

Dovecote Care Homes Limited

# Longmead Court Nursing Home

## 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

We carried out this inspection on 30 November and 2 December 2016. Both days of the inspection were unannounced.

The service is registered to provide nursing care for up to 54 older people including people with a diagnosis of dementia. At the time of the inspection 47 people were using the service.

Our last inspection of this service was during December 2015 and we rated the service as requiring improvement overall. This was because we found the provider was not meeting the requirements in relation to safety and providing an effective service. We received an action plan from the service explaining how they would resolve these issues which we used to plan this inspection and check that the improvements had been made. At this inspection we found the provider had taken the necessary action to resolve the issues identified in 2015. However we identified errors with the recording of medicines so we were not assured people always received their medicines as intended. This aspect of the service requires improvement. As a result of our inspection the service learnt from this situation and has increased the medicine audits from monthly to weekly and provided additional support to the staff involved.

There was a registered manager at the service. 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.

Since our last inspection the manager and deputy manager both new at the time of the previous inspection have established themselves into their management positions. The provider identified the need for additional management support and has appointed a clinical lead nurse. An additional nurse has been rostered on each day time shift so there were two nurses on duty who were supported by team leaders and care staff. The service used a dependency tool to identify the number of staff required to be duty in respect of the needs of the people using the service. We found there were adequate staffing for people's identified needs.

Risks to people's safety were adequately managed. The service assessed people's risks of falls and monitored any falls that people sustained to identify any triggers and put additional safety measures in place. Staff had received training in managing risk and how to provide a safe environment for people. Regular environmental checks were in place.

Staff received training in safeguarding and were aware of what actions they should take to safeguard people from potential, actual abuse and knew what actions to take to promote people's safety and well being.

There was a robust staff recruitment policy and procedure in operation. This helped to ensure only suitable staff were employed. Once employed staff were supported by an induction and regular supervision was

provided by the senior staff. Training was provided to develop and maintain staff skills including the nursing staff who were all working upon revalidating their qualification.. All nurses are required to do this by their governing body the Nursing and Midwifery Council, (NMC) The management team were supported by regular visits from the provider. The provider had also enlisted the support of Consultant to provide training to all staff and work with the management team for the smooth running of the service.

There were suitable arrangements for the safe storage, management and disposal of medicines. However we did identify two recording errors of people's medicine which we brought to the attention of the deputy manager.

The senior staff of the service were knowledgeable with regard to Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The service had made referrals and worked with the Local authority to support people who used the service with regard to (MCA) and (DoLS).

Deprivation of Liberty and best interest assessments were in place to provide staff with guidance to protect people where they do not have capacity to make decisions and where their freedom had been restricted for their own safety.

People had their nutrition and hydration needs met through effective planning and development of nutritious menus. Menus were varied and took into account people's dietary preferences.

The service had built up an effective and supportive relationship with the general practitioner service

Prior to coming to the service people and their families were given information to assist them to decide if Longmead Court was an appropriate place for them while an individual needs led assessment was carried out. This was to determine if the service could meet the person's needs.

Each person had a care plan which was regularly reviewed to help staff provide care around their assessed needs. Other professionals involved with people's care and families informed us the service staff worked with them and kept them informed appropriately

People's privacy and dignity were respected by staff who were familiar with their needs and took into account how people wanted to be cared for. .

The service had a complaints procedure which was available for people to use if so required. People did tell us that they liked the activities but would have liked more.

Surveys were carried out by the service to identify how the service could continue to be improved. The senior staff also arranged staff meetings to inform and listen to the views of the service staff. People using the service relatives and staff told us that the management staff were approachable and supportive.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** 

The service was not always safe.

There was a medicines policy and procedure in place and staff administering medication received training to ensure they were competent to administer medication. We found two medicine errors so were not assured people always received their medicines as intended .

People had risk assessments and care plans in place to help staff deliver care according to people's needs and wishes.

The staff had received training in safeguarding adults and were aware of how to report safeguarding concerns they might have.

A dependency tool was in use to identify the number of staff required to provide care to the people who lived at the service. Staffing levels were adequate

### Is the service effective?

**Good** 

The service was effective.

Established staff received supervision and knew people well and were aware of their individual care needs.

There was a training programme in place for all staff which included understanding their roles and responsibilities with regards to the Mental Capacity Act 2005 and training in Deprivation of Liberty Safeguards.

