Barchester Healthcare Homes Limited

Longueville Court

Inspection report

Village Green
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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

Longueville Court provides accommodation, nursing, and personal care for up to 105 adults, some of whom may be living with dementia. It also registered to provide the regulated activity treatment, disease, disorder and injury. At the time of our inspection there were 97 people living at the service. The service is located in a village location outside of the city of Peterborough. People lived in four areas of the home; Robin unit, Kingfisher unit, Memory Lane and Skylark unit.

There was a registered manager in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

This inspection was carried out on 16 May 2017 and was an unannounced inspection. At the last inspection on 14 August 2014, the service was rated as 'good.' At this inspection we found the service remained 'good.'

Staff assisted people in a way that supported their safety and people were looked after by staff in a kind and caring manner. Staff encouraged people to make their own choices. People's privacy and dignity were promoted by staff and people were treated with respect.

Staff were knowledgeable of how to report incidents of harm and poor care. Accidents and incidents were identified and recorded. Actions were taken to, as far as possible, reduce the risk of recurrence.

People and their relatives/ advocates were involved in the setting up and agreement of their/their family members care plans. People's care arrangements took account of people's wishes including their likes and dislikes. Care plans informed staff of people's individual needs and recorded people's choices, and any assistance they required. Risks to people who lived at the service were identified, and plans were put into place by staff to minimise and monitor these risks. This enabled people to live as safe and independent a life as possible.

People were looked after by enough, suitably qualified staff to support them safely with their individual needs. Staff enjoyed their work and were supported and managed to look after people. Staff understood people's needs and they were trained to provide effective, safe care. Staff understood their roles and responsibilities and were supported to maintain their skills by way of supervision and appraisals. Pre-employment checks were completed on new staff members before they were deemed to be suitable to look after people living at the service.

People were supported to take their medicines as prescribed and medicines were safely managed by staff whose competency had been assessed. Where there had been any errors in the administration of people's medicines, these had been identified and dealt with appropriately.

The service was flexible and responsive to people's needs. People maintained contact with their relatives and friends and staff encouraged people to maintain their links with the local community.

People were supported to eat and drink sufficient amounts of food and fluids. Staff monitored people's health and well-being needs and acted upon issues identified. They also assisted people to access a range of external health care services when needed and their individual health needs were met.

There was a process in place so that people's concerns and complaints were listened to and acted upon and where possible resolved to the complainants satisfaction.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice

Arrangements were in place to ensure the quality of the service provided for people was regularly monitored. People who lived at the service, their relatives and staff were encouraged to share their views and feedback about the quality of the care and support provided and actions were taken as a result to drive forward any improvements required.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains good.	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service remains good.	**Good**

Longueville 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 16 May 2017. The inspection was carried out by four inspectors.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at this and other information we hold about the service. This included information from notifications received by us. A notification is information about important events which the provider is required to send to us by law. Before the inspection we received information from a representative of the local authority quality improvement team, continuing healthcare team, contracts monitoring team and a fire safety officer to aid us with planning this inspection.

During the inspection we spoke with ten people who used the service, five relatives, the regional director; registered manager; and the chef. We also spoke with, three unit managers, one nurse; an activities co-ordinator; three care workers; two domestic staff and a visiting social worker. We looked at 10 people's care records and records in relation to the management of the service, management of staff, management of people's medicines and three staff recruitment files.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

People and relatives of people said that they, or their family members, felt safe living at the service. This was because of the care they/their family member received. One person told us, "I just say I need help and they [staff] are there…staff help me when I need it." Another person told us, "I feel safe living at the home, I have never had any concerns about the staff. I would speak with the [unit manager] if I was concerned something shouldn't be happening and feel confident something would be done."

Staff were able to demonstrate that they knew how to recognise and report any suspicions of harm or poor care. They gave examples of different types of harm and what action they would take in protecting and reporting such incidents internally or to external agencies. One staff member talked through an example of a concern they raised, how they were listened to, and how it was dealt with. They said, "If I am unhappy about anything, I can raise it and it will get sorted." This showed us that staff knew the processes in place to reduce the risk of harm occurring.

