which were then analysed by the senior management team. Any lessons learnt were discussed in supervision sessions and team meetings. This was a good system to monitor and maintain people's safety.

Assessing risk, safety monitoring and management

- Care records held risk assessments intended to reduce the potential risk of harm, injury or inappropriate care. These were detailed and included control measures to mitigate hazards.
- We found information did not always fully guide staff to specific risks. When we discussed this with the management team they reassured us they would develop this further. 24-hours after the inspection visit, they showed us a new, more robust form they had started to implement.
- The management team had good procedures to monitor and reduce accidents and incidents. In the last year there had been no accidents at Longcroft. A person who lived at the home stated, "I feel safe because I am not as good as I used to be on my feet, but the staff know that and are close by to make sure I am ok."

Learning lessons when things go wrong

- The registered manager and staff team were keen to review lessons learnt to improve care delivery. This formed part of team meeting discussions to ensure staff understood important changes. A good example of this was the new risk-specific assessment form introduced following our inspection visit.

Using medicines safely

- We observed staff concentrated on one person at a time and signed records afterwards to evidence

people had taken their medication.

- People told us they received their medicines on time and felt this was managed safely. One person stated, "Yes I have medication, which the staff dispense. I am not ready to do it myself and I appreciate the staff doing it to keep me safe."
- The registered manager ensured staff had regular training and competency-testing to underpin their skills. They assessed the ongoing safety of relevant procedures through internal and external auditing systems.

Preventing and controlling infection

- We found Longcroft was clean and tidy. Staff involved people who lived at the home in housework to develop their skills as part of their move on plans. One person commented, "The home is always clean like this. They get us involved in it, which is really important for me because I need to get used to doing it for myself for when I move back out there."

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.

People's outcomes were consistently good and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- The provider had recently changed staff roles and responsibilities to meet people's increasing personal care needs. We found the workforce received additional related training to ensure the continued effectiveness of the service.
- When we discussed staff expertise with people who lived at Longcroft, they said personnel were skilled and experienced. One person stated, "We absolutely need staff who are experienced and really knowledgeable about the conditions we have. That's really well done here, the staff in my opinion are really skilled."
- Staff had completed nationally recognised health and social care qualifications and were required to undertake a variety of courses specific to their role. Staff confirmed with us they had access to a range of training. One employee told us, "I've had more training here than I've ever had anywhere else"

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

- Longcroft had excellent procedures to assess people's needs and ensure the best possible start to their care and treatment. This involved a stepped admission process whereby each person spent a short period of time each week staying at the home. This continued for a month and helped them to get used to living there. One person said, "What was fantastic about this place was the stepped way I was admitted. It really helped me to get used to coming into care and starting to get to know the other residents."
- We found the registered manager was referencing current legislation, standards and evidence-based guidance to achieve effective outcomes. For example, staff had access to reference materials to assist them to better understand different medication.

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

- We observed people had a wide range of choice and sufficient portions at mealtimes. An individual who lived at Longcroft told us, "The meals are very good and well-cooked. I get lots to eat and if I don't like what they are cooking the staff always offer something else."
- Staff completed food safety training as part of the hygienic preparation of meals. We saw the kitchen was clean and the cook completed required records to evidence equipment and temperature checks were regularly undertaken.

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

- The provider employed a psychologist to support people with their emotional needs. Those who lived at the home said they also had access to their social worker, GP, psychiatrist and specialist community and hospital services. We noted, where required, people were referred with a timely approach to other services to meet their ongoing needs.

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

- People's care plans focused on achieving short, medium and long-term goals related to leading healthy lifestyles. This included, where appropriate, the involvement of other healthcare professionals.
- Care records we looked at evidenced a multi-disciplinary approach to each person's continuity of care. One person told us, "The staff all work with all the other workers involved in my care and we meet together to talk about how I am doing."

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

- We assessed how the registered manager identified, recorded and met communication and support needs of people with a disability, impairment or sensory loss. This included the use of pictograms and flash cards. These tools had pictorial information to assist people to plan their care and manage hazards about the home.

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 can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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.

- At the time of our inspection, no-one at Longcroft had an authorised DoLS in place. Staff had relevant training and a good working knowledge of the principles of the act. One employee said, "Support is based on how their mental health is affecting them. If they lack the capacity it is about continuing to help them make decisions whilst managing the risk."
- We observed staff checked people's consent before they proceeded with any support. Care records held evidence of recorded, decision-specific agreement to care and treatment.