People's nutritional needs were monitored appropriately and other professionals consulted for support as required.

The service had built relationships with other professionals to support the people using the service and was receiving strong support from the GP service.

### Is the service caring?

**Good** 

The service was caring.

People were treated with dignity and compassion.

Staff were understanding and attentive to people needs.

People's privacy was promoted and respected by the staff

### **Is the service responsive?**

**Good** ●

The service was responsive.

People's needs had been assessed and this information was used to construct their care plan.

People did tell us that they would like more activities

The service had a complaints policy and procedure and people told us they would have no problem of using it if the need arose.

### **Is the service well-led?**

**Good** ●

The service was well-led.

There was an experienced registered manager in place who was well supported by a deputy manager, clinical lead and the provider.

There was a variety of systems in place to seek the views of people and this information was used to develop and make improvements to the service.

Staff were supported and valued by the service.

# Longmead Court Nursing Home

## **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 was unannounced and carried out by one inspectors and an expert by experience on 30 November 2016. An Expert-by-Experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their expertise was older people. The second day of the inspection also unannounced was carried out by the same inspector.

We considered all the information we held about the service. This included the conclusions from our previous inspections, action plan, provider information return and statutory notifications received by the Care Quality Commission. Statutory notifications include information about important events which the provider is required to send to us by law

At this inspection we talked to five people who used the service, seven relatives, the deputy manager, clinical lead, two registered nurses, two senior carers and six care assistants. We looked at various policies, records and files. We did not speak with the registered manager during the inspection as they were on leave. We observed medication being administered, and looked at twenty medication records and reviewed seven care plans. We carried out a Short Observations Framework Inspection (SOFI), over the lunch time on the first day of our inspection. SOFI is a specific way of observing care to help us understand the experience of people who could not express their views and experiences with us.

# Is the service safe?

## Our findings

At our last inspection of December 2015. Although being addressed at the time specific risk assessments were not in place for all people. At this inspection, we saw that the care planning system had been reviewed and developed. We saw that for each care plan a specific risk assessment to address the individual person's needs was in place. The staff we spoke with were knowledgeable about the people they supported and were aware of the risks such as which people had diabetes or were at risk of falling.

Staff had received training into how to safeguard people in their care. At our last inspection of December 2015. We found that not all staff had been trained by the service in safeguarding and whistle-blowing. At this inspection training records showed us this had been addressed and also the staff we spoke with confirmed this was the case. From the questions we asked them they were able to demonstrate they had knowledge in safeguard people and knew how to whistle-blow. Staff had access to guidance about safeguarding people, whistle blowing policies and bullying and harassment. The staff were knowledgeable about how they would recognise abuse and how they would protect people and hence the risk to people of experiencing abuse was minimised. One member of staff said. "The safeguarding training is very good and we are told at every training session how to report and how important it is that we do so." A relative told us, "I visit nearly every day, I've never seen any sign of mistreatment towards anyone, they are very patient with people."

People did not always receive their medicines as intended. We saw that the Medication Administration Records (MAR) for two people were not correct. A medicine for a person had not been given at the prescribed time and was still present in the service medicine room. The time this medicine was to be administered was 19.00 hours which is unusual as most medicines are prescribed for 18.00 hours. We left the deputy manager to discuss with the GP if the time of medicine could be altered to 18.00 hours and hence was then in line with other medicines the person was prescribed.

Regarding the medicine for another person prescribed at 08.00 we saw that the blister pack where the medicine was stored until required for use was empty. However the MAR had not been signed.

Therefore the MAR was stating the medicine had not been given. There was no other record as to why this was the case and why the medicine was to have been omitted. The other medicines prescribed at that time had been signed for. The person was not able to tell us whether they had their medicine as they were totally reliant upon the staff for their medicine needs.

The deputy manager acknowledge the errors on the day and took corrective action. Since our inspection the service has informed us that they have spoken with the staff concerned and arranged further training for the staff. The management team are now carrying out a weekly medicine audit to identify medicine issues and learn lessons to improve the service.

We looked at the policy and procedure for the management of controlled drugs and saw that the records in the controlled drug book agreed with the medicines in store.

