

Community Therapeutic Services Limited

Longton Court

Inspection report

8-10 Longton Grove Road
Weston Super Mare
Avon
BS23 1LT

Tel: 01934708771

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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

Longton Court is a residential care home residential care for up to seven adults who have a learning disability, autism and/or mental health needs. At the time of our inspection there were six people living at the service.

Longton Court has four self-contained flats that have their own front door and three double bedrooms in an adjoining property which is the main house. There are two offices, a communal kitchen, lounge, dining room, medicines room, office, log cabin, garden and patio area.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence.

People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

Procedures were in place to help protect people from the risk of abuse and staff understood their responsibility with regard to safeguarding people. Risk assessments were in place which provided guidance about how to support people in a safe way.

There were enough staff working at the service to meet people's needs and safe staff recruitment practices were in place. The service sought to learn lessons when accidents and incidents occurred.

Steps had been taken to protect people from the risk of infection. Medicines were managed safely.

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.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People were treated with kindness, care and respect. Emotional support was provided where people displayed anxiety. People were able express their views and make decisions about their day to day support. People's privacy and dignity were respected.

People's records contained information about their preferred methods of communication and staff understood and used these. People appeared comfortable with the staff who were supporting them and happily communicated their views and opinions.

Quality assurance and monitoring systems were in place to help drive improvements at the service. Some of these included seeking the views of people who used the service and others. The service had links with other agencies to help develop best practice.

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

Rating at last inspection

The last rating for this service was Good (Published 22 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Longton Court 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 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.

Longton Court

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.

Inspection team

The inspection was carried out by one Inspector.

Service and service type

Longton Court 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

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 used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed the information we already held about the service. This included details of its registration, previous inspection reports and notifications of any incidents the provider had sent us. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service about their experience of the care provided. We spoke with six members of staff including the operation manager, clinical lead, registered manager, team leaders and support staff. We spent time observing people's interaction with staff and one another.

We reviewed a range of records. This included three people's care records and medicine records, governance records and staff training 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 contacted seven relatives, spoke with three and received comments from one about their experience of the care provided. We asked for comments from five health and social care professionals and received three responses.

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

- People were protected from the risk of abuse. Staff knew and understood their responsibilities to keep people safe and protect them from harm. A health professional told us the service worked in accordance with safeguarding protocols.
- Staff were up to date with their safeguarding training and information about local authority safeguarding arrangements was displayed in the service.
- The service had a proactive approach to respecting people's human rights and diversity. Occasionally people became upset, anxious or emotional. Staff had a clear understanding of what caused anxiety to each person and what support they needed to remain calm.

Assessing risk, safety monitoring and management

- Risk assessments were in place for people. They set out the range of risks people faced and included information about how to mitigate those risks. They covered risks associated with medicines, behaviour, accessing the community, finances and using the kitchen. Assessments were subject to regular review. A relative told us, "I feel [Person's name] is safe now they are living at Longton Court. I know they take risk very seriously."
- Some people needed additional monitoring and support for theirs and others safety. Protocols were in place and staff clearly understood them. Staff regularly checked on people's well-being.
- Checks were carried out to help ensure the premises and equipment used were safe. For example, fire safety checks were carried out and qualified persons had checked the gas and electrics within the building to make sure they were safe and in good working order.

Staffing and recruitment

- There were enough staff available to support people according to their needs and individual preferences. Some people had complex needs and it was particularly important they were supported by staff who knew them well. The staff team who clearly understood how to respond to individual needs. This meant there was a consistent approach to the delivery of person-centred care and support. Where staffing levels had fluctuated the provider and registered manager had responded quickly to address the shortfall.
- Staff were recruited using safe recruitment practices, such as references and Disclosure and Barring Service (DBS) checks. DBS checks help employers to make safer recruitment decisions. Questions asked at interview were competency and values based and questions from the point of view of the people being supported had been included.
- There was a two-stage process in recruitment. It included an office and informal interview. There was also time included with people using the service and staff. This supported effective recruitment and gave the applicant and stakeholders the opportunity to engage with each other.

- Staffing levels were appropriate for the needs of the people living in the service. There was a good skill mix, with experienced staff available to support those with less experience. Staff told us, "I really feel I belong here. It's a great staff team" and "I feel there are enough staff and we cover for each other."

Using medicines safely

- Staff were trained to administer medicines safely. A senior care worker carried out competency checks to ensure good practice was followed.
- Medicines were stored securely. Staff monitored the temperatures of storage areas daily.
- There were clear processes in place for staff to follow when administering medicines to use when people were distressed or anxious. These were only used as a last resort and largely when people requested them.
- Regular audits meant medicine errors were identified and actioned quickly. Additional training was provided if required.

