

Richmond Fellowship (The) Longview House

Inspection report

Longview House
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14 June 2018

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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

This inspection took place on the 11 and 14 June 2018 and the first day was unannounced.

Longview House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Longview House accommodates 19 people across three separate units, each of which have separate facilities. The upstairs unit offers full support to people with their care. In addition, on the ground floor a number of people were supported to gain and improve their life skills. In the smaller unit, up to three people were supported to live semi-independently. At the time of this inspection 15 people were using the service.

This inspection is the first inspection under the registered providers' new name of Richmond Fellowship (New).

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

People told us they felt safe living at the service. People were protected from abuse and the risk of abuse. Policies and procedures were in place to offer guidance and advise staff how to raise a safeguarding concern. Staff demonstrated a good knowledge of how to safeguard people and all staff had received training in this area.

Systems were in place for the safe management of people's medicines. Policies and procedures relating to the safe management, administration and recording of medicines were readily available to staff. Appropriate lockable facilities were available for the safe storage and administration of people's medicines.

People using the service had different levels of support depending on their personal needs. For example, some people were supported with all of their needs while others were independent when managing their food shopping and medicines.

People were supported by a staff team that received regular up to date training and support for their role.

People told us that staff respected their privacy and dignity but were always available if they wanted to speak with them. People's rights were maintained in relation being registered to vote in local and national elections.

People were encouraged to participate in the planning of their care and setting their own goals to achieve

more independence. These goals included expanding their skills in relation to cooking and managing their own medicines.

People were encouraged to participate in physical activities within the local community to promote a healthy lifestyle. These activities included cycling and joining organised walks. Activities undertaken by people were planned and any identified risks were minimised wherever possible.

People's rights were supported under the Mental Capacity Act and the Mental Health Act.

People were aware of how to raise a concern or complaint about the service. They felt confident that their concerns would be listened to and addressed by the staff team.

Regular checks took place to ensure that the building and people's living environments were safe.

Clear recruitment procedures were in place to help ensure that only staff suitable for the role were employed.

People had several opportunities to discuss their views of the service they received. These included regular meetings with the key worker, meeting for people who used the service and an annual questionnaire asking for people's views.

People had access to local advocacy service to assist in the making of decisions and lifestyle choices.

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.

People felt safe living at the service.

Procedures were in place to help ensure that risks to people were minimised.

Safe recruitment procedures were in place.

Procedures were in place for the safe management of people's medicines.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who had received training for their role.

People participated in menu planning or purchased their own foods independently.

People told us that they were supported by staff to keep healthy.

Is the service caring?

Good ●

The service was caring.

People were treated with respect and their dignity was maintained.

Staff had a good knowledge of people's needs and positive working relationships had been formed.

People had access to local advocacy services and support.

Is the service responsive?

Good ●

The service was responsive.

People needs and wishes were assessed, planned for and

reviewed on a regular basis.

Physical activities were planned to help people maintain good health.

A complaints procedure was in place and people were confident that they would be listened to if they had a concern.

Is the service well-led?

The service was well-led.

A registered manager was in post.

Systems were in place to ensure that people and their living environment were safe.

People were involved in the planning and development of the service.

People's views were sought by the registered provider.

Good ●

Longview House

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 inspection took place on 11 and 14 June 2018 and the first day was unannounced.

The inspection was carried out by one adult social care inspector.

Prior to the inspection we reviewed the information that we had received from the registered provider which included statutory notifications, safeguarding alerts and information from other agencies.

During the inspection we spoke with nine people who used the service, five members of staff and the registered manager.

We looked at records relating to people's care and support needs, medicines records and people's care plans. In addition, we looked at records mainlined in relation to the management of the service and policies and procedures.

Prior to the inspection the registered manager had completed a provider information return (PIR). This document gave the service the opportunity to tell us what they do well, areas of planned improvement and the services plans for the future.

We spoke to the local authority commissioning team who had recently carried out a review of the service. They had not identified any concerns and provided positive feedback about the service. In addition, we spoke with Knowsley Healthwatch who told us that they had no recent information relating to the service.

