

Richmond Fellowship (The) Longview House

Inspection report

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Date of inspection visit:
16 March 2023
22 March 2023

Date of publication:
27 April 2023

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Longview House provides accommodation and personal care to up to 19 people across 3 separate units. The upstairs unit offers full support to people living in the home. On the ground floor people were supported to gain and improve their life skills. The third unit supported up to 3 people to live semi-independently. People living at Longview House require support with needs associated with their mental health. At the time of our inspection, there were 15 people using the service.

Peoples experience of using the service and what we found

Risks to people's health, safety and well-being had been assessed and staff had access to information about how to support people safely. Staff knew people well and were able to identify concerns or changes to people's health and well-being.

Accidents, incidents and safeguarding concerns were recorded and acted on appropriately to keep people safe and prevent incidents occurring in the future. Medicines were managed safely by staff who had received relevant training.

There were enough staff on duty to support people safely and people told us there were always staff around to support them when they needed it. Safe recruitment processes were followed to ensure new applicants were safe to work for the service.

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

Governance systems were used effectively to identify issues or concerns and drive necessary improvements to the quality and safety of the service provided.

People spoke positively about the staff team and the support they received, and staff told us they felt well-supported by the registered manager and described good staff moral and teamwork. People and staff were engaged with through regular meetings and discussions.

People were supported to access community support groups to help build essential skills to eventually live a more independent like and improve outcomes.

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

Rating at last inspection

The last rating for this service was good (published 28 July 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 ●

This service was safe.

Details are on our safe findings below.

Is the service well-led?

Good ●

This service was well-led.

Details are in our well-led findings below.

Longview House

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 Health and Social Care Act 2008.

Inspection team

This inspection was completed by an inspector.

Service and service type

Longview House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Longview House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This is because our presence may have caused some people to become anxious or distressed.

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 and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us

annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 2 people who lived at Longview House and 2 family members about their experience of the service provided. We spoke with 3 staff members, the team manager and registered manager.

We reviewed 4 peoples care plans and medicine administration records for 5 people. We looked at staff files in relation to recruitment and a range of other records relevant to the management of the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Accidents, incidents and safeguarding concerns were recorded and acted upon appropriately. Where necessary, referrals were made to health and social care professionals to ensure people received the right care or support.
- Staff received safeguarding training and knew what action to take if they had any concerns.
- There were systems in place to review incidents and look for patterns or triggers and help prevent them occurring in the future.
- People told us they felt safe and well-supported by staff. One person said, "I can talk to them [staff] about anything, if I'm worried or anxious. They are just there. And they always deal with issues with other [people] living here. Definitely feel safe."

Assessing risk, safety monitoring and management

- Risks to people's health, safety and well-being had been assessed and guidance was in place for staff to follow in order to support people safely.
- People told us they felt staff knew them well and how to support them when they felt unwell. One person said, "They [staff] can just tell when I am not myself. They know what I need and that really helps me manage my own mental health."
- Records showed that staff sought advice from relevant health and social care professionals in a timely manner when people's health deteriorated.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

- Observations showed there were enough staff to support people safely.
- People told us they felt there were enough staff available to support them when they needed it. One person said, "There is always someone around, no matter what we need, even if it's just to sit and have a chat, there is always someone."
- Safe recruitment processes were in place. Relevant pre-employment checks were completed on new applicants to ensure they were safe to work for the service.

Using medicines safely

- Medicines were managed safely by staff who received relevant training and had their competency levels regularly checked.
- Appropriate risk assessments had been completed for people who managed their own prescribed medication to ensure this was done safely.
- Where people were prescribed 'as required' medicines, appropriate plans were in place to ensure staff only administered these medicines when needed.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was using PPE effectively and safely and in line with current guidance.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- Visits to the home were in line with current visiting guidance.

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 our last inspection we rated this key question good. At this inspection the rating has remained 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

- The registered manager promoted a culture that was person-centred and one which helped people achieve good outcomes.
- Longview House used a 3 phase model to support people to build and develop the skills needed to eventually live more independently. A 'resettlement worker' role was implemented to ensure this transition was completed more efficiently and in a person-centred way.
- People are supported to access community links to support with learning opportunities to improve confidence, self-esteem, build personal, creative and social developments, support with challenges of modern life, reduce isolation and improve overall health.

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

- The registered manager was knowledgeable in their role and showed evidence they knew people well and how best to support them.
- Staff spoke positively about working for the service and told us there was good morale amongst the staff team.
- People spoke positively about the registered manager and staff and told us they were happy with the service they received. One person said, "I like [registered manager] she gets things done. The staff are great. I like living here."
- The registered manager notified CQC of incidents as required by law.
- The registered manager was aware of their responsibilities to be open and honest when things went wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Regular staff meetings were held to provide important updates about the service and to enable staff to discuss any concerns or share their feedback.
- People were given the opportunity to share their views through surveys and discussions with staff and managers. One person said, "If there is anything we are not happy with, we can always talk to [registered manager] and staff and they sort it."
- The service worked closely with external health professionals, such as drug and alcohol services and

clinical pharmacists to support people to achieve good outcomes and be involved in decisions about their care.

Continuous learning and improving care

- Governance systems in place were used effectively by the registered manager and provider to drive necessary improvements to the overall safety and quality of the service people received.
- Audits and checks were regularly completed in areas such as medicines management, care plans and the environment. Where issues were identified, action was taken to address them.