2 Care

Longview House

Inspection report

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Huyton
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Date of inspection visit: 3 & 10 September 2015
Date of publication: 09/12/2015

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

Overall summary

This was an unannounced inspection, carried out on 3 & 10 September 2015.

Based in a residential area of Huyton, Longview House provides support for people to manage their mental health. The service operates a three stage approach with three separate living areas within the building. The three stages support people to move from receiving full support to semi-independent and finally independent living. Staff are available 24 hours a day to support people when needed. Ten people were using the service at the time of this inspection.

The service has a registered manager. 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.

The last inspection of Longview House was carried out in October 2013 and we found that the service was meeting all of the regulations we assessed.

Summary of findings

People were protected from abuse and the risk of abuse. People who used the service clearly understood how they should be cared for by the staff. In the event of having a concern about their or another person's safety, people told us that they knew who to speak to.

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. A designated medicines room was available for the safe storage and administration of people's medicines.

People showed us around the service and told us that the shared lounge and dining room had recently been re-decorated. A number of people told us that they were in the process of visiting local shops to choose new furnishings and curtains for their bedrooms.

People explained that they had a set budget everyday to purchase their food. One person told us more money was available if needed and that some people chose to go to the supermarket and others chose to use the local shops to buy their provisions.

People who used the service told us that the staff that supported them were well trained to do their job. Staff told us that they felt they received appropriate training for their role. In addition they told us that they received regular supervision from their line manager.

Staff told us that their role included ensuring that people's privacy and dignity were promoted and maintained. We saw that people had a clear understanding of their rights to privacy and dignity.

People told us that they were encouraged by staff to maintain contact with their family. Other people said that their families visited on a regular basis and that staff always gave them privacy when they had visitors. A small private lounge area was available for people to receive their visitors or speak with staff in private.

People told us that physical exercises were promoted to keep people fit and healthy. For example, football and badminton matches were organised against other teams in the local area, including those run by other services.

Regular opportunities were available for people to comment about the service they received. For example, people had the opportunity to comment to the registered provider about the service via feedback forms that were available within the home. In addition, people met on a weekly basis with their keyworker and fortnightly 'community' meetings were held for people to get together and discuss the service.

Quality assurance systems were in place to ensure that the service was safe. In addition the registered provider carried out spot checks on the service and regular health and safety audits. Any actions from the registered provider's spot checks and audits were documented and acted upon.

Summary of findings

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 was safe.

People felt safe living at the service.

Procedures were in place to help ensure that people were safe.

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

Good

Is the service effective?
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.

Good

Is the service caring?
The service was caring.

People were treated with respect and their dignity was maintained.

Staff had a good knowledge of people's individual likes, dislikes, lifestyle choices and daily routines.

Information was available to people in relation to how they could access local advocacy and support services.

Good

Is the service responsive?
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.

Good

Is the service well-led?
The service was well-led.

People felt that the service was well-led and that they felt included in the care and support they received.

Staff were knew the management structure within the service and the lines of accountability and understood their role in delivering care and support to people.

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

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 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 the 3 & 10 September 2015. The visit on the 3 September was unannounced and was carried out by two social care inspectors. The visit on the 10 September was announced and was carried out by one social care inspector.

We observed the support people received and spent the majority of our time speaking with eight people who use the service. In addition, we spoke with the registered manager and five members of staff. We looked at the care records of three people, staff recruitment and training records and records relating to the management of the home.

A person who used the service showed us around the service's shared living areas and the garden. In addition they showed us around the shared kitchens and explained what arrangements were in place for the preparation of meals.

Good

Is the service safe?

Our findings

People told us that they felt safe at the service. Their comments included "I feel very safe here", "The staff keep us safe" and "They [staff] look after you well". One person told us that they felt the staff kept them safe as they knew about their health needs. They explained that they had wanted to participate in an activity but when they and the staff had considered the risk's to their health, changes were made to the plans to keep them safe.

People were protected from abuse and the risk of abuse. People who used the service clearly understood how they should be cared for by the staff. In the event of having a concern about their or another person's safety people told us that they knew who to speak to. They were confident that any concerns they raised would be listened to and acted upon appropriately by the registered manager.

Policies and procedures were in place to safeguard people from harm. Staff demonstrated a clear understanding of these procedures and knew who to contact if they felt a person was at risk from abuse. Training records showed that staff had received training in safeguarding, which staff also confirmed.

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. A designated medicines room was available for the safe storage and administration of people's medicines and staff completed regular audits to ensure that people's medicines were correct. People received their medicines individually with the support of staff which promoted people's dignity and privacy and also enabled staff to manage people's medicines one at a time which minimised the risk of errors occurring.