Is the service safe?

Our findings

People told us that they felt safe using the service. They told us that staff were always available to offer support and guidance when they felt vulnerable or needed advice on personal matters that were concerning them. Their comments included "Staff are always around to chat to" and "There is always people around so you feel safe."

Policies and procedures were available to staff in relation to safeguarding people from abuse. Staff spoken with had a good knowledge and understanding of what constituted a safeguarding concern with one member of staff explaining a recent hate crime they had reported. Staff were aware of safeguarding procedures and knew where they could find these procedures and other guidance should they need to refer to them when reporting any concerns. All staff had the responsibility of reporting safeguarding concerns to the local authority and the Care Quality Commission. The registered manager told us that all staff shared the responsibility of ensuring that appropriate actions were taken following a concern being raised. Training records demonstrated that staff had received training in safeguarding people.

Identified risks to people were assessed, planned for and reviewed on a regular basis to ensure that risk was managed to minimise harm and restrictions on people's freedom. Risk assessments were in place for in the event of individuals entering crisis with their mental health. Risks to people were also considered and minimised when planning activities. For example, staff demonstrated that when organising hill walks, a risk assessment took place along with using official maps to plan the walks. Through this planning staff were able to minimise and plan for any risks identified throughout the activity.

People were supported to receive their medicines safely. Appropriate locked storage facilities were available in a locked room. This room had an air conditioning unit to help ensure that medicines were stored at the correct temperatures to ensure they were effective. Facilities were available for the safe storage of controlled drugs (CD's). Controlled drugs are medicines prescribed for people that require stricter control to prevent them from being misused or causing harm. Policies, procedures and guidance were available to staff to support the safe administration of medicines. Clear procedures were in place for when people managed their own medicines. In these situations, people had access to a secure lockable cabinet in their bedroom. Staff involved in the administration of people's medicines had completed training and been assessed as being competent to do so. Regular audits of medicines and their storage were completed.

The service had a designation medicines champion who had established close working links with GPs and pharmacists to ensure that people's medicines were managed appropriately. In addition, clear systems had been devised within the service to ensure the safety of medicines management. We found that people's medicines were well managed and accurately recorded. An audit of the medicines management system had been carried out in March 2018 by the Clinical Commissioning Group. The service scored 93% in this audit which demonstrated that safe, effective procedures were in place for the management of people's medicines.

Staff rotas were available to demonstrate the members of staff on duty. These rotas were flexibly managed

to meet the needs of people. For example, rotas were planned to assist people with their personal appointments, planned activities and for planning one to one support to people by their key worker. For example, we saw the registered manager changing the rota of one member of staff for the following day in order for them to support a person who was in hospital. Staff explained that the person was unwell and was experiencing difficulty in interacting with the hospital staff. Having the familiarity of their own support staff available was helping the person during their stay in hospital. The registered manager stated that the service had a current vacancy for a support worker. This was due to the staff team being expanded to meet the changing needs of people.

The registered provider's recruitment procedures were safe and aimed to ensure the safe recruitment of staff. Information contained on staff files demonstrated that appropriate checks had been carried out prior to them starting their employment. For example, staff files contained evidence of written references, a completed application form, and evidence that a check with the Disclosure and Barring Service (DBS) had been carried out. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults to help employers make safer recruitment decisions. These checks were carried out to help ensure that only staff of a suitable character were employed.

Routine checks around the environment to maintain people's safety took place. Records showed that checks and tests of equipment and systems such as fire alarms, emergency lighting, water quality and temperatures were undertaken regularly. In addition, specific inspections had taken place of the building to ensure people's safety. For example, an asbestos management report had been completed and checks for legionella levels had been undertaken. Following the legionella check a minor action had been recommended. The registered manager was able to explain the findings of the report and what action had been taken to address the recommendation. A maintenance plan was in place to ensure that the building remained safe and maintained. This plan included external work to the building and on-going decoration of internal areas.

