

Essex County Council

Longwood Place

Inspection report

Longwood Place
110 High Road
Langdon Hill
Essex
SS16 6HY

Tel: 01268411414
Website: www.essex.gov.uk

Date of inspection visit:
13 January 2016
21 January 2016

Date of publication:
10 February 2016

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

This inspection took place on 13 and 21 January 2016.

Longwood Place is registered to provide accommodation with personal care to up to eight people with needs associated with dementia, physical, sensory or learning disabilities. There were two people receiving a respite service on the first day of our inspection.

A registered manager was in post. 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.

Staff were knowledgeable about identifying abuse and how to report it to safeguard people. Recruitment procedures were thorough. Risk management plans were in place to support people to have as much independence as possible while keeping them safe. There were also processes in place to manage any risks in relation to the running of the service.

Medicines were safely stored, recorded and administered safely and people received their prescribed medicines to meet their needs. People had support to access healthcare professionals and services. People had choices of food and drinks that supported their nutritional or health care needs and their personal preferences.

People were supported by skilled staff who knew them well and were available in sufficient numbers to meet people's needs effectively. People's dignity and privacy was respected and they found the staff to be friendly and caring. People were supported to participate in social activities including community based outings.

Staff used their training effectively to support people. The manager understood and complied with the requirements of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). Staff were aware of their role in relation to MCA and DoLS and how to seek people's consent and support people to make decisions.

Care records were regularly reviewed and showed that the person or their relatives had been involved in the planning of their care. They included people's preferences and individual needs so that staff had clear information on how to give people the support that they needed. People told us that they received the care they required.

The service was well led; people knew the manager and found them to be approachable and available in the home. People living and working in the service had the opportunity to say how they felt about the home and the service it provided. Their views were listened to and actions were taken in response. The provider and

registered manager had clear systems in place to check on the quality and safety of the service provided and to put actions plans in place where needed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe. People were supported by staff who knew about their needs and the risks associated with their support. There were enough staff to keep people safe.

Staff knew what to do if they had concerns about people. There were emergency procedures in place for staff to follow. The provider had arrangements in place to manage medicines safely.

Is the service effective?

Good ●

The service was effective. Staff had received appropriate training to support them to deliver care and fulfil their role.

People's consent was obtained before support was provided and staff were aware of, and worked within, the principles of the Mental Capacity Act 2005.

People were supported with good nutrition and to access health care facilities when required during their stay.

Is the service caring?

Good ●

The service was caring. People were provided with care and support that was personalised to their individual needs.

Staff knew people well and what their preferred routines were.

People's privacy and dignity was respected and their independence encouraged.

Is the service responsive?

Good ●

The service was responsive. People's care plans reflected current information to guide staff on the care people required to meet their individual and assessed needs.

People were confident that they were listened to. Complaints and comments were responded to positively within the service.

Is the service well-led?

Good ●

The service was well led. The registered provider and registered

manager had systems in place to check and improve the safety and quality of the service people received.

People had confidence in the management team and found them available and responsive. People's views were used positively to improve the quality of the service.

Longwood Place

Detailed findings

Background to this inspection

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

This inspection was undertaken by one inspector on 13 and 21 January 2016 and was unannounced.

Before the inspection, we looked at information that we had received about the service. This included information we received from the local authority and any notifications from the provider. Statutory notifications include information about important events which the provider is required to send us by law. We also reviewed the Provider's Information Report (PIR). This is information we have asked the provider to send us to evidence how they are meeting our regulatory requirements.

During the inspection process, we spoke with three people who received a service, the registered manager and with five staff working in the service. We also spoke by telephone with relatives of three people who used the service.

We looked at four people's care and two people's medicines records. We looked at records relating to five staff. We also looked at the provider's arrangements for supporting staff, managing complaints and monitoring and assessing the quality of the services provided at the home.

Is the service safe?

Our findings

People confirmed that they felt safe living in the service. One person said, "I feel safer there than anywhere else except my home." Relatives told us they felt that people were safe when they stayed at the service. One relative said, "I don't give compliments lightly, but staff are absolutely wonderful in that demanding role and so supportive that it enables me to make the judgement that [person] is safe there."