Two people told us that they were in the process of beginning a phased return to managing their own medicines. They were clear about how this process would take place and they explained that initially they signed to say they had dispensed and taken their medicines with the support of a member of staff. This demonstrated that people had the opportunity to manage their own medicines independently when they felt able.

The number of staff on duty was appropriate to meet people's needs. Both people who used the service and staff explained that whenever more staff were needed to support specific activities the rota was altered. People told us that the rota would be altered if the event of them needing a member of staff to support them to a medical appointment and when carrying out planned activities.

Effective staff recruitment procedures were in place to ensure that only suitable people were employed at the service. Since our last inspection, one new member of staff had been employed. We looked at the recruitment details of the staff member and saw that appropriate references had been received, an application form completed and an interview had taken place. In addition we saw evidence that a Disclosure and Barring Service (DBS) check had been completed. These checks are completed to determine whether applicants applying to work at the service have had a criminal record or been placed on a list of people who are barred from working with vulnerable adults.

Known risks to people were assessed and planned for. For example, we saw that risk assessments were in place in relation to a person smoking in their bedroom. This risk had been minimised by extra observations and monitoring by staff. Each person and member of staff completed a questionnaire in relation to their ability to exit the building in the event of an emergency evacuation being needed. In the event of the questionnaire highlighting a specific need in this area a personal emergency evacuation procedure (PEEP) was developed for the individual. This helped ensure that appropriate assistance was planned in the event people needing to exit the building in an emergency.

Records demonstrated that regular checks on the fire detection systems took place. In addition regular fire drills were recorded. We saw that previous fire drills had identified the specific needs of people when evacuating the building. For example, it was found that one person did not wake up during a fire drill. A risk assessment took place which resulted in them being provided with a piece of vibrating equipment to alert them to the fire alarms when sleeping. This demonstrated that the service's monitoring of people's safety was effective and improvements were made when required to minimise the risk of harm to people.

People told us that they had lockable cabinets in their bedrooms for them to store their personal belongings. In addition, we saw that people had their own key to their bedroom with only staff only accessing their rooms in the

Good

Is the service safe?

event of an emergency. These facilities helped ensure that people had control over who accessed their personal living space and that they were able to keep their personal belongings safe.

People showed us around the service and told us that the shared lounge and dining room had recently been re-decorated. A number of people told us that they were in the process of visiting local shops to choose new furnishings and curtains for their bedrooms and they shared with us what colour schemes they had chosen. People were encouraged to maintain the cleanliness of the service and a rota was available that showed who was responsible for what tasks on particular days. The environment was clean, however the first floor landing carpet was heavily stained and in need of attention. The registered manager confirmed they were aware of the stained carpet and that arrangements were in place to address the issue.

Good

Is the service effective?

Our findings

People told that they felt the service was effective. Their comments included "I get the support I need" and "Staff are there if you need them". One person told us that they experienced "Up and down days" and had times when they needed more support. They told us that staff were supportive at these times.

Another person told us that they felt they had made "progress" whilst living at the service, they gave the example of their growing independence in the kitchen. They explained that a few months ago they had been less independent and said "Its great what I can do now".

A clear assessment process was in place for when people were considering moving into the service. Prior to a person using the service people's needs were assessed by health care professionals. Following receipt of these assessments the service carried out an in-depth needs assessment that considered people's personal history, behaviours, physical and mental health. Following the assessment process individual's were invited to visit the service and spend time with other people who used the service. These visits were to enable people to make a decision about whether the service was suitable for them and to enable staff at Longview House to be sure they were able to meet the individual's needs and wishes.

Three stages of support were offered at the service. Stage one involved people living on the first floor of the service and having their meals prepared by the staff. Stage two involved people residing on the ground floor and promoted people's independence. For example, people had the opportunity to work towards their independence with cooking and money management in addition planning specific life goals. Stage three of the service provided self contained living for up to three people who were able to live independently, with minimal support from the staff. Two people spoke in detail of their plans to become more independent in their daily lives. They told us that they were looking forward to achieving their current lifestyle goals to enable them to achieve their plan to move into their own accommodation within the local community.

People showed us the communal kitchen where meals were prepared by staff. People who used the service explained that a food group was held each Sunday to discuss the menus for the following week. People told us that they had a choice of foods and they showed us guidance that was made available by the service in relation to healthy eating. For example, information was available in the dining room relating to healthy eating and food safety.

One person showed us around the second kitchen that was used by people who were preparing and cooking their own meals. We saw that each person had a storage area to keep their foods and everyone had a key to the kitchen so they were able to access it at all times. People explained that they had a set budget everyday to purchase their food. One person told us more money was available if needed and that some people chose to go to the supermarket and others chose to use the local shops to buy their provisions.

The CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. These safeguards are in place to ensure that any restrictions of people's liberty are done so within the legal framework of the Mental Capacity Act 2005. We saw that there were procedures in place and staff demonstrated a good understanding of the Mental Capacity Act 2005.

One person who used the service had a best interests decision in place. These decisions were made on behalf of individuals' to ensure that people who do not have the capacity to make or voice their decisions in specific areas of their life were protected. We looked at the mental capacity assessment documentation to the person's best interest decision which had been completed by a health care professional outside of the service. We saw that the documentation stated that the person's "anxieties and environmental factors had been considered" however, the documentation failed to demonstrate how these factors had been considered and by who. In addition, the process of assessing the person's ability to understand, retain and communicate was not explained in the documentation. To ensure that people's rights are maintained in relation to the Mental Capacity Act 2005 all documentation should be checked to ensure that information was recorded to fully demonstrate people's abilities and how all factors in relation to any decisions were considered.

A number of people who used the service were being supported under the Mental Health Act 2007. Records demonstrated that these people were supported on a regular basis by appropriate health care professionals. One person told us that they were in the process of challenging

Good

Is the service effective?

their current status under the Mental Health Act 2007. They told us that staff had supported them to access a solicitor and advocate to make their application to the Mental Health Act tribunal.

People told us that they were supported by staff to keep healthy. This involved staff helping to arrange and when people wished, accompany them to medical appointments. People told us that they often visited their GP surgery and specific health clinics independently, for example a local weight management clinic. On their return from the appointment staff updated people's personal records to ensure that accurate health records were maintained on behalf of individuals. Staff were knowledgeable about people's individual health care needs and they showed an interest in people's wellbeing. One person told us "They always ask how I've gone on at the clinic, they are really helpful".

People who used the service told us that the staff that supported them were well trained to do their job. We looked at the training staff had undertaken and saw that it included safeguarding, infection control, health and safety, fire training, food hygiene, Deprivation of Liberty Safeguards, medicines and information governance. Staff told us that they felt they received appropriate training for their role. In addition they told us that they received regular supervision from their line manager. Staff comments included "I feel supported" and "You can always ask if you need any specific training or support."

Good

Is the service caring?

Our findings

People told us that they felt that the staff were caring and respectful towards them. Their comments included; "[it's] Like being with family", "They do care about you", "They [staff] are there for you when it's a dark time" and "Staff do respect you. They help you respect yourself as well."

One person told us that the staff had supported them to have the confidence to end a relationship outside of the service, "Without the help of the staff I couldn't of moved on. I'm a lot better now about the whole thing." Another person told us that staff were caring towards them. They told us that they regularly visited a local church and if they were feeling unwell, staff would always accompany them to offer their support.

The atmosphere are 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 quiet, 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. We saw an occasion when a person became extremely anxious. The registered manager was seen to respond quickly in a gentle, calming manner, which helped the person to become less anxious.

Staff demonstrated a good knowledge of people's individual likes, dislikes, lifestyle choices and daily routines. For example, we were told that one person would not be available to speak to us at a certain time and they would be making a telephone call which they liked to make in private.

People told us that they were encouraged by staff to maintain contact with their family. One person told us that this was one of their weekly goals they planned to achieve with the support of staff. Other people said that their families visited on a regular basis and that staff always gave them privacy when they had visitors. A small private lounge area was available for people to receive their visitors or speak with staff in private.

Staff told us that their role included ensuring that people's privacy and dignity were promoted and maintained. We saw that people had a clear understanding of their rights to privacy and dignity. For example, whilst we were looking at how the service managed medicines one person requested their medication. The person asked us to leave the room prior to them entering so that they were able to speak with staff privately. Other people told us that they would always challenge the service if they felt their privacy was being compromised.

A number of people had taken the opportunity to personalise their bedrooms with their personal belongings. People told us that they had been encouraged to do this when they moved into the service.

Information about advocacy services and helplines for people to access were readily available within the service. In addition, several other documents were available to inform people about the services provided at Longview House. For example, a statement of service was available that gave clear information as to the purpose of the service, who was eligible to use the service, how to raise a complaint and information about the staff team. A support handbook was available which contained information about how the service supports people, how the service works with risk, how the service protects people from abuse, how to make a complaint, equal opportunities and confidentiality within the service. People who used the service were able to show us where this information was kept for everyone to access.

Good

Is the service responsive?

Our findings

People told us that they were happy with the service they received and had a positive outlook on their experiences of living at Longview House. People told us that they had a good relationship with the staff and that the staff supported them well.

Care planning documents were maintained electronically. Several computers were available around the service for people to access their care planning documents with the support of staff. These documents were reviewed and updated every three months or sooner if required. We saw that care planning documents identified people's strengths and engaged people in setting their own personal development goals. Identified risks to individuals were considered throughout the planning of people's care and when required risk assessments had been developed to consider and minimise the risk.

