

Gloucestershire County Council

Longhouse

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on 23 September 2015 and was unannounced. Longhouse is a purpose built home which provides accommodation for up to six people. Each bedroom has private toilet and shower facilities. People have access to the communal lounge and dining room and a secure garden.

People who stay at Longhouse have a learning and/or a physical disability. They generally live in their own home with a relative or a carer and stay at Longhouse when their relatives need a break from their role as a carer.

Throughout the majority of our time at Longhouse there were only two people staying at the home. However during the late afternoon a further two people arrived for their planned stay.

A registered manager was in place as required by their conditions of registration. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

Summary of findings

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 enjoyed staying at Longhouse. They said staff were very friendly and kind. Staff knew people well and chatted to them in a relaxed and warm manner. Staff were knowledgeable about people's needs and risks. Discussions with people's relatives before they stayed at the home helped staff to understand if there had been any changes in their support requirements. However, the level of detail about people's risks was not always consistently recorded. Whilst people's regular medicines were managed well, the reasons why some people required additional medicines sometimes was not always clearly documented. Staff received advice and support about people's needs from other health care services when needed. People had the opportunity to carry out activities in the home and out in the community and enjoyed a variety of meals.

People told us they felt safe at the home and there were enough staff to meet their needs. Extra staff were provided when people required additional support with their care and social activities. There was a low turnover of staff in the home. Training plans and systems were in place to ensure people were cared for by staff who received regular training and support from their line manager. Staff told us they felt supported and trained to carry out their role.

People and their relatives spoke highly of the staff and the registered manager. Relatives told us any day to day concerns, which they had raised, were always dealt with immediately. The registered manager valued people's feedback and responded to their concerns. Monitoring systems were in place to ensure the services were operating effectively and safely. Internal and external audits were carried out to continually monitor the overall services provided. Plans were in place to improve the monitoring of the home by the provider.

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?

This service is not always safe.

Staff understood people's individual risks but the support they required to reduce these risks were not always reflected in people's care records.

People were protected by safe and appropriate systems for handling and administering their medicines.

People and their relatives were positive about the care they received and felt safe. Staffing levels were flexible to meet people's support needs.

Requires improvement



Is the service effective?

The service was effective.

People were involved in making decisions about their care and support. Staff accessed health care professionals and other specialists for support and advice when required.

People enjoyed the meals provided and their dietary needs and preferences were catered for.

Staff were supported and trained to ensure their skills were up to date and their knowledge was current in order for them to meet people's needs.

Good



Is the service caring?

The service was caring.

Staff were kind and compassionate to the people they cared for. People were treated with dignity and respect and their views were listened to.

Health care professionals and relatives were positive in their comments about the approach and attitude of the staff.

People were encouraged to be independent in their activities of daily living.

Good



Is the service responsive?

The service was responsive.

People's care needs were assessed, recorded and reviewed.

A range of activities were available for people depending on their needs and social and recreational preferences.

Staff responded promptly to individual concerns raised by people and their relative's.

Good



Is the service well-led?

The service was well-led.

Good



Summary of findings

The home was well run. People and their relatives spoke highly of the staff and the registered manager. They told us it was well-led. There was a strong staff team who felt supported by the registered manager.

The quality of care being provided was being regularly monitored and checked by the registered manager.

Longhouse

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 23 September 2015 and was unannounced. The inspection was carried out by a single inspector. This service was last inspected in October 2013 when it met all the legal requirements and regulations associated with the Health and Social Care Act 2008.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the

provider to give some key information about the service, what the service does well and improvements they plan to make. We also examined other information that we held about the provider.

We spent time walking around the home and observing how staff interacted with people. We spoke with one person who was staying at the home and five relatives after our inspection. We also spoke to two members of staff and the registered manager. We looked at the care records of five people. We communicated with two health and social care professional who regularly visited the home. We looked at four staff files relating to their training and development. We checked the latest records concerning safeguarding incidents, accident and incident reports and the management of the home.

