Care Quality Commission

Community Therapeutic Services Limited

Longton Court

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**

Overall summary

We carried out this unannounced inspection on the 5 and 7 August 2015. At our last inspection in November 2013 no concerns were identified.

Longton Court provides accommodation for up to seven people who could have a learning disability, autism and or mental health needs and who require personal and/or nursing care. At the time of our visit there were six people living at the home. Longton Court has three self-contained flats that have their own front door and three double bedrooms all with en-suites, a communal kitchen, lounge, dining room, medicines room, office, activities room, garden and patio area. There is also a self-contained ground floor flat and staff sleeping area.

There was a registered manager 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

Summary of findings

the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was present during the inspection.

There was not a safe system in place for the recruitment of new staff and some staff did start without appropriate checks being in place. Staffing levels were good and staff were skilled in communication with people, especially if people were unable to communicate verbally. Staff confirmed what a positive experience they had working for such a supportive provider. They all felt the culture of the home ensured they were kept informed of the situation through effective communication and support.

People were supported by staff who demonstrated a kind and caring approach. People received consistent support from staff who knew them well. People and relatives felt safe. The registered manager was ensuring people had their medicines administered by staff who had received training and were verified as being competent at administering medicines.

People, relatives and professionals we spoke with were happy with the care provided. People had support to access activities that were important to them and support plans and risk assessments were in place. People received a service that was based on their personal needs and wishes. Changes in people's needs were quickly identified and their care package amended to meet their changing needs. There was enough staff to ensure people had access to community and their one to one support.

People and relatives were involved in planning medical treatments and felt there was good communication to ensure these ran smoothly. Health checks had been completed for some people living at the home, the registered manager was taking action to ensure all people had a completed health check. People who were unable to consent to care and treatment had completed assessments and best interest decision paperwork in place that involved significant others. Staff gave people choice and received training in the principles of The Mental Capacity Act 2005.

Annual surveys were sent to people, relatives and professionals about the quality of the service and there was a range of audits that monitored care and safety addressing shortfalls. A complaints policy with an easy read version was available for people and relatives. All people we spoke with felt happy to raise a complaint with the registered manager.

We found one breach of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

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 did not always ensure people received safe care.

Staff recruitment was not robust and did not ensure people had support from staff who had received satisfactory checks prior to commencing employment.

People were supported by staff who knew them well and were skilled and experienced in providing and meeting their care needs. The service ensured there was enough staff for people to have their support and people felt happy with the support and care provided.

People had detailed risk assessments in place that identified triggers and concerns to ensure staff knew how to meet their needs in a safe way

The registered manager was ensuring people had their medicines administered by staff that had received training and were verified as being competent at administering medicines.

People felt safe and were supported by staff who had received training in recognising abuse. Staff had access to person alarms should they need to summon help.

Is the service effective?

Good

The service was effective.

People's health and social needs were met by staff who were informed through the assessments carried out and detailed care plans.

Staff received an in depth induction and training to prepare them for their role.

Regular meetings and handovers provided staff with support on top of regular supervision sessions.

Where people were unable to consent to care and treatment this was sought in line with legislation and appropriate paperwork was in place. Staff gave people choice and received training in the principles of The Mental Capacity Act 2005.

Is the service caring?

Good

The service was caring.

People were happy about the care they received and care provided was responsive to people's needs.

People had daily choices and preferences, and were involved in decisions about their care and support.

Staff worked in a kind and caring manner with people and demonstrated a kind and caring attitude. People had care provided in a dignified manner that met their needs.

Summary of findings

People were treated with dignity and respect by staff. Support was provided to maintain relationships important to people.

Is the service responsive?

Good

The service was responsive.

People and those close to them were involved in care planning and reviewing their care.

People experienced a supportive settled transition into a service and had opportunity to build relationships prior to the change.

There was a complaints policy in place along with an easy read version all people we spoke with were happy to make a complaint should they need to.

People had choice with their activities and there was a activity room that people could use if they wished. All activities were personalised to people's likes and interests.

Is the service well-led?

Good

The service was well-led.

Staff and the registered manager felt there was good communication and felt there was a positive culture within the organisation. All staff felt well supported.