Staff had attended training in safeguarding people. The registered manager and staff were knowledgeable on how to identify and report abuse and poor practice. They confirmed that they would report any concerns immediately to protect people living in the service. Systems were in place to support safe management of people's money while staying at the service. Arrangements were in place to ensure that gender appropriate staff were on duty to safeguard people and staff.

People lived in a safe and suitable service. Adaptations in the premises, such as equipment in individual rooms to help people to transfer from one place to another, supported people's safety. Equipment used to support people was serviced to ensure it was in safe working order. People's individual risks, such as relating to mobility or swallowing difficulties, were assessed and actions were planned to limit their impact without restricting people unnecessarily. Staff were aware of people's individual risks and how to help people in a safe way. The manager had appropriate procedures in place to identify and manage any risks relating to the running of the service. These included dealing with emergencies such as evacuation of the service in the event of fire.

Recruitment processes were shown to be safe so as to ensure that the right staff were employed at the service. The registered provider used an external agency to carry out the recruitment and vetting of new permanent staff to assess if staff were of suitable character and competence to work with people. Staff and apprentices told us that they went through a thorough recruitment process. This included face-to-face interviews and the taking up of references from their previous employer or other professional before staff started working in the service. This was confirmed in the staff records we reviewed. The registered manager told us that agency staff were only recruited from an agency that was fully compliant with CQC requirements. Records showed that the required checks had also been completed in relation to agency staff.

People were supported by sufficient numbers of staff to meet their needs safely. The registered manager and the Provider Information Report told us how they had assessed staffing levels to make sure there were enough to support people and in a flexible way that met their individual needs. This was planned ahead depending on the number of people booked to use the respite service and the number of staff needed to meet their individual needs. The registered manager told us that the apprentice scheme offered a wider mix of age range of those supporting people and better reflected that of people using the service. Staff confirmed that staffing levels throughout the day were suitable to meet people's needs. We saw that staff were available when people needed them. People confirmed that there were enough staff to support them. Relatives told us that staff always had time to meet with them when they arrived to discuss any relevant matters and that they had never had any view that there were not enough staff to meet people's needs.

safely.

People were protected from the risks associated with medicines as medicines were properly managed by staff. The service had procedures in place for receiving and returning medication safely. This included gaining up-to-date information on people's current medicines each time they came to stay the service. Relatives confirmed that this information was checked by staff to ensure safe management of medicines. One person said, "I always put information on the medicines records every visit. If they don't understand they will phone and ask, for example, why did it change, they really are on the ball." Observations showed that people received their medicines in a timely and safe manner. One person confirmed that the staff looked after their medicines for them and always brought to them to them at the right time. Medication administration records were consistently completed and tallied with the medicines available. Assessments of staff competence to administer medicines safely were completed. Daily checks and monthly medication audits were carried out to ensure safe management of medicines.

Is the service effective?

Our findings

People spoke positively about the ability and approach of staff in providing a quality service that met their needs. One relative told us, "Staff are so keen and enthusiastic in their approach and really committed to providing the level of service that people need."

People were cared for by staff who felt well trained. Staff told us that they received good induction training when they started working at the service, which helped them to know and effectively meet the needs of the people living there. This included shadowing an experienced member of staff as well as receiving training and having the opportunity to read people's care plans. Staff told us that they received the training they needed to enable them to look after people well and that they had good day-to-day support from work colleagues.

People were supported by staff who were well supported and provided with opportunities for guidance and development. Staff confirmed they had formal supervision with their line manager and that supervision was used to help support them to improve their work practices. Records confirmed this. We saw, for example, that the registered manager had arranged additional meetings with staff members to follow up individual issues such as a medication error and arranged additional competence assessment. Staff members had clear development plans in place and goals were reviewed routinely to assess progress.

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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The registered manager had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff had received training in MCA and DoLS but expressed the need to consolidate this. The registered manager demonstrated that additional training was booked to ensure all staff had up to date knowledge on these subjects and how they linked into safeguarding people.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). An in-house checklist was completed for each person to consider if appropriate applications needed to be made to the local authority for Deprivation of Liberty Safeguards (DoLS) assessments. Records showed that people had had their capacity to make some day to day decisions such as relating to medicines, finance and personal care assessed. This meant that people's ability to make some decisions, or the decisions that they may need help with and the reason as to why it was in the person's best interests had been recorded. The registered manager confirmed that this would be continued as people used their allocated respite time in the service to include such as the use of bedrails and lap straps where this was indicated as being in people's best interest.

