

Longley Hall Limited

# Bell House Mews

## 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

Bell House Mews is a supported living accommodation for up to 14 adults with learning difficulties and/or mental health needs in their own flats, with a staff flat on site.

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

People told us they felt safe. Medicines were managed safely. Staff were recruited safely, and there were enough staff to take care of people. Support plans and risk assessments detailed what care and support people needed to reduce risk to them.

Staff received appropriate training, a plan was in place to ensure training was kept up to date. Staff were supported and felt supported by the management team. Staff received supervision. People's needs were assessed, and outcomes recorded. People were offered a choice of food and drink. The service worked with other health care professionals.

People told us staff were kind and caring. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems at the service supported this practice. People told us staff treated them with dignity and respect, they were involved with the planning of their care and their views were listened to.

There was a complaints procedure and people knew how to complain. People's likes, and dislikes were recorded in people's support plan and staff knew people and their preferences well. People's communication needs were in their plans. People had a good range of activities in place and people were happy with what was on offer.

People spoke highly of the management team who they said was approachable and supportive. The registered manager understood the regulatory requirements. People told us they thought the service was well led.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

The last rating for this service was good (July 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### 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.

# Bell House Mews

## 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 team consisted of one inspector.

#### Service and service type

This service provides care and support to people living in 14 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Not everyone who used the service 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.

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.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care

services in England. 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. We used all of this information to plan our inspection.

#### During the inspection

We spoke with two people who used the service about their experience of the care provided. We spoke with five members of staff including the registered manager, unit manager, quality assurance manager, team leader and support worker.

We reviewed a range of records. This included two people's care records and multiple medication records. 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.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# 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 told us the service was safe. Comments included, "I feel safe living here, I am on the top floor I can see anyone come, I am good at locking my door as well" and "I feel very safe living here, the people make me feel safe. We don't see no trouble."
- Staff told us they felt happy raising any concerns they had about people they were supporting and were confident they would be dealt with appropriately. Staff received appropriate training.

Assessing risk, safety monitoring and management

- Risks to people's safety and welfare were assessed.
- People's care files included appropriate assessment of risk, which had been conducted in relation to their support needs. Risk assessments covered areas such as the home environment, mobility, personal care, medicines, equipment and manual handling.
- Care plans provided instructions to staff to reduce the likelihood of harm to people when being supported.

Staffing and recruitment

- There were enough staff to ensure people received safe care.
- Safe recruitment procedures were in place to ensure only staff suitable to work in the caring profession were employed.

Using medicines safely

- Medicines were managed safely.
- Staff received face to face and practical training in the safe management of medicines. The staff had their competency checked annually. Records showed staff were up to date with medicines training.
- One person told us, "Staff sort medication out for me. Staff bring medication to me normally around 8pm. I always get my medication."
- Staff told us, "I have received medication training, I was then observed before being signed off as competent" and "Managers do spot checks when we administer medication to ensure this is completed correctly."

Preventing and controlling infection

- Appropriate measures were in place to protect people from infection.
- Staff confirmed they had access to personal protective equipment.

### Learning lessons when things go wrong

- The registered manager had a system in place to monitor incidents. They understood how to use accidents and incidents as learning opportunities to try and prevent future re-occurrences.
- Risk assessments and support plans were reviewed, and discussions took place following incidents to prevent re-occurrence.



# 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 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

- Assessments of people's needs were completed, and outcomes identified. Care and support plans were regularly reviewed.
- Support plans were tailored to the person's needs and contained information about the person and how they wished to be supported.

Staff support: induction, training, skills and experience

- Staff were trained to be able to provide effective care. One staff member told us, "Most of the training is e-learning. If we need any additional training, we only have to ask."
- Staff told us they felt supported in their roles and although they had regular supervision sessions they felt able to raise issues at any time.
- When new staff joined the service, they completed an induction programme which included shadowing more experienced staff.

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

- Staff were knowledgeable about people's needs and were able to explain information recorded in care plans.
- Care records showed how people's dietary needs were assessed, such as their food preferences and how they should be assisted with their meal.

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

- One person told us, "They [staff] sort my medical appointments and help me to go to the doctors. When I'm there, staff give me a choice whether I want them to come in with me or not. I can choose which staff I want to go, they would try and accommodate where they could."
- Hospital passports were in place to support effective transition between services. This meant key information was available on people's needs should they be admitted to hospital.
- Information was shared with other agencies if people needed to access other services such as GPs, health services and social services.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager understood the need to include any conditions in the care planning process to demonstrate they had been met.
- Support staff told us they had received training in the MCA and DoLS. This helped them to understand how to protect people's rights.