There were effective quality assurance systems in place designed to monitor the quality of care provided.

There was a system in place to ensure people, relatives and professionals were sent an annual survey. The registered manager reviewed all comments for themes and trends.

Longton Court

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 checked 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 was an unannounced inspection that took place over two days on the 5 and 7 August 2015. It was carried out by one inspector and a specialist advisor. A specialist advisor is a person who has specialist skills in working with this type of service.

We spoke with four people living at Longton Court and were able to gain views from three of the people, one person declined to talk to us. We also spoke with three relatives about their views on the quality of the care and support provided. We spoke with the registered manager, two shift leaders, four staff and one human resource manager. We also spoke with two health care professionals to gain their views of the service.

We looked at three people's care records and documentation in relation to the management of the home. This included four staff files including supervision, training and recruitment records, quality auditing processes and policies and procedures. We looked around the premises, observed care practices and the administration of medicines.

We looked at previous inspection records, intelligence we had received about the service and notifications. Notifications are information about specific important events the service is legally required to send to us.

Requires improvement

Is the service safe?

Our findings

Although people and their relatives told us that they felt safe, we found the procedure for recruiting new staff was not robust and did not ensure adequate checks had been completed prior to the person starting work. This meant people could be at risk of receiving unsafe care.

We found one member of staff had started employment without having adequate satisfactory evidence of good conduct and without having a Disclosure and Barring Service check (DBS) completed. Concerns had been raised relating to their previous conduct. No note or risk assessment had identified the risk or how the service was managing the risks and the arrangements in place. The human resource manager confirmed the service only completed a risk assessment after the return of a DBS check. The provider did not have safe recruitment procedures in place that they operated effectively to ensure that persons employed were of good character and had satisfactory checks in place. This placed people's safety and wellbeing at risk.

This is a breach of regulation 19 of the Health and Safety Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt safe living at Longton Court. Two people told us "yes I am safe" and "yes". People were assisted by staff who were aware of how to prevent harm and injuries to people. Staff walked around with pager alarms and used these if they required quick assistance. Staff explained the types of abuse and who they would alert concerns to within the organisation. One member of staff was unable to give all external agencies they would report abuse to. We fed this back to the registered manager who confirmed they would review this.

The registered manager took account of incidents and accidents and had a system for collating information and reviewing any trends. Staff confirmed they were responsible for recording incidents and altercations. The registered manager told us that incidents were logged at the back of the person's individual file and that these were recorded. These were recorded onto a system to review incidents per month and by category. One support worker confirmed how incidents were taken to clinical meetings so that learning and discussions could take place. Clinical meetings were held with behaviour specialists and Psychologist. They told us "We sit down with the clinical team about changes and updates". This was then fedback to the rest of the staff group and care plans and risk assessments updated as required. This meant there was overall analysis of incidents and these were discussed and changes made when required.

People had detailed behaviour support plans in place that identified triggers and what support staff should provide if there was a problem. Staff knew people well and were able to confirm the details of people's support plans. For example one member of staff confirmed, "We need to be aware of proximity space for [person's name] as this will unsettle them they have also only been risk assessed for certain places". The staff member confirmed triggers and how they supported the person whilst out. The behaviour support plan and accessing the community plan confirmed those arrangements and guidelines in place.

There were environmental risk assessments relating to the running of the service. Risks were identified and information was recorded with what action had been taken to minimise the risk. For example one person was at risk of accessing liquids that were hazardous to health (COSHH). The risks had been identified and a risk assessed completed. Staff we spoke with were knowledgeable about the risks to this person and they all confirmed action they took to ensure the person was safe.

There were plans in place for emergency situations, for example in the case of a fire. Five people at the home had a current emergency evacuation plan in situ one new person did not. Information included next of kin details and if there are any identified risks to leaving the building. The registered manager confirmed they would address the missing emergency plan.

There were enough staff to meet people's needs. We were told that staff levels were reviewed and adjusted to meet people's needs and activities and some staff just came in to support people going out. We reviewed the rota. It took into account the staff on duty, their induction, experience and skills. The shift leader confirmed staff worked between the provider's other homes, and at times they have to do this. People we spoke with were all happy with the support they received. They told us "I am supported well" and "I have been out today and now I have my support to do what I want the rest of the day" and "I get good support". This meant people were supported by staff who had the skills and experience to provide their care.