Is the service safe?

Our findings

People's personal risks had been identified and were mainly managed well in the home. Staff had worked with people and their relatives to discuss and identify people's care and risks and how they should be managed to reduce the risk of harm. Staff acknowledged that some risks were still present but strategies had been put in place to manage these. For example, staff knew to always carry a favourite object of one person to help distract them if they became agitated. Whilst staff were knowledgeable about people's risks; the level of risk and how to mitigate people's risks were not always recorded in detail.

People who were independent were given the opportunity to manage their daily activities and finances. Some people managed and stored their own medicines and money in a secure locker in their bedroom. Staff understood the risks associated with people managing their own finances and the support they required however, this was not always recorded. For example, an incident of one person losing a small amount of money during a recent stay at the home had not been robustly recorded or notified to the relevant authorities including the Care Quality Commission. Providers are legally required to notify us of any incidents which may have resulted in a person being harmed or abused. Since the incident, actions had been taken to reduce this situation reoccurring. However the risks of this person managing their own money and the new actions implemented to mitigate further risks had still not been fully recorded. However, there were examples of other people's risks being well managed well in order to promote people's experiences such as visiting the pub.

Staff were knowledgeable about people's medicines requirements. Staff showed us several examples of care plans which provided staff with guidance on how people needed to be supported with their medicines. For example, one person's care plan stated how they liked to take their medicines. It also provided guidance of what medicines this person should have if they hadn't had a regular bowel movement. However, the detail of this written guidance was not always consistent and some care plans did not reflect the support which some people needed. This was especially relevant with medicines which may only be needed on an "as required" basis such as pain relief.

Generally, people's regular medicines were managed safely. People brought their prescribed medicines in with

them when they stayed at the home. These were checked and signed in by staff and stored in a locked cabinet. Relatives confirmed that staff always checked people's medicines with them when they arrived at the home. One relative said, "The staff always check the medicines in and ask us questions about any changes. They record everything and may ring us if they are not clear or they aren't labelled correctly."

Medicines Administration Records (MAR charts) had been completed appropriately. These charts were checked daily to ensure there were no gaps in the recording of administration of people's medicines. People were given their medicines on time and appropriately. Staff responsible for administering medicines had received training. Staff competency levels on managing people's medicines were regularly observed and monitored by senior staff.

People were cared for by staff who understood their responsibility in protecting them from harm. People told us they felt safe staying at Longhouse. One person said, "I feel safe when I stay here. The staff are kind and always look out for me." All relatives we spoke with were positive about the home and felt their loved ones were safe and well cared for. Staff told us they had received safeguarding training and felt confident in recognising and reporting any concerns they had. They told us what actions they would take if they suspected anyone was being harmed or abused. One staff member said, "I would report any concerns immediately and I wouldn't let it go until I was sure that it was being looked into." People's money, medicines and belongings were checked in and out when they arrived and left the home. Relatives told us this system was managed well. A safeguarding policy was available to give all staff clear guidance on how to report any allegations of abuse.

The number of staff needed to support people was determined by the support levels and needs of people staying at the home. People and their relatives were allocated a period of time that could be used for short breaks. Where possible, relatives planned and booked ahead of time to ensure they had regular breaks from their role as a carer. Relatives told us the communication with the service was good and staff tried to remain flexible where possible to accommodate people and their relative's short break requirements. One relative said, "We always book ahead of time. It is sometimes difficult to plan but the

Is the service safe?

staff will do their best to help us if our plans change.” Staff told us the staffing levels increased if they were aware of people who needed extra support. One staff member said, “When we know service users with more complex needs are coming to stay here, we get in more staff. Or sometimes if we are struggling to cope then the management are really good and allow us to get in extra staff. They trust our judgement and will authorise extra staff when we need it.” Staff gave us examples where the staffing levels had been increased to meet the needs of people. For example, staffing levels were increased in the evening when one person stayed at the home, as they required additional support in the evening to maintain a routine before they went to bed.