Risk assessments were in place and staff were aware of their roles and responsibilities in keeping people safe. This included following the guidance as set out in people's risk assessments. Risks included but were not limited to, people being at being at risk in relation to their moving and handling risks; prescribed medicines; being at risk of falls; poor skin integrity; nutritional and hydration needs and being at risk of choking. These risk assessments also included actions to be taken by staff to minimise the risk of harm to people.

Risk assessments included risks in the event of a foreseeable emergency such as a fire risk. We saw that there were contingency plans in place for these types of emergencies. Staff were knowledgeable on what to do in an emergency. Records showed that personal emergency evacuation plans were available for people living at the service and records documented that fire drills were practiced.

People and their relatives told us that there were enough staff to meet their/their family member's requirements. However, there were mixed views about how busy staff were at times. One person said, "[Staff] come reasonably quickly [when call bell is rung]." Another person said, "They [staff] are not quick but it doesn't take ages either." A relative told us that when help is asked for, "[It] doesn't usually wait [take] too long, an extreme wait would be 20 minutes, but I would like staff to spend more time with [family member]." However, a third person said, "If they're [staff] are busy, its rush, rush, rush." A staff member confirmed to us, "We are quite good at working as a team and yes, there is enough staff…and good continuity of staff." The registered manager advised us that the number of staff needed was based on people's individual support and care needs. Records confirmed this. During this inspection we saw that there were enough staff to meet people's needs. Staff were busy but did not hurry the people they were assisting.

Records showed that pre-employment checks were carried out to clarify that the proposed new staff member was of a good character. This demonstrated to us that there was a process of checks in place to make sure that staff were deemed suitable to work with the people they supported.

People and their relatives told us that they had no concerns with the way their/their family member's medicines were managed. A relative told us, "They [staff] always give [family member] options about when to take medication." Staff said that they had attended training and refresher training in the management of people's medicines. Where appropriate, we noted that people were supported to self-administer their own medicines. Risk assessments were in place to reduce the risk as far as possible to make sure that people were supported to do this safely whilst promoting their independence. This showed us that there were processes in place to ensure that people's medicines were safely managed.

We saw that medicines were stored and disposed of securely and Medication Administration Records (MARs) showed that medicines had been administered as prescribed and accurate records kept. Where there had been any errors in the administration of people's medicines, these had been identified and dealt with appropriately. Systems were in place for people who required support with their 'as and when needed' (prn) medicines such as those for pain relief and the frequency people could have these if required. Audits, both internal and external were carried out so that people could be assured that they would be administered medicines as prescribed.

Good

Is the service effective?

Our findings

Staff told us, and records confirmed that they received training, including specialist training, to deliver effective care and support that met people's individual and complex health needs. Competency checks on staff's moving and handling techniques, and medicines administration, were undertaken and supervisions and appraisals were used by the registered manager to monitor staff members' progress. These meetings were also a forum to discuss any additional support needed, and any training and developmental needs. This demonstrated to us that staff were supported to maintain and develop their skills and knowledge.

New staff completed the organisations induction programme that was based on the care certificate. The care certificate is a nationally recognised induction programme that applies across health and social care. Staff told us that their induction consisted of training and being shadowed (worked alongside) a more experienced member of staff. This was until the registered manager deemed them confident and competent to carry out care and support.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty safeguards (DoLS). People's capacity to make day-to-day decisions had been assessed by the registered manager. Staff we spoke with demonstrated to us an understanding of how they put their MCA 2005 and DoLS training into practice. One staff member said, "[We] try to always involve people in making their own decisions, sometimes by simply showing choice." Another staff member told us, "Approach [the person] at the best time of day [for them] and keep it [the question] simple." We found that people were supported with making their decisions and had no unlawful restrictions imposed on them.