Requires improvement

Is the service safe?

People had their medicines administered safely and in a timely manner. Prior to this inspection we were made aware of two medicines errors where people had missed medicines or received medicines when not required. Actions taken meant all staff were being re-trained in administering medicines and were having their competencies reviewed. Due to some staff still needing training and a review of their competencies only shift leaders were responsible for administering medicines. All shift leaders had received medicines training and were signed as competent to administer medicines. The registered manager confirmed until staff were competent and trained they would not be allowed to administer medicines. One shift leader we spoke with confirmed this arrangement.

All medicines were stored safely. Medicines administration records checked were accurate and up to date, apart from one entry on the day of the inspection. Medicines had been administered but had not been signed as given that morning. Action was taken by the member of staff who then signed this record. Used medicines were returned to the local pharmacy for safe disposal when no longer received.

There was a system to ensure checks had been completed on gas, electric and portable appliance tests and certificates confirmed these were in date.

Good

Is the service effective?

Our findings

The service was effective. Relatives told us staff understood their family member's care needs and adapted support as required. Staff were particularly good at picking up signs that people might want a certain meal or activity. One parent said "Staff know [name] well, as his needs change staff know, they just know what he wants. They understand and know him so well".

People were supported well by staff with their daily communication needs. Two people were unable to verbalise how and what they wanted each day. Staff confirmed how one person physically led them to what they wanted. For example they told us "[name] will direct us to a cupboard or area, we are then able to point to what they want, or they can pick it out themselves". Their support plan confirmed this. This meant staff knew people well and were able to interpret non-verbal communication and body language.

People were cared for by staff who had received training. The training matrix confirmed staff had received training in moving and handling, Mental Capacity Act and Deprivation of Liberty Safeguards, infection control and safeguarding adults. Additional training relating to mental health, learning disabilities, person centred care and personal boundaries was also provided to staff. Staff we spoke with all felt training was adequate. One member of staff confirmed they had requested additional training in gaining a qualification and this was being reviewed.

Four staff were dignity champions and one member of staff was a trainer for positive response training. There was a formal induction programme for new staff who started with the service. All four staff files confirmed staff had attended this induction before starting work at the service.

Staff were supported well by the registered manager. There was regular supervision and appraisals. Three files we reviewed all had up to date supervision and appraisal records. Staff we spoke with all felt there was adequate supervision and they felt comfortable going to the registered manager or management if they had a problem. Staff told us "[name] always has time for you, I feel well supported" and "There is nothing I don't know, I feel really well informed and supported".

People's consent to care and treatment was sought in line with legislation. The provider was following the principles of the Mental Capacity Act 2005 (MCA). We found the MCA was being followed for those who did not have capacity to make their own decisions. Staff were able to confirm how they gave people daily choice. They had received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). One care plan contained mental capacity assessments and best interest decisions relating to care and treatment. The person's parent had also been involved in the best interest decisions.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. There were two people subject to a DoLS. We saw paperwork completed confirmed this. This meant the service ensured applications were being made if they considered people were being deprived of their liberty.

There were daily handover meetings held between each change in shift. These meetings confirmed a summary of the day, including activities, routines, mood and what the plan was for the rest of the day. Staff we spoke with felt there were adequate meetings and they all felt well informed and supported. Staff told us, "We talk about anything, all shift leaders are very supportive and stuff, we have time to reflect and if we could have done something differently" and "I always feel well supported on shift".

The registered manager held staff meetings monthly. They confirmed it was an opportunity for staff to be involved in up and coming changes and plans. Over the two days of this inspection we saw two meetings take place. The registered manager confirmed they undertook meetings over a few days so they had the opportunity to involve and see all staff. This meant staff had access to regular information and had the opportunity to discuss any issues or concerns.