Personal emergency evacuation plans were in place for each person. These plans recorded important information about how people should be supported in the event of having to leave the building in an emergency. This information was stored with an emergency pack that included equipment and information that may be required. For example, plans of the building, information relating to people's medicines, important telephone number and a contingency plan that contained the detailed of a designated place of shelter for people if needed.

Is the service effective?

Our findings

People told us that they felt the service was effective. They told us that their personal choices were acknowledged and respected by the staff team. People told us that they had a close working relationship with their key workers and that they were able to discuss plans for the future. One person told us "I like my key worker they are good, they know me and I know them. We are looking at ways in which I can get fit and lose a bit of weight."

Prior to a person moving into the service an assessment of their needs took place and was carried out by a senior member of staff. The purpose of the assessment was to ensure that the service had the facilities and provision to meet the person's individual needs. If a person's needs changed, or following admittance to hospital, a further assessment took place to ensure that Longview House could continue to provide the appropriate care and support the person required.

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 people lack mental capacity to make particular decisions, any decisions 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 2005. The application procedures for this in care homes are called Deprivation of Liberty Safeguards (DoLS). We checked that the service was working within the principles of the MCA 2005 and whether any conditions on DoLS authorisations to deprive a person of their liberty were being met. No DoLS were in place at the time of this inspection. However, the registered manager had a clear understanding of the Mental Capacity Act and the DoLS application process.

People using the service were on specific orders under the Mental Health Act (MHA). This included people who were living at the service under specific conditions and restrictions under the MHA. These conditions and restrictions were reviewed on a regular basis by mental health professionals and appropriate government departments. Information relating to these restrictions were clearly recorded and regular monitoring and reviews took place to ensure that the conditions remained valid. The registered manager had a detailed understanding of all restrictions imposed on people under the Mental Health Act.

The service provided full residential support to people living on the first floor of the building. People living on the ground floor received support to develop their skills to live semi independently. This involved people taking more control in their day to day lives with the support of the staff team. For example, people took responsibility for their food shopping, cooking and management of their medicines. People told us that they shopped weekly for their food and stored it in specific cupboards and fridges in a small kitchen. One person told us that they visited the local shops, another person had a delivery card for a local supermarket. This involved them visiting the supermarket to purchase their food and then having it delivered to the home.

The service had partnered with a local university to utilise students training in nutrition and wellbeing. This partnership will support both people and staff to manage and improve understanding of diet and nutrition.

A food group also met weekly to discuss menus and the planning of meals to ensure that all personal likes and dietary needs were considered when planning the menu.

People's health and wellbeing was supported in line with Knowsley's Joint Health and Wellbeing Plan which enabled people to have access to the appropriate community health care and support services they required. For example, podiatry, weight management and smoking cessation. People told us that staff would always support them to medical appointment if that wished. Some people told us that they preferred to attend their appointment alone, however, they always had a choice of taking a member of staff with them for support. People had access to a designated drug and alcohol recovery worker employed by the service. This worker provided both one to one and group support sessions for individuals wishing to engage in substance harm reduction.

Staff told us that the training opportunities made available to them were good and informative. One member of staff explained that there was also opportunity to suggest and attend training outside of the organisation to improve their learning for their role. Another member of staff told us how they had become involved in developing a local policy and procedure for the service and discussion took place with regards to considerations needed when developing local procedures to ensure that they did not impinge on people rights and choices.

Training records demonstrated that staff had received training in safeguarding, safe moving and handling, infection control, health and safety, fire, first aid, diversity and equal opportunities, the Mental Capacity Act, and medicines. In addition, the majority of staff had completed a level three award within the national vocational qualification (NVQ) or qualifications and credit framework (QCF).

Staff had access to regular supervisions and annual appraisals. To promote an inclusive effective staff team each member of staff championed one area of their role. For example, there were champions for safeguarding, infection control, the environment, equality, diversity and fire safety, health and safety, nutrition and business continuity, user involvement, mindfulness and working together. The effectiveness of having champions within the service was clearly demonstrated in relation to medicines. The medicines champion had further developed safe systems to ensure that people's medicines were managed well.