Detailed daily records were maintained to record the support people had been offered and received throughout the day. Staff told us that paper copies of people's care planning documents could not be offered to individuals. Good practice would ensure that people had access at all times to their care and support plans and not have to rely on staff for them to have access.

A system was in place to enable people to measure changes in their life and to support their recovery. These records were also maintained electronically but copies of the documents could be printed if the person wished. The system enabled people to visually see their progress and achievement. For example, a person who had set their personal goals in relation to managing their mental health, improving their self care and living skills would be able to track their achievements. People told us that their personal goals included staying in touch with family, stopping smoking and weight management.

A key worker system was in place that enabled people to know what member of staff would support them in specific areas. For example, one person told us that their keyworker helped them access the local community and another person told us that their key worker helped them with their daily routines. Staff had a clear understanding of their role as a keyworker. As part of this role they supported people by having weekly meetings to review, update and plan their care and support and personal goals.

In addition to being supported to access courses and support groups within the local community people told us that they liked to go out on bicycle rides. Another favourite hobby for some people was fishing. People told us that physical exercises were promoted to keep people fit and healthy, for example badminton and football matches were arranged when possible with other services within the area. Other weekly activities included technology and music. A number of people were planning a hike in Wales with staff. People told us that they had been involved in the planning of the trip and they had discussed with staff what clothing and footwear they would take. One person told us that they would not be going on this trip due to current health needs, however they intended to go on another hike that was more suitable for them in the near future.

Regular opportunities were available for people to comment about the service they received. For example, people had the opportunity to comment to the registered provider about the service via feedback forms that were available within the home. In addition, people met on a weekly basis with their keyworker and fortnightly 'community' meetings were held for people to get together and discuss the service. We looked at the minutes to these meetings and saw that topics of discussion had included the kitchen, holidays, bedroom equipment and trips out.

The registered provider had a complaints procedures that was readily available to people who used the service. The procedure contained information and contact telephone numbers for staff from the registered provider to contact at each stage of their complaint. In addition, the telephone contact details of the local advocacy hub office was also included in the procedure for people wishing to seek support in making their complaint. People told us that if they had to make a complaint they were confident that they would be listened to. Several people told us that they would go straight to the registered manager with any concerns they had as they knew "Things would be sorted out."

Good

Is the service well-led?

Our findings

People told us that they thought that the service was well-led and that they felt included in the care and support they received. Positive comments were made about the registered manager. These comments included "He's [the registered manager] a good bloke, he will always talk to you when you see him", "You can tell the manager anything and he won't judge you" and "He's a good listener".

Staff knew the management structure within the service and the lines of accountability. In the absence of the registered manager a deputy and assistant manager were employed to manage the service. An out of hours on call system was in place that enabled staff to contact a senior manager for advice and support at all times.

Staff told us that they felt they were listened to and that they were able to approach the registered manager whenever they wished. Regular staff meeting took place and staff had access to regular supervision and support to discuss and plan their role around the wellbeing of both people who used the service and the staff team. We observed a relaxed and open culture amongst the staff and the registered manager. This demonstrated that staff opinions were listened to and respected. Staff were aware of the registered provider's whistleblowing procedures and how to raise any concerns they may have around the service. This helped ensure that poor practice would be raised and addressed appropriately.

Quality assurance systems were in place to ensure that the service was safe and that people received the care and support they needed. For example, regular checks were carried out around equipment in use, medicines, care planning documents and the fire detection system. In addition the registered provider carried out spot checks on the service and regular health and safety audits. Any actions from the registered providers spot checks and audits were documented and acted upon. For example, we saw that a health and safety audit in July 2015 had highlighted that kitchen extraction fans required cleaning and risk assessments relating to Legionella and localised asbestos were required. The registered manager demonstrated that actions had been taken to address the issues highlighted in the audit. This demonstrated that the systems in place for checking health and safety were effective.

Accidents and incidents were recorded on the service's electronic system and assessed by the registered manager. Following this assessment the information was sent to the health and safety department of the registered provider for analysis and monitoring purposes. This demonstrated that effective systems were in place to monitor, assess and minimise further incidents taking place.

Several areas of development for the service were in process. For example, the service was in the process of recruiting a drug and alcohol worker following a recognition that people who used the service would benefit from this support. In addition, policies and procedures were in the process of being aligned nationally with the other registered provider's services.

People who used the service told us about the plans for the service to build new premises to provide varying accommodation, care and support to meet people's needs. One person told us that they had been involved in the planning of the new service and showed us the initial plans that had been submitted to the local council for planning permission. At the time of this inspection further revised plans had been submitted to the local council for planning permission.