People were supported well by staff during their mealtimes. Meals were served when people required them in the dining room next to the kitchen. There was a three week menu in situ. One person was supported with their breakfast late morning, to have fried sausages. The member of staff supported the person in a relaxed manner. Another person told us they chose their menus and staff

Good

Is the service effective?

supported them with their shopping. All people we spoke to were happy with their meals and menus. People had breakfast at various times throughout the morning. People were supported by staff in a relaxed and friendly manner.

People did not all receive an annual health check. Two people had yet to have an annual health check. The registered manager confirmed this was due to inappropriate appointment times and it being an unfamiliar environment and that they wanted a home visit. The registered manager had actioned a referral to the local learning disability nurses but was still awaiting an outcome. Another person had a professional suggest a referral to a speech and language therapist. The registered manager was unable to confirm if this had been actioned but felt certain the person had declined the referral. Records did not confirm this either way. One parent confirmed how involved they were in planning a dental procedure. They confirmed it involved very detailed planning and that liaising with the staff had been very positive. They told us “We are very involved, we have been invited to talk about the procedure, it has been planned with such care”.

People had access to the service’s clinical team. This team was made up of specialists such as psychologists and behaviour specialists. Referrals were made to the local Social Services when people were due their reviews.

We spoke with two supporting professionals who confirmed communication was good. They told us “A really high quality service”,” Excellent, they have been really good at contacting me to keep me informed of changes” and “Pleased with the care”, “Communication is good”. This meant communication was good and contact and care was felt to be of high quality.

Good

Is the service caring?

Our findings

People and staff were happy at Longton Court. Staff supported people in a polite and compassionate way and spent time talking to people in relaxed manner. People said they were happy with their care. They told us "It's good and happy here" and "Staff are more helpful, more laid back". Relatives all felt happy with how their relative was treated. They told us "[name] is happy at Longton Court" and "Yes, he is happy" and "I feel [name] is happy and that is important "Relatives we spoke with also confirmed how satisfied they were with the care. They told us "It's fantastic" and "Quite happy" and "Very happy". All relatives felt staff were approachable and they could talk to them about any concern. They told us "Very friendly, they genuinely care" and "I can talk to them if I need them they are only on the end of the phone".

Staff interacted with people in a kind and caring manner. One relative confirmed how they felt people were always spoken to with respect even when staff were unaware they were in the building. They told us "Staff always take the time to speak with [name] even when they don't know we are visiting and he is in the other room, even staff from other Community Therapeutic Services. Even though [name] isn't able to communicate verbally they always talk to him, in a caring and affectionate way, they really do care".

Staff treated people with dignity and respect. One member of staff confirmed how they provided a routine for one person to ensure they had dignity around their bathing and when they walked around the house. Support plans also confirmed this arrangement and the actions staff should take. Staff showed respect and gave people time to respond when talking to them. When people needed a quiet area to talk about a problem, we saw staff moved to an area where they could not be overheard. Whilst visiting one person in their flat we heard staff knock and wait for an answer. One relative we spoke with felt everyone was treated with dignity. They told us "Staff treat people with dignity and [name] is leading his life in a way he wants it, staff fit in with [name] him".

People were supported to maintain relationships with people who were important to them, such as their parents. Relatives were encouraged to visit when they wished and staff and support hours were juggled to achieve this. One parent said "We visit when we can, staff will juggle the hours so we have more time". Another parent said "I have regular meetings and phone calls, staff are so supportive, even granny goes to visit, staff will always ensure they are offered a hot or cold drink".

Good

Is the service responsive?

Our findings

Each person was well supported having one to one support or two to one support for their activities. People had support to plan their day with staff. Activities were personalised and planned on the weekly timetable whilst others were when people wished to do them.

During our inspection people undertook their regular planned activities for example they went shopping, out for walks and accessed their local community. People had choice around their activities and also spent time relaxing in their flat, in the lounge or the outside patio area. Two people confirmed how they choose each day. They told us "I chose to go shopping on the bus this morning" and "I would like to go out and go to the pub this afternoon". Each person had a weekly activity rota which identified the activities they enjoyed. Care plans included information relating to the person's likes and dislikes. Support plans confirmed guidelines with how staff supported people with the activities they enjoyed. One person told us how they were looking forward to a holiday they were about to go on. They told us "I am going on holiday soon, I am looking forward to it". Staff had access to a vehicle to take people out in. The home also had a ground floor activity room people could access when they wished. One relative told us "It is important for [name] to going walking and out in the car". Daily activities provided for this person included those important activities.