Staff told us that all staff designated to administer medicines had received training in the safe handling and administration of medicines. There were suitable arrangements in place for the safe storage, management and disposal of people's medicines. The service had changed the pharmacy it used during 2016 and had received a detailed advice visit and report in November 2016. The Deputy manager informed us that the service intended to continue to use these advice visits to support its own auditing process. We saw that regular planned audits were carried out and there were further random audits designed to provide a safe administration system. The temperatures of the medication room and fridge were recorded daily to confirm the temperature was within safe limits.

People, and their visitors, informed us that they felt safe at Longmead Court. One visitor told us, that their friend had been moved five or six times earlier on in the year, before finally coming to live at Longmead. They said, "This is the best, we worry about them a lot less now, as we feel they are safe and in good hands here." A person using the service informed us, "This is my call bell, and a pressure mat by my bed. If I fell on the mat, or pressed that button they'd come quite quickly, wouldn't be left for long."

During our inspection we became aware that many people using the service would not have the capacity to summon staff by using the call bells. We saw that risk assessments were in place and staff checked upon people regularly or at prescribed times where this had been identified with regard to their well-being. When call bells were used they were answered within a reasonable period of time. We noted that staff were present in the lounges of the service to support people throughout our inspection and other staff regularly visited the communal areas to talk with people and to ensure they were comfortable. We noted that the service had undergone some refurbishment since our last inspection and further developments were planned to assist people with dementia, orientation such as large clocks and calendars strategically placed. This is for the purpose of people feeling safe.

The training records confirmed that staff had received training in various subjects including safeguarding, whistle-blowing, caring for people with dementia and infection control. Staff also had access to guidance about safeguarding people, whistle blowing policies and bullying and harassment. The staff were knowledgeable about how they would recognise abuse and how they would protect people and hence the risk to people of experiencing abuse was minimised. One member of staff said. "The safeguarding training is very good and we are told at every training session how to report and how important it is that we do so." A relative told us, "I visit nearly every day, I've never seen any sign of mistreatment towards anyone, they are very patient with people."

The deputy manager explained to us the emergency plans in place for evacuation in the event of an emergency. Staff were reminded of this at some team meetings and supervision. This meant that the service had identified risks and plans were in place to reduce the impact. Members of the senior team and nursing staff recorded any falls that people sustained, incidents and accidents and discussed with members of the staff team what lessons if any could be learnt. We saw that the service tested the fire alarms weekly and records for the maintenance of equipment was up to date.

People were not restricted in their movement and could freely move around the service. One person had specific one to one time with staff regarding difficulties with their walking and challenging behaviour. We saw staff working together to support the person as stated in their care plan. We asked relatives of people if they considered their relative was safe. One person told us, "I don't worry about leaving [my relative], I normally leave them smiling."

Staffing levels were adequate to people's needs. A relative told us, "At weekends particularly they seem short



of staff sometimes, which concerns me, peoples' needs are the same every day of the week." Other relatives informed us that they believed there was normally enough staff on duty whatever day of the week it was. One person told us, "If I am ever concerned about anything I find someone, including of the senior staff and they always help, no problems." A visiting relative in the upstairs lounge told us, "There is always plenty of staff on duty, I think this room never seems to be unattended."

We discussed with the deputy manager the staffing compliment regarding qualified nurses on duty at anyone time, staffing skills and the numbers and skills of staff. They explained to us how the dependency scores were carried out to determine the number of staff required to be on duty and any one to one care. Since our last inspection the service had increased the number of qualified nursing staff on duty. This was a result of the work the senior staff and nurses had carried out to identify the benefits to the people using the service of having an increased qualified nurse presence. The deputy manager informed us that the staffing was kept under regular review to ensure the number of staff on duty was sufficient and staff were consulted about this.. A member of staff told us. "The teamwork is good and we have enough."

The deputy manager explained to us the policy and procedure for the recruitment of staff. We saw robust policies and practices were in place . New applicants submitted an application form. Any gaps in employment were asked to be explained and all new staff were required to have a successful check with the Disclosure and Barring Service (DBS) plus at least two references one from a previous employer. Until these checks were place the new member of staff was not permitted to work at the service. We saw that staff had a contract of employment and a job description. A member of staff told us, "They checked out my references and DBS and were supportive of me when I first started with training and being paired up with an experienced member of staff in my first two weeks."

## Is the service effective?

### Our findings

At our inspection of December 2015, we found the service was not supporting new members of staff appropriately because new members of staff had not received induction training. The new management were starting to address this issue and at this inspection we saw a comprehensive induction programme was in place.