Is the service caring?

Our findings

People told us that they felt the service was caring and that staff were respectful and friendly. People's comments included "I get along great with all but one member of staff, there is nothing wrong with that member of staff just a different personality" and "The staff are great, they really understand me. They know when I am feeling low and offer their support."

Staff demonstrated a good understanding of person centred care. For example, People were encouraged and supported with respect to alter their name and identification as they wished. We saw that staff were fully aware of the names people wished to be known as in different situations and when others were around. This demonstrated that people's freedom to be as they wished was respected. People using the service had registered to exercise their vote in local and national elections.

People told us that staff respected their privacy. They told us that staff always gained their consent prior to entering their bedrooms and whilst they were using the bathrooms.

The atmosphere in the service was calm and relaxed. It was evident that people who used the service had formed strong, respectful friendships. Staff were seen speaking with people in a respectful manner and maintained positive open body language at all times. It was evident that trusting relationships had been forged between individuals and the staff that supported them. On one occasion became annoyed and anxious. Staff were seen to offer the appropriate support to the person until the period of anxiousness reduced.

People had access to an advocacy service to enable them to make independent informed lifestyle choices. Information about the advocacy service was clearly displayed for people to access. At the time of the inspection an advocate had been engaged to support a person with their housing needs.

The majority of information available within the service was written in standard print. Nobody had a specific wish or need for an alternative form of communication. However, if needed the registered provider had a system in place to produce information in other formats, for example, in an alternative language. This was in line with the providers framework for 'creating accessible materials'.

Information was readily available to people from a leading mental health charity for advice and support. The information included 'quick tips' and guidance to people in relation to sleep, stress, relaxation, panic attacks and physical activity whilst living with mental health issues. In addition, further information was available to people relating to promoting recovery for people living with dual diagnosis. The information was available in communal area giving people the opportunity to browse and read the information at their leisure.

People's professional skills and expertise were respected by the staff team and individuals were encouraged to maintain and share these skills. For example, one person was highly skilled in working with computers and had set up a computer for others to access within the service.

People's personal information was stored appropriately to ensure that their confidentiality was maintain. Lockable cabinets were available for paper records and computer records were password protected. This meant that only staff needing to access this information could do so.

Is the service responsive?

Our findings

People told us that they encouraged and felt part of the care planning process and their goals and aspirations were regularly discussed and where needed altered to meet their needs at that time.

The care planning system in use within the service is based on a recovery model of support. This model promotes a holistic, person centred approach to planning people care. Care and support planning documents were available for each person. These plans were co-produced by people and the staff to promote person centred support. People's care plans identified people's strengths and engaged people in planning their personal development and included information about their identified needs, aspirations and development areas of responsibility to promoting their recovery and increase independence. One person told us that they had initially set a number of goals but had soon realised that they needed to reconsider these. They told us that they had started to manage their menu and laundry, however, they had realised that they needed more support. Due to this their support was altered and they were now working towards a time when they could manage their own menu again.

We found good examples of people's individual wishes being recorded in their care plans. For example, one person's care plan clearly stated their wishes in relation to staff administering their medication. The plan stated "Staff to support from bedroom with morning dose of [Medicine] by 10am. I wish to be supported by staff to administer in my bedroom."

Handover of information between staff took place twice daily to ensure that staff were aware of any changes to people's plans, health and planned activities. Records of these information handovers were maintained. In addition, daily records were written on the electronic care planning system to maintain up to date accounts of people's activities and any changes in their current needs.

People had access to an initiative called 'Out time' time bank; a service specifically for people with mental health problems to access and volunteer for a time bank. This was a national initiative by the registered provider. The service enabled people to meet others, be active, contribute to the community and to learn new skills. At the time of the inspection a meeting was held with a representative of the scheme. Following the meeting people told us that they had 'signed up' for volunteering. For example, with a gardening project.