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

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

- We observed staff consistently interacted with those who lived at Longcroft in a caring and friendly way. People we talked with confirmed staff had a kind approach. One person said, "The staff really care about me, they have a lovely attitude."
- Staff had regular equality and diversity training to enhance their awareness of people's diverse needs and human rights. Another person commented, "There's no judgement here, I feel like I can be myself." This was underpinned by a range of relevant policies and procedures.

Respecting and promoting people's privacy, dignity and independence

- People stated staff consistently maintained their privacy and dignity. They said they felt comfortable and relaxed at Longcroft. One person told us, "I am very happy here, this is my home and the staff are my family."
- We saw people's records were securely stored to protect their privacy. Staff constantly knocked on doors before entering to respect each person's personal space.

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

- We found care records evidenced people were at the heart of their support planning. This focused on helping each individual set their own goals to maximise their independence. Each area of care had been agreed and signed by people who received support.
- When we discussed involvement of people in their care planning, they confirmed their views were consistently sought. One person stated, "We sit down and talk about my care, all the paperwork and my support plan. I never had interest in this before in other places, but the way they do it here makes me really motivated to get better."
- Information materials provided by the service gave people details about advocacy services. Consequently, they could access this if they required support to have an independent voice.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- When we reviewed care records we found staff used a person-centred approach to the assessment and ongoing planning of people's support. Recordkeeping focused on positive language intended to optimise each person's independence.
- The person and their keyworker worked together to assess, plan, monitor and evaluate each area of need. Where required support changed, we saw staff responded well and updated records in discussion with the relevant individual who lived at Longcroft.
- Care records included people's preferences and life histories to guide staff to a better awareness of each person and their backgrounds. This included details about their social skills, interests and related support.
- There was an extensive woodwork shop and gardening facilities on site, which were widely used by people at the home. Other activities included music and basic life skills training, as well as access to voluntary work and college courses. A person who lived at Longcroft told us, "I am really well occupied. The staff are good at getting you motivated, up and about and interested in doing something."

End of life care and support

- At the time of our inspection, Longcroft did not provide support for anyone on end of life care. However, staff had documented each person's religious requirements and the provider had a relevant policy to guide their employees should this need arise.

Improving care quality in response to complaints or concerns

- Information was made available to people about how they could comment on the service if they had any concerns. Those who lived at the home told us they had confidence their feedback would be taken seriously. One person stated, "I have never had a complaint, but the manager is a good listener and I feel like he would deal with anything straight away."

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

The service was consistently managed and well led. Leaders and the culture they created promoted high-quality, person centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People told us Longcroft was well-organised and had good leadership. One person commented, "[The registered manager] is really nice. He is respectful and talks to me on my level. I feel like he understands what I need and what I am like."
- Staff stated the management team worked closely with them in the delivery of care. We saw the registered manager had a good understanding of each person's needs and backgrounds.

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

- The registered manager had several systems to obtain people's feedback about the quality of their care. This included satisfaction surveys, one-to-one discussion and regular 'resident' meetings. One person said, "The manager is fantastic. He often sits and has a chat with me and I feel I can go to him anytime."
- Longcroft had a small workforce and the registered manager worked closely with them on a day-to-day basis. This enabled informal two-way discussions to obtain feedback and effectively implement change. Regular team meetings enhanced this and gave staff the opportunity to raise any concerns or suggestions to improve the service.
- The provider had recently implemented changes to staff roles and responsibilities. Personnel we spoke with stated they were consulted about and felt a part of this service development. A staff member stated, "It's a big change, but we have to respond to people's changing needs. I think it's a good change and I was happy to move forward with the service."

Continuous learning and improving care

- All staff were required to log accidents, whistleblowing concerns, safeguardings, complaints and other incidents. This was shared with the senior management team, registered manager and relevant staff to explore any lessons learnt. We saw evidence identified issues were addressed to maintain a safe environment and everyone's welfare.

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

- The service had clear lines of responsibility and accountability. This included notifying CQC of any incidents in line with the regulations.
- The management team undertook a range of audits to check everyone's safety and wellbeing. These covered, for example, environmental and fire safety, care records, infection control and medication. The

registered manager assured us they would manage identified issues as part of quality assurance and service improvement.

Working in partnership with others

- We found the provider worked with other organisations in the ongoing improvement of people's lives. This included local educational facilities and health and social care providers.