We also noted at the previous inspection of December 2015, people's nutritional records had not been maintained. At this inspection we saw that the service had focussed upon how it met people's nutritional and fluid needs and kept records to demonstrate this. If a person require additional support this would be recognised, recorded and the care plan sufficiently detailed.

People we spoke with told us they considered the service was effective because the staff were well trained and knowledgeable. One person said. "They know me well, and are very helpful."

Staff were trained in order that they had the knowledge and skill to carry out their duties. A person told us. "They know me very well and my ways, that is why I am content here, you can have a laugh and joke with them." We saw from records that all staff received an induction when first commencing at the service and then on-going training. Staff also had regular supervision with a senior member of staff who in turn was supervised by the manager. All staff had an annual appraisal. This is an opportunity for staff to discuss and agree a plan of how they wish to develop their career in the future year and review the progress of the previous year.

All of the staff we spoke with confirmed that they had supervision with the manager or senior staff member and an annual appraisal. The deputy manager explained to us the way in which training was organised and how they planned supervision and annual appraisal sessions. We spoke with a member of staff who told us about their induction and considered it was well organised, in order that they could work upon any unit in the service

We discussed with the deputy manager how the service implemented the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). They confirmed that they and the staff had received training and further training was planned.

Care records confirmed that MCA assessments of people's capacity to make day to day decisions had been carried out. We saw that where it had been considered that people did not have the capacity in a certain area, a record had been made that best interest assessments had been carried out. We saw that the service had considered and involved family members in the decision making process. We saw appropriate and completed use of the Mental Capacity Forms to record information required to support people. Also the service had applied as assessed and deemed necessary to restrict people's liberty for their own well-being and had applied appropriately to the correct authority by use of a Deprivation of liberty (DoLS) document.

People were supported to have sufficient to eat and drink. One person said. "The food is very good." Another

person said. "I like the food it is served at the right temperature and tastes good.

A person with communication and swallowing problems had been assessed by health professionals as a result of a referral from the service. There was a care plan in place which included daily records. A nurse explained to us how information was raised and discussed via handovers, this was recorded and the care plan would be reviewed if necessary and altered.

Our observations during and after lunch showed that staff supported people with their assessed needs. Staff spoke with people at eye level by sitting next to them and helping them to enjoy their meal. One person was unable to concentrate upon eating their meal and frequently left the table. Staff supported them to return after a time and to refocus upon the meal. They also offered alternatives and some were accepted. However the person's condition meant that they were unable to concentrate for any period of time. We were concerned if the person had enough to eat. The staff showed to us a food diary and that the person was regularly weighed. As the person was unable to focus upon their meal the staff offered them snacks and drinks at various times during the day to ensure their nutrition and fluid needs were met.

Staff told us there were at least two main choices of meal per day plus light alternatives if required like sandwiches and soups. The menu was planned by consulting people and their relatives and was planned in advance, whilst people chose on the day what they wanted to eat. There were various choices for breakfast and evening meals. We saw that staff asked people if they wanted tea or coffee and did not assume what drink the person would like to consume. We noted in one care plan a person liked drinking chocolate and this option was offered to them.

People's health care needs were met. People had input from the GP and other professional staff such as dentists and opticians as required. The service had built up a strong relationship with the general practitioners which saw people's needs being regularly reviewed. Professionals from various disciplines were present during our inspection. Some aspects of care such as cleaning nails and mouth care were raised with us. Why other people consider the care was extremely positive with regard to personal hygiene. A relative informed us the staff had suggested if they could purchase an electric toothbrush to assist with the cleaning of their relative's teeth. They considered this was a very good idea from caring and thoughtful staff and had responded to the request.

We observed the staff handover during our inspection. A member of staff told us about the importance of the handover so that they were aware of necessary information and what had happened during the time they were on their days off. The handover was organised and started on time promptly and there was time for staff to ask questions and seek clarity on issues so that the staff were prepared for the shift.

## Is the service caring?

### Our findings

Positive caring relationships had been developed between the people using the service and the staff. A person using the service told us, "The staff are angels, very caring, nice people, I can always talk to any of them if I'm worried or upset." From our discussion with the staff, we became aware that they knew people well. People were addressed how they wished. Some people's names were used in full where as others were shortened. This was explained to us and confirmed in the care plan this was how people wished to be addressed.