The registered manager had not recently recruited any new staff as the staff turnover at the home was low. However,

the registered manager was in the process of requesting additional relief staff to be used to assist with staff absences. The registered manager said, “The staff are very good here and will always help out if we are short staffed but having additional relief staff will remove some of the extra pressure off them.” We were told that in the event of employing new staff, an effective recruitment system was in place. The registered manager would work with the provider’s head office to ensure the previous employment of new staff would be verified and that employment and criminal checks would be carried out. We were told the registered manager and senior management team would be attending a ‘safer recruitment’ course to ensure their knowledge about employing suitable staff was up to date.

Is the service effective?

Our findings

People were cared for by staff who had been trained to carry out their role. Relatives told us staff were knowledgeable and appeared skilled to meet people's needs. One relative said, "The staff seem well trained. If they aren't sure about something they are always willing to find out." The knowledge of staff was complimented by a health care professional who said, "The staff at Longhouse know what they are doing, if they are unsure they will pick up the phone and ask."

Records showed that staff had been trained in all the key subjects required to support people. One staff member said, "I can't fault the training here. We go on regular updates." Staff told us they received regular training to ensure their skills and practices were current to meet people's diverse needs. The registered manager had addressed the training of staff when people with more complex needs had started to use the home. For example, staff had received additional training for the management of people who experienced seizures or required feeding through a tube.

We were unable to inspect the home's induction process for new staff as there had been no recently recruited staff. However, the registered manager told us staff would undergo a period of shadowing staff and spend time with people and look at their care plans. We were told they would also carry out the care certificate which gives staff and providers a clear outline of the standards of care expected by staff. The registered manager was also introducing units of the care certificate to established staff to refresh their knowledge in good care practices. The registered manager said, "I want all staff to carry out parts of the care certificate to update their skills. We are going to start equality and diversity unit as well as the dignity in care unit and then staff can choose the other units."

Staff told us they felt supported. Staff met with their line manager on a regular basis to discuss their development needs or any concerns about people who stayed in the home. One staff member said, "We can speak to managers at any time but our meetings allows us time to talk things through." A plan was in place for all staff to receive their annual appraisal by November 2015 as required by the provider's guidelines. This had been discussed with staff at a recent staff meeting.

Relatives were allocated a period of time for respite short breaks throughout the year. This could be used at their discretion. People and their relatives therefore planned and selected dates ahead of time to use the services provided at Longhouse. Relatives told us the home tried to accommodate their requirements where possible. During their stay, staff encouraged people to make choices about their day and respected their decisions. Staff made best interest decisions on behalf of people who lacked mental capacity to understand and make their own decisions. Staff told us these decisions were based on their knowledge of a person's preferences and information provided by their relatives.

The registered manager and staff were aware of the legislation which protects the human rights of people. They understood the significance of the Mental Capacity Act (2005) (MCA) when supporting people who may lack mental capacity. The MCA provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make certain specific decisions for themselves. Staff understood the meaning of empowering people to make choices about their care and support. One staff member said, "It is important we don't assume we can make decisions on their behalf. It's their life, their day; it is up to them not us." This staff member went on to give us examples of how they encouraged people to be involved in any decisions about their day.

We found the home to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. The registered manager had a good understanding of the new judgement in relation to DoLS. Where people needed to be deprived of their liberty during their stay at the home, the registered manager had applied for authorisation to do this and was waiting for the local authority response. Staff used the least restrictive action possible in order to keep people safe. Advice about how to keep people safe by using the least restrictive method had been taken from appropriate sources such as mental health professionals.

People told us they enjoyed the meals provided. People's likes and dislikes of food and meals were documented in their care plan. Their levels of independence, abilities to feed themselves and the support required was recorded.

Is the service effective?

Staff knew people's preferences of food and preferred routines to ensure people received their meals the way they liked them. For example, we were told some people preferred to have something sweet to eat before they ate the savoury part of their meal.