Preventing and controlling infection

- The spread and control of infection was well managed. Staff had training in infection control and access to personal protective equipment, such as gloves and aprons. When people displayed behaviour, which increased the risk of infection, this was planned for and methods to reduce the risk were implemented.
- The service was clean and tidy. People were encouraged to carry out some domestic tasks in their own living space to encourage independence. A staff member said, "It's all about supporting the person to take pride in where they live, but at the end of the day it is their choice we can only support."

Learning lessons when things go wrong

- Any accidents and incidents were recorded and escalated to the management team for review. Regular analyses were completed to help identify any patterns or trends and make changes.
- Following a number of medicines errors the management team reviewed the processes and found potential gaps. Changes to the medicines process including more effective storage had significantly reduced further errors.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they started using the service to help ensure their expectations could be met. The purpose of the assessment was to determine the person's needs, and if the provider was able to meet those needs.
- Some people had complex needs and other professionals were involved to ensure the placement could be managed effectively and, in the persons, best interest. A professional told us, "There was a handover meeting at Longton which was attended by as many of the contracted staff as possible. They had opportunities to ask questions." This showed there was an inclusive approach to care planning.
- Records showed assessments were comprehensive and person centred. They related to personal care, health, medicines, mobility and social activities. They were carried out in line with good practice guidance and legislation, for example, the assessed needs related to equality and diversity characteristics, such as religion, sexuality and ethnicity.

Staff support: induction, training, skills and experience

- Staff were supported to develop relevant knowledge and skills to help them in their roles. New staff undertook an induction training programme which included shadowing experienced staff and an introduction to organisational processes. A staff member told us they thought the level of induction training had, "really supported me and introduced me to my role in a positive way."
- Staff training covered those areas identified as necessary for the service and additional training to meet people's specific needs. The training was regularly refreshed and staff told us they could request extra training if necessary. One member of staff commented; "I have had training in behaviour management and positive restraint which has really helped me in my role."
- Regular supervision sessions were arranged when staff were able to discuss any training needs as well as raising issues around working practices. Staff competency was also measured as part of the supervision programme. Staff told us they were well supported. "The support we get is very good and has really supported me."

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

- Staff supported people to eat and drink appropriate amounts to keep them healthy. They highlighted when people were at risk and escalated this to the appropriate professionals.
- People's preferences and cultural needs were recorded and well known to staff.
- Some people had their own kitchens and were encouraged to develop their cookery skills. People had the opportunity to eat together in the communal dining room, but this was through choice and staff respected this.

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

- Staff worked with other agencies and health care professionals to ensure people had effective and consistent care. Health action plans were in place to share information about people's health conditions and needs. A health professional told us the service worked well with them and shared information in a timely way.
- Each person had a document containing vital information about their health needs. This was to use to inform other healthcare professionals when attending scheduled appointments and in emergencies.
- We looked into whether people were having their oral healthcare needs met. Each person's oral health needs had been identified in their care plans. People had access to dental care and dental check-ups. Staff understood the importance of good oral healthcare.
- Some people found attending appointments with healthcare services difficult. Arrangements were put in place to support them to have necessary check-ups in a way which was acceptable and less distressing for them.

Adapting service, design, decoration to meet people's needs

- The premises had been adapted to provide some people with their own self-contained accommodation. These were spacious and reflected people's tastes and preferences. Other people had their own spacious rooms which they were encouraged to personalise and make their own. People told us they liked having their own personal space and accommodation.
- Shared areas enabled staff and people, to share time together and socialise comfortably if they chose to.
- There was a rear garden area with a log cabin which could be used by people using the service. One person liked to use this for art therapy with displays of artwork in the rear garden area.

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.

- Some people were subject to restrictions on their liberty to keep themselves, and others, safe. These restrictions had been legally authorised and any conditions attached to the authorisations were met.
- Any changes in restrictive practices were highlighted to the relevant authority.
- Restrictive practices were recorded in positive behaviour plans. These were reviewed regularly to provide an up to date overview of people's needs.
- Best interest meetings were held to discuss any decisions made on people's behalf. These involved relevant professionals and relatives. A relative told us, "Having the DoLS in place means we feel it's safer for [Person's name] and the staff."

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.