A visitor told us, "The staff here are absolutely brilliant nothing's impossible for them, they will do anything you ask of them." They explained that their friend often could not sleep at night and became agitated. They had spoken with staff about this and had visited late in the day to see how their friend was settling. They informed us they were impressed with the knowledge and care of the staff. They explained to us, "They will walk with them, talk with them and make them a drink, so that they become settled."

Another visitor told us, "Staff will often ask us if everything's ok, or if we want to have a chat with them about anything." This confirmed to us the training staff had received regarding treating people with dignity and respect and checking with friends and relatives about the person's well-being.

We asked relatives about the care the service provided. A relative said, "They're always welcoming, and always got a smile." They continued, "Their sole priority is the care of residents and their relatives. If I get upset, they understand, and sometimes get upset with me, they're very caring people."

A visiting relative told us, "They understand [my relative] so well, and are always so kind to them even when they are being difficult." They added, "I'm always welcomed when I visit, and offered a cup of tea, it's a warm friendly place."

Throughout the days of our inspection we noticed many examples of staff showing kind, compassionate support to people. Staff accepted that people wanted to touch them for reassurance and we saw staff holding peoples hand when they sat next to them. We also saw staff use non-verbal communication to support the spoken voice to explain what they were saying to people.

Whilst observing staff interacting with those in their care, it soon became very obvious that staff have a good understanding of the needs, abilities and difficulties experienced by the people using the service. Staff appeared very flexible in their dealings with people, knowing how to divert attention when people became distressed or hostile in their manner. This was always handled in a kind, and caring manner. For example, when an altercation between two residents happened during lunch staff were quick to intervene without any element of blame being attached to either person, and both people were supported by different staff members.

During the afternoon unbeknown to the staff we were sitting with a person in their bedroom when a member of staff knocked on their door, and then came in when invited offering round a box of chocolates,

which the person clearly thoroughly enjoyed. When we questioned whether this was for a special occasion the staff member told us, "No, we have these quite regularly, it's not unusual to have a bit of a treat."

People's privacy was respected and as we observed staff closing people's personal doors and bathroom doors prior to administration of person care. There were resident and also relatives meeting and people and their relatives were involved in the reviews of their respective care plans.

## Is the service responsive?

### Our findings

People received personalised care that was in response to and designed to meet their needs. One person told us, "If I had any worries I'd go to the office and speak to someone. Any of them would listen to me." A relative told us, "[My relative's care is provided in a very personal, understanding manner, which is constantly reviewed." They further explained, "Their physical, mental, and emotional health is monitored, and any changes are noted and discussed with me and any relevant health agencies that need to be involved."

Following an initial assessment to determine if the service could meet the person's needs. A care plan was developed detailing the care, treatment and support needed to ensure personalised care is provided to people. There was evidence that people's wishes and preferences were included in their care plans wherever possible. A relative told us, "Before [my relative] came here the manager did a thorough assessment of them, asked us all sorts of questions, etc. She's provided exactly what she said, and [my relative] is so much more settled here."

We saw the pre-admission assessment used by the service and saw that in each of the care plans that this process had been completed and related to the care plan. This meant that people's care was individual to them. The assessment identified how the person liked to be addressed; identified their needs and what was important to them. We saw that discussions had been held about items the person wished to bring with them to the service.

We noted in the care plans that time had been taken to record individual preferences, which included favourite television programmes, newspapers and times people liked to get up and go to bed. A relative told us, "The staff here try to inject some fun into their lives. They take them into Braintree sometimes for a coffee. [My relative likes that, it cheers them up." Another relative told me, "They have visiting entertainers on Friday, last week a lot of them got up and were dancing. I was surprised at some of them who hardly move, but got up and danced. It was nice to see them enjoying themselves."

A relative told us, "No activities take place on a Wednesday as the hairdresser visits that day. This means that for those who do not visit the hairdresser, there is nothing to stimulate or entertain them." We noticed that several ladies had teddy bears or dolls which they cuddled protectively during the day, even taking them with them to lunch. One relative told us, "They could do more activities with them, look at those books on the shelf, they never come out and get looked at even." During our inspection we did see one person looking through a book and understood from staff that they had found encouraging a person to look through a book was a strategy they used should the person become upset. One person who was use to an office environment from their previous work. The staff had found they were more comfortable at times during the day in this type of environment and hence the staff had made environment adaptations to take this into account.

