

Longmoor Care Limited

Abbeyfield House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Abbeyfield House is a residential care home providing accommodation and personal care for up to seven people under the age of 65 who may have a learning disability or autism. The home accommodates up to six people over two floors in the main house, and one person in a separate cottage on the same site. At the time of our inspection there were four people living at the home.

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

People were assessed so any potential risks were identified and steps taken to keep them safe. Systems in place safeguarded people from abuse and incidents were reviewed to ensure lessons were learned. People were protected from harm through infection control measures and the safe management of medicines.

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. People were supported to access healthcare services which had resulted in people experiencing healthier lives. The environment had been adapted and redecorated in consultation with people to meet their needs.

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.

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

This service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. Observations and records showed that people experienced choice and control over their support and care planning was person centred. The culture of the service promoted people's independence and this was evident in the positive outcomes people had experienced. People were supported to express their views and were treated with dignity and respect.

People's individual communication needs were considered to support them to be involved in their care. People chose how they spent their time and plans were in place to widen opportunities for people as restrictions eased in the community.

Systems and processes in place promoted a positive culture in the home. Practices at the service were audited to monitor quality of the care people received and areas of improvement were identified. There was good communication with other agencies to ensure people's needs were met.

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

Rating at last inspection

This service was registered with us on 15 April 2019 and this is the first inspection.

Why we inspected

This was a planned inspection as the service had not previously received a rating.

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 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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Abbeyfield 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 team consisted of one inspector.

Service and service type

Abbeyfield 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 announced and took place on 18 May 2021. We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We looked at information we held about the service, including notifications they had made to us about important events.

Due to technical problems, the provider was not able to complete a Provider Information Return. 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 sought feedback from the Local Authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. This information helps and supports our inspections. We used all of this information to plan our inspection.

During the inspection

In addition to meeting and speaking with all the people living at Abbeyfield House, we spent time observing staff working with and supporting people in communal areas during the inspection. We also spoke with four relatives and eight staff members including the nominated individual, registered manager, a team leader and five support workers.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were relaxed and happy when spending time with the staff members supporting them.
- Relatives and staff said that people were safe. One relative told us how staff monitor their loved one's behaviour to identify possible risks. They said, "They know the signs and make sure they keep (my relative) safe."
- Staff received safeguarding training and understood the signs of abuse. Staff members felt confident to report safeguarding concerns should they arise and were clear about other steps they would take should any issues of concern not be addressed.
- Records detailed how known risks were to be managed to help keep people safe at all times.

Assessing risk, safety monitoring and management

- Staff had received positive handling training. This is training for staff to prevent and safely manage behaviour that presents a risk to safety. One staff member told us how they use their training if a person was displaying behaviour that could challenge. They said, "It helps my role. I would redirect and reassure them and support them until they were calm."
- Care plans and risk assessments were in place to guide staff and help staff monitor people's assessed risks.
- Staff were knowledgeable about people's individual risks and steps to take to protect them from harm.

Staffing and recruitment

- Staffing levels were maintained at the agreed level to support people safely. Staff and relatives told us there were enough staff to meet people's needs. One relative said, "There is no rushing, we feel there are enough staff in the home."
- Two staff files we viewed showed the staff members had been recruited appropriately. The provider had completed past employment and police checks before they started work in the home to make sure they were suitable to work with people.

Using medicines safely

- Medicines were stored safely and securely. However, people's prescribed creams were not always clearly labelled to detail when they had been opened. This meant staff could not easily see when they were due to expire. The registered manager took immediate steps to address this.
- People received their medicines on time and in a safe way. Records were maintained to document the administration of medications and these were reviewed by an external auditor. This meant that the records underwent an independent review to identify any issues.

- Staff were trained in administering medicines and understood how to do this safely. There were agreed protocols in place for medicines prescribed to be taken 'as required.'

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.

