

Longcroft Care Home Limited

Longcroft Residential Care Home

Inspection report

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Essex
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Longcroft Residential Care Home is a care home providing care and support for people living with mental health needs. The service supports a maximum of seven people and there were seven people using the service at the time of our inspection.

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

People and relatives were positive about their experience at the service. One person told us, "I feel happy here, I feel safe. There was talk of me moving at the start of the year but I want to stay here for the rest of my days." A relative told us, "I am very pleased with the service, everything is excellent, and communication is very good."

People were supported to be as independent as possible. Care and support was planned to match people's needs in a person centred way. Risks were assessed and where needed mitigated against.

People were cared for safely by staff who had been recruited and employed after appropriate checks had been completed. Staff had received appropriate training. There were systems in place to minimise the risk of infection and to learn lessons from accidents and incidents. Medication was dispensed by staff who had received training to do so.

The registered manager had good oversight of the service. They had encouraged a culture of inclusivity with people, relatives, staff and the community. There were systems in place to monitor and review care, and people's experience at the service.

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

Rating at last inspection: The rating at last inspection was Good. (report published 16 January 2019).

Why we inspected: The inspection was prompted in part by notification of a specific incident. Following which a person using the service died. This incident is subject to a criminal investigation. As a result, this inspection did not examine the circumstances of the incident.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the Safe and Well Led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Longcroft Residential Care Home on our 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 was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Longcroft Residential Care Home

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

There was one inspector

Service and service type

Longcroft Residential Care Home 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, and both were looked at during this inspection.

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

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

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

During the inspection

We spoke with three people and one relative. We also spoke with the registered manager and a member of care staff. We reviewed a range of records. This included one person's care record and medication record. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of abuse. Care documents identified the best way to support people's needs.
- The registered manager had policies and systems in place for staff to follow should they have a safeguarding concern. This included 'whistle blowing' should a member of staff need to raise a concern about the service. One member of staff said, "I would talk to my manager and document the concern. If it was about the manager I would go to the owners or I could go outside to social services or the CQC."
- The registered manager had worked closely with other professionals such as the local authority, police and CQC to investigate safeguarding concerns and mitigate risks to others.

Assessing risk, safety monitoring and management

- Staff undertook risk assessments to keep people safe. These assessments were person centred and aimed at maintaining people's independence. Assessments identified for example, if people required additional support such as with dietary requirements or mobilising and accessing the community safely.
- Staff knew people well and how to best support their needs. Risk assessments identified early warning signs of relapse and had contingency plans to support people.
- The registered manager completed regular audits of the environment to make sure this remained safe for people. The provider carried out any repairs at the service and employed specialist trades people when required.
- Regular fire evacuation drills took place with people and each person had a personal evacuation plan in place

Staffing and recruitment

- There was an effective recruitment process in place. Checks were made to ensure staff recruited were suitable for the role they were employed for.
- There was a consistent staff team working at the service. The registered manager told us they did not need to use agency staff. People we spoke with told us there was enough staff available to support them when required.
- One person told us, "The staff are always available for me, and they are kind."

Using medicines safely

- People continued to receive their medicines safely. Staff were trained to support people taking medication and their training was regularly reviewed and their competency checked.
- Where people were able to self-medicate there were systems in place to ensure this was managed safely.

- Records were maintained by staff showing when people had received their medicines as prescribed. There were processes in place for the ordering and disposal of medicines and regular audits were in place to check medication processes were effective.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- The registered manager reviewed incident and accidents and when risks were identified had put processes in place to mitigate these risks.
- Learning was shared with staff through supervision and staff meetings. Where additional support was felt necessary in the form of training, the registered manager had sourced this training for staff and for themselves.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

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

- There was a positive and inclusive culture. People told us they were happy living at the service, one person said, "I have my own room with everything in it like a flat. I go out and when the weather is good, I ride my bike. We go away on holidays a lot, but we have not been able to travel this year,"
- Another person said, "This is the best place I have been. I love animals and have always kept chickens and rabbits. I have two rabbits now and see to them twice a day."
- A member of staff said, "The ultimate goal is for people to live independently."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and staff were clear about their roles. There were regular staff meetings and the registered manager completed supervision with staff. One member of staff said, "We have regular meetings and supervision with (managers name) to discuss any issues, or support and training we need."
- The registered manager and provider understood their responsibility under duty of candour to be open and honest if things go wrong. We saw where risks had been identified and lessons learned changes had been implemented to mitigate future risks.

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

- People were fully involved in their care and the running of the service. There was a culture of empowerment for people, and for people to express their views and be listened to.
- People were complimentary of the support they received from the registered manager and staff.
- There were regular meetings held with people, relatives and staff. Surveys were also supplied to gain feedback. Due to COVID-19 restrictions relatives were unable to attend the service for meetings but the registered manager continued to have these meetings with them via the telephone to keep them up to date.
- Topics discussed with people during meetings included, how they could keep themselves safe during the pandemic, safely accessing the community, how they were feeling, staying safe in the service and washing hands before using shared facilities such as the kitchen.
- The registered manager said they would be asking people to act as ambassadors for the service and take part in such things as recruitment of new staff.

Continuous learning and improving care; Working in partnership with others

- The registered manager had quality assurance processes in place. Regular audits were completed on all aspects of the service providing the registered manager and provider a good oversight.
- The registered manager supported staff to continuously learn and develop their skills. This included supporting staff to update their training and feel confident in their role.
- Staff supported people to access other healthcare professionals such as community mental health specialist and consultant psychiatrist. Due to the pandemic people had been supported with reviews held via the telephone. One person told us staff had supported them to attend hospital appointments and to see a physiotherapist throughout the pandemic.