

# Longhurst Group Limited

# Friary Court

## Inspection report

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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

Friary Court is a domiciliary care service and extra care housing service. Staff provided personal care to 26 people living at the extra care housing scheme, Friary Court which has 40 flats.

Not everyone who lived at Friary Court received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

People and their relatives were generally happy with the service provided by the staff. One relative said, "I've found it to be safe and really caring, I've not got any complaints about the place." There were enough staff on duty, with sufficient training and experience, to meet people's care needs. Staff knew how to report any concerns so that people were kept safe and assessments of potential risks to people ensured staff had guidance to minimise the risks. People were given their medicines safely and staff followed infection prevention and control procedures.

Staff were satisfied their training equipped them to care and support people well and they felt supported by the management team. Staff supported people who needed assistance with their meals and worked with healthcare professionals to promote people's well-being. People were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible and in their best interests.

Staff treated people with respect and upheld their privacy and dignity. People described staff as kind and caring and relatives were satisfied their family members were in safe hands. Staff knew people well and encouraged people to be as independent as possible.

Care plans included information for staff on how to provide the care people needed, in the way they wanted it. Information was provided in accessible formats if required. Staff supported people to join in small group activities or spent time with people individually to support their well-being. People knew who to contact if they had any concerns.

There was a registered manager in post who divided their time between this and three other extra care housing schemes. They understood their regulatory responsibilities, informing people if things had gone wrong and telling CQC about specific events. Audits were carried out to ensure the service was of high quality and the provider engaged people, their relatives and staff in giving their views about how the service could improve.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us on 1 July 2019 and this is the first ratings inspection. The last rating for

the service under the previous provider was good, published on 22 July 2017.

#### Why we inspected

This is the first inspection since the new provider registered with the CQC on 1 July 2019.

#### 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Friary Court

## 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 was carried out by three inspectors.

#### Service and service type

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

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

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 2 July 2021 and ended on 30 August 2021. We visited the office location on 29 July 2021.

#### What we did before the inspection

We reviewed information we had received about the service since the service was registered. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers

to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection-

We spoke with one person who used the service and nine relatives about their experience of the care provided. We spoke with six members of staff including the registered manager and care staff.

We looked at a range of records. This included one person's care records and two staff files in relation to recruitment. A variety of records relating to the management of the service, including staff meeting minutes, accident and incident records and infection prevention and control procedures were reviewed.

After the inspection

We continued to follow up on information we received, including having a further conversation with the registered manager.

# 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 (under the previous provider) this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

- The provider had systems in place to keep people safe from abuse and avoidable harm. Staff had received safeguarding training and knew how to report any incidents.
- One person told us they felt safe: "Yes, definitely safe. [Staff] give me [personal care] and I am happy with them." People's relatives gave us a number of reasons why they felt their family members were safe. One relative said, "I am not concerned about safety. They are brilliant with [family member]" and another told us, "It's safe because [family member's] secure in there as nobody can wander in."
- Senior staff had completed assessments for a range of potential risks to each person, such as the risk of falls. These were updated and linked to care plans. Staff had read and understood the guidance to minimise the risk.

Staffing and recruitment

- The registered manager assured us there were enough staff to cover the care calls that each person had been allocated following the assessment of their needs.
- Relatives told us that during the day staff provided care to their family members at the time they were meant to. One relative said, "[Staff] are on time, they are excellent. No, I can't say they've missed a call." One person told us, "[Staff] are doing very well. They never miss a call."
- Some relatives and staff raised concerns with us relating to staff not being available during the night when people rang their call bell for assistance. The registered manager explained that this was because some people and relatives thought Friary Court was a care home. Staff responded to emergencies during the night. They sometimes had to ask people to wait a few minutes if they were in the middle of providing care but there was no evidence of poor outcomes for people who had to wait.
- The emergency call system was relayed to a central call centre if staff at Friary Court were unable to respond to call bells within three minutes.
- The provider had a recruitment procedure in place to help ensure only staff suitable to provide care to people using the service were employed.

Using medicines safely

- The provider had systems in place to ensure people received their medicines safely and as they were prescribed. Staff received training in how to give people their medicines and the registered manager observed their competence to do this.
- A relative told us about an issue with medicines going missing; the registered manager had resolved this with the pharmacies concerned.

### Preventing and controlling infection

- The provider had a robust system in place to ensure as far as possible that people and staff were protected from the spread of infection.
- Staff had regular tests for COVID-19 and continued to wear personal protective equipment (PPE) including masks when they entered people's flats.

### Learning lessons when things go wrong

- The registered manager said any lessons learnt were discussed with staff during supervision sessions and at team meetings. Staff confirmed this.
- The provider's auditing process included analysing incidents and accidents so improvements could be made where these were identified.



# 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 (under the previous provider) 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

- Social workers carried out an initial assessment of people's needs and applied for a place at Friary Court on the person's behalf. When the person visited Friary Court, the staff made sure they could meet the person's needs before the offer of a flat was confirmed.
- The provider's quality team ensured the registered manager was kept up to date with current good practice and legislation, which was then cascaded to staff.

Staff support: induction, training, skills and experience

- New staff had an induction and all staff received training so they could provide the care each person needed. Staff told us recently more training had been done on-line due to the pandemic, but it had still been done. One person told us, "Yes [staff have training] – they do an excellent job." A relative said, "[Staff] have to attend certain courses and have to pass before they are allowed to do things."
- Staff had undertaken training relating to people's specific needs, such as dementia awareness and end of life training. Staff had access to information from district nurses and dieticians relating to diabetes and a team leader had created a poster giving staff information and guidance about Parkinson's disease. A relative said, "[Staff] seem to know what they're doing."
- Staff were happy with the support they received from the registered manager and senior staff. They had regular supervision sessions; spot checks were carried out to check their work; and team meetings provided them with opportunities to raise any issues.