People participated in the assessment and planning of their care as much as they were able to. Care plans contained important information that related to that person. People and relatives confirmed they felt involved in the care and care planning. Not all people we spoke with were able to comment and one person had signed to say they did not want to be part of their reviews. Care was personalised and ensured the person was at the centre of their care planning. One person told us "I only had a meeting yesterday and I feel very involved in my care". Two parents confirmed how they met regularly to discuss on going care needs. Both parents confirmed how important this was given their loved one was unable to verbally express their wishes themselves. They also confirmed staff knew people's needs well. One person enjoyed taking meals to their room. One parent told us how they had visited at dinner time and how staff had encouraged them to spend time with their son whilst they had their meal. They told us "Staff really know [name] well, just at the weekend staff said to us, go upstairs with [name] and support [name] with their meal as they need encouragement". This meant staff knew people well and encouraged people to maintain routines that were important to them.

Transitions between services were managed safely and people had time to familiarise themselves before moving in. One parent confirmed how staff visited regularly before the person came to live at Longton Court. They told us "Staff took time to come to Bristol to visit [name] it worked really well, they took him out. The transition worked very well". One person had just moved into Longton Court. They told us "I know [name], they have done me a whole new care plan, I am happier in myself".

There was a complaints policy and procedure along with an easy read version. Six complaints had been made in the last eight months. Three had been completed by people in the service. These complaints had been resolved with the person being satisfied with actions taken. Parents we spoke with felt able to discuss any concerns with staff and the registered manager. One parent felt that messages were not always replied to. We fed this back to the registered manager who confirmed they would address this.

Care files contained pre admission assessments and transitional information from one service to the next. Assessments were completed by various health professionals involved with the person's care. They contained detailed information relating to various aspects of the individual's life and social circumstances. Each care plan was individualised to that person. For example one person liked walking and going in the car, and another person enjoyed watching television and arcades. Staff confirmed they knew what was important to people. This meant care provided was centred on the individual's choice.

Good

Is the service well-led?

Our findings

The service was well-led. A registered manager was responsible for the service. They were supported by a shift leader on duty.

All staff we spoke with confirmed how approachable the registered manager and shift leaders were. They found it a positive experience working for the provider and felt able to approach the registered manager. They told us "I feel really well informed there is nothing that is kept from us, it is pro-social, all very positive, not at all about punishing people" and "It is a very supportive environment if we need to we can talk about personal affects we can". Parents also confirmed how approachable the registered manager was. This meant people felt supported and able to discuss concerns with the registered manager.

The provider had a quality assurance system to monitor the quality and safety of the service and to identify any areas for improvement. For example there was a detailed health and safety walk around that identified areas that needed maintenance. This was completed monthly by the registered manager. A recent health and safety lead had just been appointed. The registered manager confirmed they would take the lead in all health and safety topics. The registered manager had undertaken additional training so they were competent to observe staff practice. Records confirmed positive interactions had been observed with staff whilst supporting people around the home. Medicines audits were completed monthly. Identified shortfalls were recorded and actions taken were recorded.

People, relatives and professionals were encouraged to provide feedback on their experience of care provided. All questionnaires confirmed people were happy. One person made a comment on their form about upgrading their kitchen. The registered manager confirmed they had reviewed this and were unable to action this request. There was no overview of people's satisfaction or comments and actions taken. The registered manager confirmed they review all feedback and are aware of people's experience. This meant any trends and themes would be identified and addressed by the registered manager. One relative told us how happy they were to be sent a questionnaire so they could put forward their experience. They told us "I was sent a questionnaire, I had no complaint but it felt good to be asked".

Prior to this inspection the registered manager and provider had submitted various notifications to inform us of certain events that occur at the service. We checked these details were accurate during the inspection. This meant that we were able to build a full and accurate picture of incidents that had occurred in the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed Regulation 19(1)(a)(2)(3) Fit and proper persons employed The registered provider had not ensured the protection of people from unsafe or suitable care due to lack of robust recruitment procedures being in place.