Staff consulted with people informally in the evening about the meals they would like the following day. Staff were knowledgeable about the food choices of people who were

unable to communicate their choices. People's special dietary requirements and allergies to food were catered for. We were told some people enjoyed eating out or having take-away meals during their stay at the home. People's food and fluid intake was recorded and monitored if they had been identified as being at risk of malnutrition or dehydration.

Is the service caring?

Our findings

People who were able to communicate with us during our inspection were positive about the staff who supported them during their stay at Longhouse. With their consent, one person spoke with us in the presence of the registered manager. They said, “They are really friendly here. They are really nice.” Relatives were also positive about the care people received. All the relatives we spoke with complimented the staff and their manner and approach with people. One relative said, “The staff are lovely at Longhouse. They are lovely with us all but always remain very professional. We liaise very closely with them.” Another relative said, “I know he enjoys his time at Longhouse, if he didn’t like it there he wouldn’t go in.”

We observed staff interacting with people who had communication difficulties in a kind and respectful manner. They spoke to people as an equal. They adapted their approach with each individual and gave them information about their care in a manner that reflected their understanding. One health care professional wrote to us about Longhouse and said, “I and my colleague observed a person centred, compassionate team determined to provide the right care to the right person.”

Staff demonstrated empathy and compassion to one person who was not well during our inspection. Staff had detected this person may have not been well by their behaviour as they were unable to communicate their discomfort. Staff contacted this person’s relative to keep them informed of their well-being. A decision was made by staff to take this person out into the community for a short period to get some fresh air which had a beneficial effect. This person was continually closely monitored throughout the day. Staff told us they would be in regular contact with this person’s relatives to keep them updated.

People were at the heart of the service. Staff focus was on people’s enjoyment and care whilst staying at Longhouse. One staff member said, “It is important that their families get a break but it is just as important that they enjoy their time here. It is like a small holiday for them.” Staff encouraged people to become independent during their stay. For example, one person had learnt how to use the local public transport to go shopping in the local town. A system was in place for this person to contact the home on a regular basis whilst they were out. This person told us about the ‘keep safe’ scheme which ran in the local community. They showed us their Keep safe card and told us if they needed help when they were shopping, they could approach staff in a shop which had a ‘Keep safe’ stickers in their window.

People were free to move around the home and participate in activities when they felt like it. People’s privacy was respected. Staff respected people’s decisions to have time alone in their bedrooms. One person wanted to show us their bedroom. They showed us what items belonged to the home such as the television and lamp. They said, “I can bring what I want so I can make it homely.” They showed us how they would contact staff if they needed help when alone in their bedroom.

We spent time with people in the dining room and observed how staff and people interacted. Staff joined people at the dining room table to eat their lunch. They treated people with dignity and respect. People were relaxed around staff members and spoke to them confidently. Staff knew individual people well and chatted about their families and home life. At the time of our inspection, people could freely use the kitchen and help themselves to drink and food.

Is the service responsive?

Our findings

People and their relatives were actively involved in developing their care plans. This ensured that people's support needs were documented to give staff guidance during their stay. People's care plans were personalised and detailed daily routines specific to each person. As well as information about their personal histories, family life and interests, other important personalised information, such as people's likes and dislikes and what makes them unhappy, had also been documented. This allowed staff to have an understanding of people's lives at home and try to replicate their preferred routines and support preferences where appropriate. Speaking with staff, they explained for some people it was important to maintain the same routine as they had at home where others enjoyed the opportunity to have more relaxed approach to their day. We observed that people were empowered to make choices and have as much control and independence as possible.

People and their relatives were contacted by telephone before their stay at Longhouse. This allowed staff to get up to date information about people's well-being, medicines and any changes in their needs. Relatives confirmed that this contact was always made prior to people's stay. One relative said, "Without fail, a few days before his stay, staff will phone us and we talk through any changes". Any changes in people's support needs were reflected in their care plans. Handover information shared between staff at the start of each shift ensured that important information about people was known. Staff told us that handovers were important to update staff of any changes to people's support requirements, additional risks or information about people who were new to the home.