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

- Not everyone had staff support for their meals. Where this was part of their care package, people and their relatives were happy staff did what the person wanted for breakfast and tea. One person said, "They always make my tea and give me a sandwich." A relative told us, "They will ask [family member] what they want and we never feel anything is too much trouble for them."
- Most people had their lunch in the dining room, where staff gave them assistance to eat if they needed it.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked with other professionals such as social workers, district nurses, dieticians, a chiropodist and occupational therapists to help make sure people received effective care.
- People and their relatives were generally satisfied that people were getting the healthcare they needed. Two relatives mentioned issues that had occurred due to the pandemic, but these had since been resolved.

- Although GPs were still not visiting people at home, the registered manager said, "The district nurses have been amazing." People had also been well-supported by paramedics when they had needed emergency care.

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 when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- Staff had received training relating to the MCA and the senior staff had completed capacity assessments when required. The registered manager ensured staff knew how the MCA related to their work with individual people.
- People told us staff offered them choices and listened to their requests. One person said, "[Staff] always ask if I want a shower or a wash and they do listen to me." A relative said, "Yes [staff ask for my family member's consent] and [family member] tells them when they are not doing things the way they like it."

# 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 (under the previous provider) 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

- Staff treated people well and respected their equality and diversity by ensuring they met people's individual needs.
- People were very happy with the way staff treated them. One person said, "[Staff] are caring and I'm glad about the little things they do for me. I only have to press the buzzer on my wrist and they will come...they are kind, very kind." A relative told us their family member "likes it in there" because staff take good care of them.
- Relatives were satisfied with the care their family members received from the staff. They made comments such as, "They do take care of [family member] – they are all lovely"; "[Staff] chat to you and they are amazing. It's nice to know [staff] are in there"; and "I do think they are very caring and they talk to [family member]."

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

- People and their relatives were encouraged to be involved in all decisions about the person's care and support needs. A relative told us, "[Family member] tells [staff] how they like things doing then they know and they do it the way they like."

Respecting and promoting people's privacy, dignity and independence

- People were happy that staff respected their privacy and treated them with dignity.
- Relatives felt staff promoted people's independence as much as they could. One relative explained that their family member "has quite a lazy nature at the minute" so staff help them to do things such as making a cup of tea rather than just doing it for them. Another relative said, "I know [staff] do let people try and do things for themselves."

# Is the service responsive?

## Our findings

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

At the last inspection (under the previous provider) this key question was rated as good. At this inspection this key question has remained the same. 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

- The staff team compiled each person's care plan from the information in the initial assessment and their discussions with the person when they came to have a look round the flat. Staff rotas tried to ensure that staff worked with the same people so they got to know people and their needs well.
- Staff said they spent time reading care plans so that they knew what care and support each person needed and when those needs had changed.
- The registered manager agreed to update people's care plans with even more detail so that new or agency staff would have more information on how to meet each person's needs.

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.

- Information was offered to people in different formats, such as large print or pictures, and in different languages to meet people's needs.

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

- Group activities had to stop when all communal areas in the building were closed due to the COVID-19 pandemic. Staff had spent time with individual people in their flat or taken one person at a time out into the garden. Staff provided each person with activity packs which included sudokus, crosswords and pencils.
- Now that restrictions were lifting, people were beginning to be supported by staff to gather in small groups, to play games, do arts or crafts or just to chat. The registered manager hoped to start coffee mornings again. A relative said, "I think [the staff team] do a wonderful job. They put on activities, bingo and quizzes and someone to play the piano and they have a sing-song."

Improving care quality in response to complaints or concerns

- People knew who to contact if they had any issues. One person said, "No, I haven't raised any complaints but of course I would if I needed to."
- People's relatives also knew how and with whom to raise any concerns. One relative told us, "I don't have any complaints about the place. I haven't raised any concerns – if I needed to I would." Three relatives gave us examples of complaints they had made, all of which had been resolved.

#### End of life care and support

- Staff had undertaken training in end of life care and also knew they would be well- supported by the district nursing team if people needed support at the end of their life.

# 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 (under the previous provider) this key question was rated as requires improvement. At this inspection this key question has now improved to good. 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; 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 person and relatives we spoke with all made positive comments about the service provided to people by the care staff and management team.
- Two relatives were pleased that the staff were open and honest with them and had contacted them when an incident had taken place. One relative said, "If anything goes wrong, they do ring me...I email them and they respond to me."
- Staff were happy working at Friary Court. One member of staff said, "It's very nice here and I'm enjoying it...I have no issues and I'm happy with my work." Another member of staff told us, "The guys (other staff) are great and I get on well with the manager."

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

- There was a registered manager in post who was also registered as manager of three other extra care housing schemes in the Peterborough area.
- The registered manager was aware of regulatory responsibilities, including notifying CQC of specific events.
- The provider had a quality assurance process in place. Audits were carried out by the management team at Friary Court and by the provider's quality assurance team. Any shortfalls were added to an action plan, with dates for completion.

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

- The provider sent out a quality survey to people using the service, towards the end of each year. Where possible, comments were fed into the service's action plan so that improvements could be made. For example, following comments from the survey in 2020 the registered manager checked that each person had a Service-user Guide and a copy of the complaints policy.
- Staff had been asked to complete a survey relating to diversity and inclusion and there was an on-going action plan in place in this area.

Continuous learning and improving care

- Staff told us that areas for improvement were discussed during handovers, staff meetings and

supervisions.

#### Working in partnership with others

- The management team worked closely with the local authority adult social care team to provide a service that met people's needs and provided people with good outcomes. A member of the local authority' staff told us that the registered manager was very cooperative and worked with them to resolve any issues.