Staff knew how to support people in making decisions. People were observed being offered choices and these included decisions about their day-to-day care needs. One person using the service told us that staff

always asked them what they would like or if they wished to be supported and said, "They do ask me before doing anything."

People were well supported to enjoy a choice of food and drinks to meet their nutritional needs. The service respected and accommodated specific dietary preferences, such as food intolerances or particular approaches to food linked with people's conditions. Staff knew people's preferences and clear information was contained within their care plans. People were offered choices. We saw, for example, that consulted with other professionals regarding the food likes and dislikes of a person who was coming to use the service for the first time. Staff told us they felt it was important to ensure that the person had a meal that they really liked to be more welcoming on their first visit to the service." People confirmed they enjoyed the food and one person said, "The food is nice and the drinks."

Relatives confirmed that people's healthcare needs were effectively managed and they were supported in gaining access to health professionals should they need it while staying the service. Relatives told us that staff at the service were very good at monitoring people well-being. They also told us that staff were good at keeping people at home in the service if they were unwell with minor ailments, rather than sending them to their day centres. The registered manager told us that if needed, they would take people to their own GP and this was confirmed by relative. The registered manager advised that, where needed, district nurses visit the service to support individuals health care needs as required.

Is the service caring?

Our findings

People told us that staff provided a caring service. One person said, "The staff are very kind to me." A relative said, "The staff are absolutely lovely and so caring and committed to providing excellent care." Another relative said, "The staff are very nice and very caring."

Care records confirmed that people and those that mattered to them were included in the initial assessment of their care needs to ensure the service could meet these. Relatives told us that this continued and was reviewed for each stay. Staff knew people well and people's care plans included information about their lives and the people that mattered to them.

Staff interactions with people were observed to be caring, friendly and supportive. Staff developed positive relationships with people and many people who used the service had done so for a number of years. Relatives told us that staff had got to know them and their family member well over the years which helped staff to be able to meet people's needs well. One person commented in the 2015 service user satisfaction survey, "We like Longwood Place; it is a credit that there is so little staff turnover."

Relatives told us that they always felt welcomed and that this had a beneficial impact on their family members experience and approached the service. One person said, "They want to give a good service to us as well. [Person] is always happy to go back and that really says a lot." All 30 respondents to the registered provider's annual service user satisfaction survey in 2015 confirmed that they received a warm and friendly welcome to the service. Comments included, "We are always received with warmth and care", and ""Everyone pleased to see me and me them."

People's privacy was respected. All bedrooms were single occupancy so people had their own personal space. All bedroom doors were lockable and staff confirmed that some people chose to keep a key and lock their door. People's privacy was respected and people spent time in their own bedroom if they chose to. One person told us, "Staff always knock on the door" and we saw this in practice. People's information was securely stored to ensure confidentiality. All 30 responses to the 2015 satisfaction survey confirmed that people were treated with respect and offered a high level of care and support. Comments included, "[Person] is always treated with respect and is cared for and supported with everything."

People were supported to maintain their independence and skills. One person's care plan, for example, instructed staff on how the person's food needed to be presented and that they were able to eat and drink independently given time and encouragement. Staff and records confirmed that the person had successfully achieved this and noted that they had eaten well. Other people's records confirmed that guidance was in place to help them to maintain skills, for example, to make their own drinks.

Further plans were in place to extend opportunities for people's independence and enablement. The registered manager told us that while care plans were in place to meet people's needs during their respite stays, the service was working on developing personal goal plans to support people's empowerment. These would include, for example, small steps in helping people's communication, such as working on eye

contact.

Is the service responsive?

Our findings

People received personalised care to meet their needs. Relatives told us that communication was very good and the service was responsive in the care and support provided to their family member. One relative said, "They always ask for updated information each stay and we get regular feedback. They are always approachable and willing to talk about the whole of [person's] needs and are really interested to meet these. Longwood Place in my view is top notch."

Each person's needs were assessed and a person-centred care plan developed to meet those needs. Records showed that people's care plans and risk assessments were reviewed and updated at least annually or when the person's needs changed. This was clarified at each visit to ensure that people received the care and support they needed. It also provided staff with clear guidance on how to meet people's current needs consistently. Staff knew people's individual needs and also of routines that really mattered to them. Staff told us how they knew to offer one person a bath only on a specific day of the week as to do otherwise would upset the person. This was confirmed within the person's care records. Another person liked to have their medication with their second drink of the morning and staff confirmed they made sure the person's preference was met.