People were supported to maintain their independence. Where required, equipment to assist people with their daily

living skills such as specialised cutlery had been obtained so people could maintain their skills. One health care professional told us staff contacted them if they required any advice or additional equipment. They said, "Longhouse caters for clients with complex needs. The staff are very responsive, they want to try and find solutions to problems. They are happy to try out our suggestions and they will feedback to us."

People told us they enjoyed staying at Longhouse. They had the option to be involved in a wide range of activities if they wished. The decision about what activities people would like to be involved in was made on a day to day basis with each person. People who were able to speak to us told us they enjoyed going out into the local town. Staff told us the types of activities offered varied and were determined by people themselves due to their wide range of needs and interests. One staff member said, "Some people just enjoy being here in the home, others are keen to go out." People and staff gave us examples of activities which frequently occurred at the home such as shopping, skittles, baking and going to the pub.

There had been no complaints since our last inspection although we were told concerns were taken seriously and used as an opportunity to improve the service. After people stayed at the home, staff contacted their relatives to gain feedback about their stay. One staff member told us "This is an opportunity for us to hear their views so we can improve for their next visit." Staff shared examples where they had made changes based on relative's feedbacks such as using picture cards to help with communicating with people.

The registered manager was planning to send out a formal survey to people, relatives, staff and visiting health care professionals to formally gather their views of the home. The format of feedback forms used with people was going to be reviewed to be more user friendly.

Is the service well-led?

Our findings

The registered manager managed three homes across the county which provide a respite service for families who care for people with a learning and/or physical disability.

Longhouse had an established team who knew the people and their relatives who used the home well. The registered manager frequently visited the home and was supported by a deputy manager who over saw the running of the home. The culture of the home centred on people and their needs. One staff member said “I feel proud to work here. It’s all about the service users and being focused on them.”

Staff told us although the registered manager was not at the home daily; they were contactable by telephone and always responded to any concerns. A staff member said, “We get a lot of support and training here. The manager is only a phone call away if we have any problems.” Health care professionals confirmed staff contacted their on call managers if staff were concerned about the health and welfare of people. We were told on call managers responded to their concerns in a timely manner and provided the support and advice required.

Relatives also confirmed that the home was well managed. One relative said, “The staff are great. They all know us well and know how we like things done.” Another relative said, “They are fantastic. They have developed a really good strategy to help calm my son down when he first goes to the home. They are constantly asking us questions to improve and to make sure we are happy with the care they provide.”

The registered manager demonstrated good management and leadership and was keen to evaluate and improve the homes she managed. A previous inspection at one of the other homes managed by the registered manager had

identified some shortfalls in common processes used across all three of the homes. This had resulted in the representative of the provider and the registered manager working together to implement systems to monitor and improve all the homes. This included the future implementation of regular audits to be carried out by the provider. The registered manager said, “I have taken on board our inspection reports at the homes and I am ensuring that any actions are put in place across all three homes.”

The registered manager had developed her knowledge as a manager by attending various courses to update her knowledge and skills. She now had an understanding of their legal responsibilities to report any notifications and concerns to the relevant authorities and the Care Quality Commission (CQC). A notification tells us about important events that affect people’s welfare, health and safety.

Regular staff meetings were held to ensure information about the home and current practices were shared with staff. Effective systems were in place to monitor the quality of service that was being provided. Audits covered a range of health and safety related matters, including food hygiene checks and infection control. Accidents and incidents were recorded on the provider’s new central electronic system. The registered manager was implementing an additional system to track and analyse if there were any patterns or trends in the accidents and incidents occurring at the home. Staff had implemented changes where an accident had occurred to prevent these from reoccurring.

Staff had access to the provider’s policies which gave them clear guidance on the standard of care that was expected and procedures to follow in the event of an incident or emergency.