# 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 this key question was rated as good. At this inspection this key question has now 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

- People told us they received good care and support from staff. People told us, "Staff are very kind and caring. I am happy with the staff. They are just lovely." "I'm alright with some of them [staff]. I have football banter with one of the staff. I like being able to have a laugh when I'm in the mood. The staff are helpful, I would ask the staff if I needed help."
- Staff we spoke with were positive about their role. One staff member told us, "I love working here. The tenants make a massive difference to my day. When you see how people were when they moved in to what they are now, it's a massive difference."
- The service was caring and focused on ensuring people received person-centred care. It was evident staff knew people well and put these values into practice.
- Staff we spoke with demonstrated a good understanding of each person they supported and understood each person's different needs.

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

- People were supported to express their views and to be involved in making decisions about their care and support, as far as possible. People's views were obtained through individual quality assurance forms and surveys.
- People's diverse needs were recorded. Staff we spoke with demonstrated a good knowledge of people's personalities, individual needs and what was important to them.
- When people had expressed their views about their preferences these were respected. Staff could tell us about, and records confirmed that people's views about how they preferred to be supported had been acted on to promote positive outcomes.

Respecting and promoting people's privacy, dignity and independence

- The service promoted people to live as independently as possible. Staff gave us examples about how they supported people in certain aspects of their day to day activities which encouraged people to maintain their independence.
- People who use the service told us, "I like being able to come and go as I like please because that's important to me. Staff always knock on my door and wait for me to answer" and "I love living here, I love my flat I get to live independently which is lovely."
- Respect for privacy and dignity was at the heart of the service's culture and values. Staff treated people with dignity and respect. Through our conversations with staff, they explained how they maintained people's dignity whilst delivering care.

# Is the service responsive?

## Our findings

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

At the last inspection 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

- People were at the centre of their care and support
- The support plans we reviewed were detailed and contained information about people's likes, dislikes, specific needs, their personal preferences, routines and how staff should best support them to live happy, contented lives.
- Staff were knowledgeable about people's preferences and could explain how they supported people in line with this information.
- People were supported with to take part in activities, for example, shopping, meal planning, cleaning and cooking.

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.

- People had communication plans in place. They described the person's most effective means of communication and how others can best communicate with and support the person. The service ensured people had access to the information they needed in a way they could understand and were complying with the Accessible Information Standard.

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

- One person told us, "I go to a cooking group and I volunteer." Another person told us, "I attend a course which will hopefully lead to paid work in the future."
- The service was responsive to people's social needs, and actively promoted the importance of social contact and companionship to enable a good quality life. People were enabled to follow a variety of interests and activities. Ideas were initiated by staff based upon people's interests.

Improving care quality in response to complaints or concerns

- There were systems and procedures in place in relation to complaints.
- People who used the service told us they knew how to complain if they were unhappy. One person told us, "I would speak to [unit manager], if they were not in I would speak to [team leader], then staff."
- The service had not received any complaints.

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

- People told us, "The unit manager is [name]. I can go and talk to them if I'm not happy."
- People were engaged with the service. Staff meetings were held which staff told us they found useful. Staff met with the team managers on a one-to-one basis to discuss any concerns or receive any updates.
- People who used the service were involved in day to day decisions about what they wanted to eat and what social activities they wanted to take part in.
- Staff and people who used the service had completed a survey of their views about the service. People's feedback had been used to continuously improve the service.
- The management team made themselves easily available to people using the service, relatives and staff.

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

- There was an open and honest culture in the service. People were complimentary about the registered manager.
- The service was caring and focused on ensuring people received person-centred care. It was evident staff knew people well and put these values into practice.
- The registered manager had a clear understanding of their role and the organisation, and the lines of managerial support available.

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

- The provider had implemented quality assurance systems to monitor the service. These had been effective in identifying areas for improvement. When issues had been identified, these were added to an action plan and action had been taken to make improvements.
- There was a registered manager in post who provided leadership and support. We found the management team open and committed to making a difference to the lives of people living at the service.
- People who used the service received good quality person centred care.
- The registered manager understood their responsibilities with respect to the submission of statutory notifications to CQC.

#### Continuous learning and improving care

- The registered manager understood their legal requirements. They were open to change, keen to listen to other professionals and seek advice when necessary.
- The registered manager demonstrated an open and positive approach to learning and development. Improvements were made following changes in policy and procedure to ensure regulatory requirements were met.
- Information from the quality assurance systems, care plan reviews and incidents were used to inform changes and make improvements to the quality of care people received

#### Working in partnership with others

- The service worked in partnership with key organisations to support care provision, service development and joined-up care. For example, the registered manager told us the service had worked with clinical commissioning groups (CCG), social workers, mental health services and Sheffield local authority