

Cream I Limited

Longrun House

Inspection report

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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

Longrun House is a residential care home providing personal care for up to 17 people who have a learning disability and physical disability. There were 15 people living at the home at the time of the inspection.

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

Communication with relatives needed to be improved. This had also been raised in the recent relative's survey as an area for improvement. It was clear the relationship with three parents needed to be improved and trust regained.

People were safe at the home. They were comfortable and relaxed with the staff who supported them. Lessons were learnt, and changes made, when things went wrong.

Eleven relatives thought the home was a safe place for their family members to live; they had no concerns about people's safety. Two relatives had concerns about some aspects of safety which they had discussed. Staff knew how to recognise and report concerns about possible abuse.

Risk assessments were used to ensure people received safe care and support according to their individual needs. Risks to people's physical health had been considered and planned for.

There were adequate numbers of staff to keep people safe and meet their needs. There was consistent staffing and that staff were allocated to specific duties each day at the handover meeting when the shift began. Ten relatives were happy with how staff were allocated and with consistency of staffing. Three relatives were not happy with this.

People received their medicines safely and at the right time. Medicines were stored safely, including medicines which required refrigeration. There were suitable arrangements for ordering, receiving and disposal of medicines. People were protected from catching and spreading infections.

The service was well-organised, with clear lines of responsibility and accountability. There was honesty and accountability when things went wrong.

There was a clear structure within the staff team ensuring staff understood their own roles and responsibilities. Staff had high confidence in the management team.

Ten relatives had confidence in the management of the home and in the provider. Three relatives did not have complete confidence in the service and had made their concerns known.

Audits, surveys and observations were used to try to improve the care and facilities for people; where shortfalls were identified action was taken to make sure improvements were made.

Staff morale and teamwork were good. Staff were positive, energetic and engaged with people, treating them with kindness, dignity and respect.

Staff worked in partnership with other professionals, such as speech and language therapists and GPs to make sure people's individual needs were met.

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.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, Right Care, Right Culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. People were at the centre of their service and had high levels of staff support so they could lead fulfilling lives. Staff treated each person with dignity, respect and as an individual, respecting their abilities, choices and human rights.

Right support:

- Model of care and setting maximises people's choice, control and independence

Right care:

- Care is person-centred and promotes people's dignity, privacy and human rights

Right culture:

- Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives

Rating at last inspection

The last rating for this service was good (published 1 March 2019).

Why we inspected

We received concerns in relation to staffing numbers, how staff were allocated and the involvement of people's relatives and communication with them, including when they raised any concerns with the service. As a result, we undertook a focused inspection to review the key questions of 'Safe' and 'Well-Led' only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We found no evidence during this inspection that people were at risk of harm from these concerns. However, it was evident that communication with people's relatives needed to be improved.

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Longrun House on our website at www.cqc.org.uk.

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 well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Longrun 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 Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector and an Expert by Experience. This is a person who has personal experience of using or caring for someone who uses this type of care service. The inspector visited the home on 29 June 2021 and the Expert by Experience made phone calls to relatives of people who lived there. They spoke with 10 relatives.

Service and service type

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We spoke with three relatives on several occasions. We reviewed all the other information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this

information to plan our inspection.

During the inspection

We met 10 people who lived at the home and had very limited conversations and interaction with three people. We spoke with six members of staff including the deputy manager, a senior care worker, care workers and the chef. We also 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.

We reviewed some records. This included medication records and two staff files in relation to recruitment, induction training and staff supervision.

After the inspection

We asked the provider to send us a wide range of information. This included five people's care records and risk assessments, quality assurance audits, family and staff survey information, information about complaints which had been made, copies of staff rotas and some policies and procedures. We also contacted health and social care professionals involved in people's care for their views on the service. We did not receive received feedback from any professionals.

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

- Overall, we found people were safe at the home. The provider had systems to make sure staff knew how to recognise and report concerns about possible abuse. The provider reported concerns to the appropriate agencies and made sure full investigations were carried out where necessary.
- Staff had received formal safeguarding training. All staff spoken with said the home was a safe place for people to live; they had never had any concerns since working at the home. Staff were confident that action would be taken if they reported concerns to keep people safe. One member of staff said, "Absolutely it is safe, without a doubt. I haven't seen anything untoward. If I did, I would come straight to management and report it."
- Eleven relatives thought the home was a safe place for their family members to live; they had no concerns about people's safety. Comments included: "Everything is going well, [name] has been there eighteen years, he's been fine" and "It is a fantastic home. [Name] has lived there sixteen years and I wouldn't want him to be anywhere else, he's happy."
- Two relatives had concerns about some aspects of safety which they had discussed with the provider. One of these relatives said, "I did [feel their family member was safe], but I'm not sure now."
- People were comfortable and relaxed with the staff who supported them. We saw people engaging and interacting with staff and were happy to be supported by them. One relative said, "They [meaning staff] are wonderful. They put my mind at ease. They're wonderful people. They've got my support or else my son wouldn't be living there. They adore him he looks so happy."

Assessing risk, safety monitoring and management

- Risk assessments were used to ensure people received safe care and support according to their individual needs.
- Risks to people's physical health had been considered and planned for. For example, where people were at risk of choking staff knew how to prepare food and drinks and how to support people in a safe way.
- Where appropriate, risks and control measures were discussed with people and their family members.
- Environmental risks to people were minimised because an appropriate risk assessment had been carried out, to help to keep people safe around the building and in the extensive grounds.
- People were supported using equipment which was regularly checked and serviced. There were regular internal checks on equipment such as hoists and fire detecting equipment. Outside contractors carried out servicing and maintenance on a regular basis. This helped to ensure equipment was safe for people and staff to use.