The people we spoke with told us they did not have any complaints. One person informed us, "If I had a complaint, I would speak to anyone in the office, they'd deal with it, I know they would." A relative told us, "I

complained once and all was solved to my satisfaction." Another relative told us, "I don't go to the resident's & relative's meetings because I'm here every day, but some people find them very helpful, we also sometimes have tea afternoons with the manager, which gives us the chance to socialise and find out future plans."

A member of staff told us that we are encouraged to resolve any problems as they occur but if we cannot to report to the nurse or manager and to remind the person that they can make a complaint. There were no current or outstanding complaints and the deputy manager considered this was due to reacting quickly and positively to such events. They talk us through what they would do if a complaint was raised which was laid out in the procedure. The deputy manager also told us about the compliments that the service had received.

When we arrived at the service to commence the inspection, the deputy manager was touring the service to determine if there were any problems in need of their attention. They explained that a senior person would do this when on duty to find out and resolve problems at the time. The manager explained to us that the service did have a complaints process in place if so required and people were informed of this both verbally and in written information part of the service induction pack. A relative told us, "I speak with a senior person whenever I visited which is most days and I find them pro-active and helpful."

## Is the service well-led?

### Our findings

The service provided a culture that was open, inclusive and empowering. Visitors told us that they would recommend the service. One relative said, "I always recommend it to people who are looking for similar care. I say nothing untoward happens here!" They added, "There are no cover-ups here, things get dealt with."

We found that there were systems in place for the monitoring and reviewing of the service provided to people. However the auditing systems in place had not identified the medicine errors identified at this inspection. As a result the service reviewed the auditing process and increased the frequency of the audits from monthly to weekly.

The manager held meetings with senior members of staff both individually and collectively to discuss issues including clinical to plan the smooth running of the service and learn from events. There were audits of cleaning and these had been carried out on a daily basis. Issues identified had been immediately worked upon for the benefit of people living in the service.

There was also a monthly care review system in place for the monitoring of care. The manager or senior staff having carried out the review then identified actions to be taken either by themselves or delegated them to other staff members. They then checked this had occurred within a reasonable time period. A relative said "There are meetings every so often and the manager or one of the senior's talks to me, whenever I see them."

The staff informed us the manager provided visible leadership within the service. They demonstrated a very caring and person-centred approach. The staff we spoke with told us that they felt well supported by the management. One member of staff said, "If I need to see someone I'll go to the office, and they'll talk to me immediately, you don't have to make an appointment. Things are dealt with very quickly." They added, "I've worked here for nine years and I love it, it's down to good team work, everyone helps each other. You never ask someone for help and they refuse." Another member of staff informed us that they would feel happy to discuss any concerns with the manager or deputy manager, and she had confidence that any issues would be dealt with promptly and efficiently.

Another member of staff informed us, they were from an agency, but work at Longmead Court on a regular basis providing one-to-one care. They told us, "Staff here are mostly long-term, and it's like a big family. I prefer to work here than to anywhere else." A relative confirmed this, they said, "Agency staff tell me this is the best home they go to."

There was an auditing process in place that monitored the safety of the environment. We looked at the fire records and saw the fire-fighting appliances had been checked and fire alarms were checked weekly. Records for checking that smoke alarms were working were carried out monthly. There were cleaning audits in place which supported by the clean appearance of the service.



Staff told us about the keyworker system and that they were involved in the review of care plans with people which happened on a regular basis. This meant that as well as caring for all the people who lived at the service, they could pay particular attention to build up a relationship with the person for whom they were a designated keyworker. The service was also working with other professionals to support people with their individual needs and well-being. The deputy manager explained to us how the service was working with other professionals regarding the care of people at the service and consider they had excellent support from the General Practitioners.

The deputy manager informed us that they received support from the provider and found the arranged support from a consultant extremely helpful. The provider visited the service regularly to support the manager and they spoke regularly on the telephone. The staff felt that the manager was not only approachable but also supportive and helpful to them, which made it easy for them to speak to the manager if they had any questions or concerns. One staff member said. "I can approach any of the managers or staff and they are very helpful and supportive of us."

The manager had implemented an on-call policy so that staff in charge of the service could contact a senior colleague at anytime for support. The deputy manager informed us that this was supportive for the staff on duty at the time and also gave reassurance to the senior staff that any problems once identified could be responded to quickly.