Our observations showed that the lunchtime experience for people was relaxed and managed efficiently. People could eat in the dining rooms or have their meal in their room if they preferred. We saw that people were offered a choice of meals and individual diets were catered for, including soft food/ pureed food options. People and their relatives had positive views over the food on offer. One person said, "[The food] is okay, sometimes really nice and sometimes okay. You are able to decide what to have." Another person told us, "I don't like [named food], I get offered something else, [there's] plenty on offer." A third person said that they got a, "Good choice [of food]."

People were offered to have hot and cold drinks and snacks, including fresh fruit, during and between meals. One person told us, "I get offered a variety of drinks." People's nutritional needs and weights were monitored and programmes were in place to encourage people to eat a diet that maintained a healthy weight.

People were supported to access a range of health care services to maintain their health and well-being. Records showed that external health care professionals such as, dieticians, and GP's were involved in people's care as and when required. A social worker told us, "The unit manager has gone above and beyond by involving a multi-disciplinary team element; they get the GP to see [the person they are supporting.] They

[staff] have worked with [person] and with input from the GP." A relative said, "I can't fault the care in any way. [Family member] had a serious condition, [staff], called the GP straight away, I couldn't ask for anything better really."

Good

Is the service caring?

Our findings

People were looked after by considerate and kind staff. Observations showed that staff interacted with people in a caring and patient manner. A relative told us, "[Staff] calm [family member] down by holding their hands or having a chat. Staff go above and beyond what is expected, I am really happy that [family member] is so settled here… staff are so polite." A person said, "I am quite happy here." Another relative told us, "[Staff] are kind, all caring and always polite." We saw that people recognised staff, interacted with them and responded to them with smiles.

During the inspection we observed that staff were busy, but we saw that they supported people in an unrushed manner and at the persons preferred pace. People were able to move around the different areas of the home and choose if they wanted to take part with any activities. Our observations showed that staff explained to people what they were doing when helping them. For example when guiding them to sit down into a chair. This was confirmed by people and relatives we spoke with. A relative told us, "Staff always ask if it's okay to do something before doing it."

With the support from staff and the registered manager, people's rooms had been individually decorated with their own belongings. This meant that these individualised rooms enabled each person to make the home their own.

The service maximised people's dignity and respect; all bedrooms were en suite and were for single use only. People and their relatives told us that staff respected their/their family member's privacy and dignity. One relative said, "[Staff] are always respectful and knock on the door first. They are particularly careful about closing curtains [when delivering personal care]."

People were supported to maintain contact with their relatives and friends. Visitors to the service told us that they were made to feel welcome. A relative told us, "I come and visit every day at any time."

People' diverse needs were planned for, this include any religious or cultural needs. Care plans had been written in a way that prompted people's individuality, their privacy, and dignity and maintained their independence. These plans gave information to staff to help them understand how to support people to meet these needs. They also included people's end of life wishes, including, where appropriate, a wish to not be resuscitated.

Where appropriate, we saw that people were being asked to write their own plans of care and this had been achieved. Records confirmed that people and /or their relatives were involved in the reviews of their care plans. The majority of people and their relatives told us that they felt involved with their family members' plans of care as communication was good. One person told us, "I have seen the care plan and am always able to make decisions, always involved in my care." However one person said, "I didn't know I had a care plan…not seen it."

Advocacy services were available to people at the service should they wish. Advocates are people who are

independent and support people to make and communicate their views and wishes.

Good

Is the service responsive?

Our findings

The majority of people and relatives spoken with told us that they were involved in the development and review of their/ their family members care plans. Records showed that people's requirements had been assessed before they moved into the service to make sure that the staff could meet the persons' needs."

Care plans contained good information about people's lives [life history] before they moved into the service, so that staff could help people maintain their hobbies and interests. People, and their relatives told us and we observed that they/their family member had access to a range of activities and links with the community. These included links with the local football team, visiting school choirs, fetes, and a donation of sensory equipment made to a local school. People took part in individual activities such as singing along to music, watching television, enjoying the garden and courtyards and reading books and/or newspapers. We also saw group activities organised by staff. These included ball games being played or a trip out sailing. This meant that people were assisted to maintain their interests and develop new ones.