Learning lessons when things go wrong

- People could be confident that lessons were learnt, and changes made, when things went wrong. This had included additional training and changes to practice following incidents or concerns.

Staffing and recruitment

- Overall, we found there was consistent staffing. Staff were allocated their specific duties each day at the handover meeting when their shift began. Staff told us this system worked well, they understood it and this had been in place for some years.
- People were cared for by staff who had undergone a thorough recruitment process. Recruitment files showed staff did not commence work at the home until references and checks had been carried out to ensure new staff were suitable to support vulnerable people.
- New staff had a thorough induction to enable them to understand people's needs and the routines of the home. One staff member told us, "I'm loving the job. Management made me feel at home. They supported me and I had a mentor. The induction was great."
- Ten relatives said there were enough staff to support people; three felt there were not. We found overall there were adequate numbers of staff to keep people safe and meet their needs. People had a range of assessed staffing levels. For example, some people were supported one to one during the day.
- We saw that when people needed assistance staff responded to their needs promptly. There was a good staff presence throughout our visit.
- Ten relatives were happy with how staff were allocated and with consistency of staffing. One told us, "'Yes, they're a very good home, all staff excellent as is consistency'. Another relative said, "The [staff] turnover is pretty low, lower than usual."
- Three relatives were not happy with staff allocation and consistency. One said, "Consistency is difficult to judge as I'm not there. Allocation is erratic because of other homes on campus, if they are short in one house, they swap staff around." Staff told us this did happen but was not a regular occurrence.

Using medicines safely

- People received their medicines safely and at the right times. Staff administering medicines had received training and had their competency assessed. One relative said, "Yes, they're very hot on that [meaning safe and effective medicine administration]."
- Medicines were stored safely, including medicines which required refrigeration. There were suitable arrangements for ordering, receiving and disposal of medicines.
- Records contained clear instructions about how to support people safely with their medicines. For people with complex medicines administration needs, such as requiring medicines to be crushed or mixed with food or drinks, clear documentation was in place to support their safe administration. The person's GP had also confirmed these medicines were safe to take in this way.
- Regular audits were carried out and where issues were identified, action was taken. Where medicine errors or incidents had occurred, actions had been taken to reduce further incidents.

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 meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.

- 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.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Overall, we found the service was well-organised, with clear lines of responsibility and accountability. At the time of the inspection the registered manager was on planned extended leave. An experienced member of staff was 'acting manager'. They were supported by an experienced deputy manager, senior care staff and by senior managers from the organisation.
- Ten relatives had confidence in the management of the home and in the provider. Comments included: "They've got a brilliant ethos; everyone is treated individually. It's brilliant", "Absolutely one hundred percent [it is well managed]" and "Well organised where it really matters."
- Three relatives did not have complete confidence in the service. One relative's view was, "Longrun was a flagship in excellent care, it changed in 2017/2018."
- There was a clear structure within the staff team ensuring staff understood their own roles and responsibilities. Staff had high confidence in the management team. One staff member said, "There's a great atmosphere here day to day. The team functions well; there's really good management."
- The provider was clear about their role and regulatory requirements. They communicated with the Care Quality Commission and other appropriate agencies when necessary. They also notified relevant bodies of significant incidents promptly.
- People lived in a home where the provider used audits, surveys and observations to try to continually improve the care and facilities for people. Regular audits were carried out and where shortfalls were identified action was taken to make sure improvements were made.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Overall, we found people were well cared for and were comfortable at the home.
- Ten relatives said they were happy with the care their family member received. They felt involved and listened to. Comments included: "Excellent, every little thing. I know they wouldn't do anything without discussing it with me", "Residents are at the forefront. I can't sing their praises enough" and "'Our family, as a whole, are very grateful to Longrun. They have given [name] a home life for the last fifteen years and have been really wonderful."
- Three relatives were not happy with all aspects of the care provided or their involvement. One told us, "I've not made an official complaint. If you say anything, they say you are being rude to staff, they're so defensive". It was clear the relationship with these parents needed to be improved and trust regained. We

spoke with the provider about this issue and the need for improvement.

- Staff told us morale and teamwork were good. Staff were positive, energetic and engaged with people, treating them with kindness, dignity and respect. One staff member said, "I love it here. It's the best care job I have had; great staff here."
- The provider was ensuring staff had the skills and support they needed to meet each person's individual needs.

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 provider acted in a transparent way. When audits highlighted shortfalls in the quality of the service or when things went wrong, the provider shared their findings and the action they were taking to make improvements.
- Staff described the acting manager and deputy manager as very open and approachable. Staff said they would be comfortable to raise concerns or share their views.

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

- The provider used surveys to gain the views of relatives and staff on the quality of the service. The latest relative's and staff member's survey results were very positive overall, with high levels of satisfaction recorded. One relative had commented, "The [name] family remain sincerely grateful to all members of staff, without whom, the excellent standards of the Cream Care Organisation could not be maintained." Another had said, "Longrun is a fantastic home and my son is very happy there."
- The last relative's survey showed that communication with them needed to be improved. Regular updates had been particularly important to them during the pandemic, when they had been unable to visit. One relative had said, "This year particularly, I have felt left out info wise. I've had to initiate all contact and information with and for [name]." Another had said, "There has been problems with the phones sometimes it just rings & rings, which makes us worry." This was an area of improvement the provider was already focusing on.
- Regular staff meetings and one to one supervision meetings were held with staff to share information and ensure staff had opportunities to discuss their work and share their ideas. One staff member said, "Personally, I think they are important, we can discuss things; they are a good platform. Staff can talk openly and honestly. I feel involved."
- The staff worked in partnership with other professionals, such as speech and language therapists and GPs to make sure people's individual needs were met.