Learning lessons when things go wrong

- Detailed records were completed when staff members had physically intervened in an incident where a person was showing behaviour that challenged. Incident records were reviewed by the registered manager to identify any learning to reduce the risk of an incident happening again. For example, analysis of a period of incidents had identified a specific trigger that was causing a person distress. Steps were then taken to avoid the source of distress which reduced further incidents.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When 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 MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager was aware of their responsibilities regarding the Deprivation of Liberty Safeguards (DoLS). People who were unable to consent to restrictions on their liberty had DoLS authorisations in place.
- Staff understood the principles of MCA and how to support people in their best interests. One staff member gave an example of how they would support a person with getting dressed. They explained how they would help the person to choose what they wanted to wear, but would encourage them with suitable choices for the weather.
- Records detailed how decisions for people's care and treatment had been made in their best interests. For example, people's ability to consent to the COVID-19 vaccination had been assessed and documented.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Some relatives told us how the health of their loved ones had improved since moving to Abbeyfield House. For example, one relative said their family member had become a healthier weight. Another told us they had noticed a decrease in their loved one's self harming behaviours.
- Staff had worked with people and medical professionals to reduce the dosage or frequency of medicines used to manage behaviour. The registered manager explained this was in line with an NHS initiative to stop the over-medication of people with a learning disability or autism (STOMP).
- People had health action plans in place. These records contained people's medical history, professionals involved in their care and details of any health appointments they had attended.

- People were supported to attend health appointments such as annual health checks and dental examinations.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Adapting service, design, decoration to meet people's needs

- People's individual needs were clearly assessed and reviewed to remain effective. This included care plans and risk assessments tailored to people's individual health needs.
- People's care plans contained clear information about their preferences. Staff were also knowledgeable about people's likes and dislikes.
- Areas of the home had been adapted to meet people's needs. For example, a sensory room was in place for people to use whenever they wished and a jacuzzi bath was available. People and relatives had been involved in choosing how their rooms were decorated.
- At the time of our inspection, areas of the home were being redecorated and plans were in place to update the decoration and displays within the building.

Staff support: induction, training, skills and experience

- Staff received an induction and regular training and guidance to provide effective care for people. Training included specific courses based on people's individual health needs.
- All staff had achieved, or were working towards a level 3 diploma in Health and Social Care. One staff member said, "It's helped me a lot in my role, I've learned so many things."
- The registered manager reviewed staff training needs on a monthly basis. Team leaders discussed training needs with staff members in regular supervision meetings.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to enjoy a choice of meals and mealtimes were flexible depending on people's timetable. For example, one person sometimes chose to wake later and was supported by staff to make brunch.
- People with allergies or special diets were supported to maintain these. Care plans contained information about people's dietary needs and staff were aware of people's dietary requirements.
- People were able to access the kitchen to prepare food or drinks with the support of staff. The registered manager told us that people were offered a take away on Friday night and could choose to eat Sunday dinner together at the weekend.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were relaxed around staff and throughout the inspection we observed positive interactions between people and staff members.
- Staff told us they enjoyed working with the people they supported. One staff member said, "I love my job, I love to care for people. Seeing at the end of the day I've been able to support people and see happiness in their faces brings me joy."
- Relatives said their loved ones were well treated. One relative told us their family member was 'loved and cherished by staff.' They reported seeing a positive change in their loved one's health and wellbeing since moving to the home.
- People's individuality and diversity was considered. Care records contained information about people's backgrounds, preferences and traditions.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in planning their care and engaged in activities they enjoyed. For example, we saw that people made choices about how to spend their time throughout the day and staff were flexible to accommodate this.
- Resident meetings took place between people and staff. People were given the opportunity to share their views about the running of the home. Records showed people had given feedback about menus, the decoration of the home and activities they would like to do.
- The registered manager had plans in place to encourage people to be involved in their future care planning as lockdown restrictions reduced. This included inviting family to attend care reviews which would be interactive and would consider people's individual communication needs.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to maintain their independence and this was recorded in care records. For example, one person was supported to clean their room and prepare meals. Another person went grocery shopping with staff so they could choose the foods they enjoyed.
- One relative told us how staff's encouragement had led to an increase in their abilities. They said, "From what I've seen they're doing a good job. They push (my relative) for their own benefit."
- Relatives told us their loved ones were treated with dignity and respect. The registered manager informed how people's privacy was considered when planning how to monitor people's health needs throughout the day and night.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff had considered different ways to present important information to people and we saw that information had been provided in accessible formats to meet people's individual needs.
- People's communication needs were considered in their care plans. Easy read versions of documents such as the complaints procedure and people's personal evacuation plans in the event of a fire were accessible for people.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to engage in activities that were meaningful to them. People had individual weekly plans for activities they were involved in choosing.
- One relative described how staff had thought about their loved one's needs during COVID-19. They explained staff had found activities being held for the autistic community during lockdown. They said, "I was absolutely amazed."
- During our inspection we observed people choosing how they spent their time. For example, one person went out for a walk into the community. Another person enjoyed a sensory activity with staff members.
- The registered manager had plans to explore further activities for people as lockdown restrictions eased. Plans considered how people could expand their social groups, such as attending college. People's cultural wishes had also been thought about.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were updated and reviewed as required and information was shared as people's needs changed, so that people would continue to receive the right care.
- Staff told us how they supported people to have choice and control throughout their day. One staff member told us what person centred care meant to them. They said, "I'm passionate about the care I give someone. I give the same level of attention I give to my family. They need great attention to detail. If they're happy, I'm happy."
- Changes in people's needs were relayed to staff members using a communication book. This alerted staff to revisit updated support plans as needed.