One relative told us that the service always tried to provide the person with the same room during their stay as they seemed to feel more comfortable there. The relative also advised that the service took care in the mix of people they booked in for stays, such as having people who were able to use wheelchairs safely where there were also people mobilised on the floor. Another relative said, "I really like that they know who [person] really is, [person's] behaviours, what they mean and how to provide the right support. An example of this is lip licking which means [person] is thirsty and they know to offer drinks."

Staff supported people to undertake appropriate activities while they stayed at the service. People were supported to attend their regular day activities and to keep to their normal routine daily routine where this was appropriate. When people did not have formal day activities staff arranged activities within the service. Activities resources were available for people of different abilities and interests. One person told us they enjoyed the activities they were involved in within the service including an electronic 'bowling' game and playing pool. Another person told us, "I can take things I like to do." This referred to the person's music equipment. The service had a room equipped with sensory equipment for people's use. Relatives told us that the written information sent home after each visit told them about social activities such as going to the pub or shopping.

The registered manager encouraged people, their relatives and carers to provide feedback about the service they received. The service had a complaints procedure which was also available in an easy read format with pictures to help people who could not read to understand it. The relatives we spoke with had not made formal complaints and said they knew how to raise concerns. One relative told us when they had contacted the registered manager concerning regular application of cream to a person's skin, they were listened to and action was taken to ensure there were no further issues with the matter.

The outcome of the service user satisfaction survey for 2015 confirmed that people felt any issues or concerns were dealt with and responded to properly. Comments included, "Yes and with a positive attitude." The registered manager confirmed that the main trend of issues raised related to the return of people's clothing at the end of the respite stay. Action to improve this was identified and included within the staff team goals. The Provider Information Report advised that while the service had not received any formal complaints they had received 56 written compliments, some of which were included within the 2015 satisfaction survey.

Is the service well-led?

Our findings

The service was well led. A registered manager was in post who was also the registered manager of another service. The registered manager confirmed they had kept their knowledge up to date regarding changes to relevant legislation, standards and inspection approach and so were aware of their responsibilities in relation to the quality of the service they provided.

There was a clear structure in place to ensure effective leadership. The registered manager was supported at Longwood Place by a full time deputy manager and an established senior team. Each shift was led by a senior staff member who had overall accountability for the service during their shift to ensure all responsibilities were met. All staff were clear on their roles in meeting the aim of providing people with a safe, quality service. Staff had designated responsibility for monitoring areas of service provision and its quality such as people's finances or medicines as well as areas such as health and safety.

There was an open and transparent culture at the service. Records showed that accidents and incidents were properly recorded and reviewed and changes were made to the service as a result of these. Staff were encouraged to contribute to the development of the service through staff team meetings and supervision meetings at which practice issues were discussed. Systems were in place for staff to communicate openly and honestly and ensure that any pertinent issues were handed over at shift changeovers, such as a communication book and handover meetings. The results of the most recent staff survey showed that staff felt respected and trusted to do their job and clear about what they were expected to achieve.

The registered manager and registered provider had a clear system of checks and audits in place to monitor and improve the quality of the service people received. The registered manager had, for example, reviewed a number of care records to check for trends from audits completed. In response the process of completing these audits was reviewed and staff required to send information to the registered manager each month for signing off. The provider's representative visited to complete monitoring visits to ensure they had a clear overview of the quality of the service provided to people and to provide supervision and support to the registered manager.

People views were sought and this was actively used in improving the service they received. The registered manager gathered people's views on the service through an annual satisfaction survey. Of the 72 surveys sent out, 30 replies were received. While these were consistently positive, one issue regarding clothing not returned was identified. The registered manager reminded staff to ensure clothing lists were completed at the start of each stay that could be used as checklist at the end of the stay to improve this area. We saw that clothing lists were in place on the records we looked at.

The registered manager gave and gathered feedback on the service through the use of feedback sheets sent home and completed at the start and end of each visit. All feedback received about the service was reviewed by the registered manager to better enable them to be aware of people's views and feed this in to the service development plan and actions. This showed that the management listened to people's views and responded accordingly, to improve their experience at the service.