People using the service had access to the garden and a local allotment to grow vegetables. A gardener was also employed and garden maintenance work and the gardener were managed by a person using the service. This person also supported the management of ground maintenance which involved liaising with contractors and making decisions. Many of the people living at Longview House had an interest in gardening.

People had access to a comfortable quiet lounge to spend time with visitors or alone. The room was equipped with a computer with internet access that they could use at any time.

A number of people were keen cyclists and told us about the local initiative call 'Pedalaway'. This service

enabled people from the local community to loan a bicycle to ride around the local area with others. People told us that they had freedom of movement with the service and with the local community. One person told us "Staff always encourage us to use public transport if we're going anywhere – its cheaper than a taxi". Another person told us "I walk to all my appointments as it helps keep my weight down."

People were encouraged to attend local activities within the local community. These activities were advertised within the service and included movie nights, cookery sessions, sewing classes and bingo. People told us they occasionally attended these sessions. One person told us of their like for singing and attended different pubs both locally and in Liverpool city centre to participate in Karaoke sessions.

Regular meeting took place for people using the service. These meetings gave the opportunity for people to raise and comment on any issues and future plans within the service. People told us that they attended the meetings and that they also got to discuss days out and holidays.

The registered provider had a complaints procedure that was readily available to people who used the service. The procedure gave clear information as to the three different stages of the complaints process. People told us that they were aware they could make a formal complaint, however, they felt that the staff at the service would listen to any concerns they had and take action.

Is the service well-led?

Our findings

A manager was in post who was registered with the Care Quality Commission. The registered manager had a detailed knowledge of all of the people using the service and the staff support team. There was a clear line of accountability within the service and people using the service and staff were aware of who the registered manager was. An out of hours on call system was in place that enabled staff to contact a senior member of staff for advice and support at all times.

Monitoring systems were in place to monitor the service that people received. For example, regular checks were made of people's living environment, care planning documents, restrictions imposed under the Mental Health Act for people and medication. In addition to these regular checks made by staff and the registered manager, the registered manager had systems in place to monitor accidents and incidents, staff training and the safety of people's living environment. An area manager for the registered provider visited the service on a regular basis to monitor the service.

The registered provider operates a Quality Assessment Framework. This involves managers from different areas carrying out quality assessments on the service. These assessments considered statutory equipment and utility checks, record checks, health and safety, medicines management, finances and staffing. In addition, the assessment process also included ensuring that people using the service knew how to raise a complaint and that there was evidence that there was an inclusive approach to planning people's support. The registered manager also had the role of visiting other services to carry out a quality assessment. They told us that this system aids their own understanding and development of their role.

People were encouraged to complete an annual satisfaction survey produced by the registered provider. We saw that the survey asked for people's opinions on how the service can improve, how the service has helped improve people's life and asked for people's views on their living environment, information, staff and quality of support offered. The feedback from the survey was positive with people demonstrating that they were happy with the service they received. The results of the survey had been made available to people using the service.

To facilitate improvement within the service the registered manager attended registered managers network meetings for the Liverpool area. The registered manager told us that they found these meetings beneficial in keeping up to date with changes to regulations and developments within the local area. They gave an example of attending a recent meeting and receiving a presentation from a Care Quality Commission pharmacist. The presentation was shared and the registered manager who was planning to use this presentation with staff for training purposes.

The registered provider had a comprehensive set of policies and procedures that were available to all staff within the service. The documents are developed to assist staff in using the correct legislation and best practice guidance when delivering care and support to people. These policies and procedures were regularly reviewed and updated by the registered provider and were available both in paper and electronic formats.

The service was in the process of considering plans to improve people's experience and inclusion within the service. For example, to promote and include people's contributions to the running of the service people were to be offered the opportunity to participate in training to enable them to participate in the staff recruitment process. In addition, plans had been submitted to the local councils planning department for a 18 bedded residential home with the addition of a number of flats. If the plans progress the current location of the service would change.

The service had notified the Care Quality Commission (CQC) of significant events which had occurred in line with their legal obligations.