Improving care quality in response to complaints or concerns

- The registered manager sought feedback from people, relatives and professionals. Any concerns raised were dealt with and those involved were updated. However, records didn't always detail the actions taken. The registered manager stated they would address this going forward.
- At the time of the inspection no formal complaints had been received, however the provider had a system in place to record, respond to and review any complaints received.

End of life care and support

- At the time of the inspection no one was being supported with end of life care. The registered manager was knowledgeable about how to plan end of life care should the need arise.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- We received mixed feedback from staff and relatives about how effective communication was at the home. Whilst many spoke positively, some felt communication could be improved. For example, some staff had experienced inconsistencies in communication between team members. The Nominated Individual explained that the process for raising issues within the team had recently been revisited with staff.
- Staff told us they felt supported in their role and spoke positively about the registered manager. One staff member said, "I have every confidence in my team leader. If I raised something with (registered manager's name) and (nominated individual's name) I'm very confident that I'd be supported."
- The registered manager planned to have an open day when lockdown restrictions ended. People and their relatives would be supported safely to get together within the home.
- There were established processes and procedures in place to ensure people received the care and support they wanted.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff were clear about their roles and felt that Abbeyfield House was a good place to work, although the pandemic had been a difficult period. One staff member told us, "Before the pandemic (staff morale) was great. We have struggled a bit but we stuck together and worked through it. It's a good place to work, it suits me down to the ground."
- The registered manager understood their legal requirement to notify us of all incidents of concern, death and safeguarding alerts.
- There were a variety of audits in place to provide the registered manager with oversight of the service and care delivery. This meant the quality of the service was regularly reviewed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider engaged with people, relatives and staff through a variety of ways. The registered manager was in regular contact with relatives and professionals by phone and feedback forms were sent. People had allocated keyworkers and were encouraged to engage with resident meetings. Staff had regular supervisions and team meetings were held.
- Relatives were involved and updated about their loved ones care during the pandemic. They reported receiving photographs and updates from staff. One relative told us, "The manager sent photos, (my

relative's) face says it all, so happy, so content."

Continuous learning and improving care; Working in partnership with others

- The provider had monthly quality audits in place which were completed by an external auditor. Records showed the findings were reviewed by the registered manager and any suggested improvements were actioned and documented.
- The registered manager had a clear vision for how they wanted to improve the service as it developed. This included improvements to the environment, facilities and opportunities for people in the community. They said, "That way everyone is progressing, changing, happy and having new experiences."
- Systems were in place to ensure people could access external services as needed. We saw records showing people had been reviewed by the GP or referred to health services due to their needs.
- The registered manager kept up to date with best practice by reading new guidance and checking relevant organisations for developments.

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 understood their responsibility in relation to duty of candour.
- Staff were aware of the provider's whistleblowing policy and knew how they could use this to raise concerns.