Reviews of people's care took place to make sure that they met their current needs. These meetings also looked at what was working well and that any changes to the person's care and support were agreed. A relative told us, "I feel really involved. Care Plan? Yes, we have a look [at it] and comment. I have made comments before and these have been added."

Senior staff from each unit and other ancillary areas met regularly with the registered manager. Staff then received feedback from the meetings. This meant that staff were kept up-to-date with things that happened in the service as a whole.

We saw clear information being passed between staff during shift handover meetings. These updates included people's well-being or medication changes. This meant that staff were able to monitor and respond in a timely manner to people's changing needs.

We looked at compliments and complaints received by the service since the last inspection. We saw that there was a formal process in place if people ever needed to complain, raise concerns, make suggestions and provide compliments. There was a complaints procedure available in the service user guide that explained the process to new people to the service. The majority of people spoken with said that they knew how to make a complaint. One relative confirmed to us that they had raised a concern in the past and that it had been dealt with. Another relative said, "If I wasn't happy I would speak with [registered manager], but I have never had a need to do this." However, a person told us, "Complain? Never had to. I don't know how to raise [a complaint] I have not seen the complaint procedure."

Staff we spoke with were aware of the procedures to follow if anyone raised a concern with them. We looked at the complaints records and found that complaints received had been investigated and dealt with appropriately and resolved wherever possible.

Relatives told us the registered manager and staff were willing to listen to their views. Staff meetings were

held as a forum for relatives to be given organisational updates and raise any suggestions or concerns that they may have. A relative confirmed to us that they had been sent a letter about a meeting. They said, "You know what's going on."

Good

Is the service well-led?

Our findings

There was a registered manager in post. The registered manager was supported by a team of care and non-care staff. We spoke with the registered manager and several staff during this inspection. They demonstrated to us that they understood their roles and responsibilities and told us that they felt supported to carry out these roles. One staff member said, "This is the best care home because the [registered] manager is very strict with us, no nonsense… I know if I'm unhappy about anything I can raise it and it will get sorted."

We found that the provider was displaying their previous inspection report rating conspicuously on their organisations website and within the service for people and their visitors to view.

People and their relatives knew or recognised who the registered manager and unit managers were. We saw that they were available to people at the service. Members of staff had positive comments to make about the registered manager. One staff member said, "I am empowered to do my job…the [registered] manager always takes our views into consideration such as adapted chairs and new linen." A relative told us, "[The registered manager] sets the standards she expects all staff to maintain."

People and their relatives were asked to feedback on the quality of the service provided. The most recent survey was carried out in 2016 and we saw that the results of the feedback were positive.

Staff were also asked to feedback on the service. We also saw that the registered manager and their management team observed staff practice to monitor the quality of the service provided and identify what worked well and what improvements were required. To help with staff morale, staff and people living at the service and their relatives could nominate a, "staff member of the month." A relative told us, "They do everything well. I like that you can nominate a staff member of the month. I think that's nice to be recognised. They do a good job."

Staff attended meetings and said that they could raise any suggestions and/or concerns that they might have and be listened to. Records showed that at these meetings, information and ideas on how to improve the service were discussed. Staff meetings were informative about the expectations of the provider. Updates also included any organisational changes and reminded staff of their roles and responsibilities in providing people with safe care that met their individual needs.

Staff were aware of the whistleblowing policy and procedure and their responsibility to raise any concerns that they may have.

The registered manager showed us that there were arrangements in place to regularly assess and monitor the quality and safety of the service provided. Examples of quality monitoring spot checks that took place included prescribed medicines, infection control, and people's care plans. A "quality first" audit was also undertaken which asked whether the service was safe; effective; caring; responsive and well-led. There were also audits undertaken by the regional director that looked at the service as a whole. This demonstrated to

us that the provider had a range of systems in place that assessed and monitored the quality of the service, including shortfalls and actions taken to address them to drive forward improvements.

Notifications are for events that happen at the service that the registered manager is required to inform the CQC about. Our findings showed that the registered manager informed the CQC of these events in a timely manner.