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 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 told us they were treated with respect. One person replied, "I can be on my own when I want." We observed people engaged with members of the staff team in a positive way. There were positive interactions between them. For example, laughter and banter.
- Care plans contained information about people's abilities and skills. Staff took a pride in people's achievements and were keen to talk with us about this.
- Staff knew people well and had an understanding of their needs and preferences. They had developed trusting relationships which had enabled people to grow in confidence.
- Staff respected people's individuality and supported them in a non-discriminatory way. All staff had received training in equality and diversity and knew how to support people in a way that took account of their abilities and lifestyle choices. One member of staff told us, "It's so important to treat everyone as equals. It really breaks down barriers."
- Staff used appropriate tone of voice when talking with people and clearly understood people's individual communication needs.

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

- People were encouraged to make decisions about their day to day care and routines. Staff respected when people indicated they were ready to move on to a different routine. A staff member told us, "Every day can be different but we[staff] respect what people want."
- Staff understood how to support people to make decisions, and how this changed according to their mood. One member of staff said, "Everybody has different moods and this can affect how they make decisions. We recognise that and support people to make the decisions that will work for them. But we do recognise people's right to choose."
- Not everyone used words to communicate. Staff knew how best to communicate with people and, where it was useful, pictures and symbols were available to help people make informed choices.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. Everyone's own space was recognised as private areas by staff who respected this. For example, where people had their own flats. We visited one person after their invitation. We respected their invitation but enabled them to take the lead when inviting us into their home.
- People's personal information was protected. Care records were kept in a locked office. Although there were times when people had access to it. We discussed this with the registered manager. They gave assurance a locked facility for the records would be put in place, so they were only available to essential

staff.

- There were areas for people to socialise if they wished to, however people were also able to use their private space when they wanted to.
- There was a strong emphasis on the importance of helping people develop and maintain their independence. This was evident in all aspects of people's lives. Staff were working with people to help them develop the skills necessary to be able to use community facilities independently. For example, one person was being supported to attend job interviews.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- By having an internal clinical team of professionals meant the service could provide support for the staff team and respond to people's needs quickly.
- Care plans were detailed and contained information which was specific to people's individual needs. Where routines were important to people these were clearly described. Some people preferred to have a more flexible approach to life and this was acknowledged and supported.
- Care plans were reviewed and evaluated regularly to ensure they were up to date and reflected people's current needs.
- People took part in their local community and used nearby facilities. For example, people used local groups. Other people used the community with the discreet support of care staff. This meant independence was promoted with safe management protocols in place.
- Daily notes provided a record of how people had spent their day and any changes in their needs. These tallied with incident reports and amendments were subsequently made to the care plans as necessary.
- Positive Behaviour Support Plans were in place and focused on supporting people when they were struggling to manage their emotions.

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.

- Care plans contained information about how people liked to receive information and any aids they needed to support their understanding.
- Service user guides and a complaints procedure was available in easy read formats.
- Documents developed to share with other healthcare professionals outlined how people needed to be supported to understand and communicate.
- One person's communication had consisted of two signs. Staff had worked with other professionals and used Makaton to develop communication. This included signs for medicines and points around the service. Makaton uses signs and symbols to help people communicate. It was designed to help hearing people with learning or communication difficulties. It uses signs and symbols, with speech, in spoken word order. Staff were consistently using the same signs to give consistency and support the person.

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 various activities. On the day of inspection people were engaging in activities which were of their choice. For example, attending a job interview and being supported to shop for groceries.
- Some people had retained links with family and this was supported by staff. Family were able to visit as and when they wished. A relative told us, "We have an arrangement in place where we can meet [Person's name]. It means we feel safe and there is a staff member there as well."
- The service was within walking distance of the centre of Western Super Mare and people were using the local facilities regularly.
- Staff knew how people liked to spend their time and supported them in their preferred hobbies and interests. Staff told us they were supporting people on a daily basis in engaging in activities of their choice. They said, "Every day is different and that's what makes it interesting."

Improving care quality in response to complaints or concerns

- Complaints were recorded and responded to in line with the organisations policies and procedures.
- Easy read information was available to help people understand the complaints procedure.

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.

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

- The registered manager and staff demonstrated a clear commitment to ensuring the support people received was of a high standard. Staff told us morale was good and they considered themselves to be a good team with shared values. Staff consistently told us they felt supported by the registered manager. They said, "We [staff] get a lot of support from the manager" and "The manager is always around to support us."
- Some people had restricted lives due to their complex needs. Managers and staff spoke of the need to set achievable goals and recognise when people had progressed, even if this seemed a small step.
- Staff told us the service had a positive and inclusive working culture. One staff member said, "Working here is so good. We have a great management team and all the staff team support each other."
- Throughout the inspection we observed staff encouraging people to lead on decisions about their support in a way which was inclusive and empowering. Staff spoke with people as equals, listening to their views and engaging with them meaningfully. One person told us, "It's always like this." A relative told us, "The management team of Longton are supportive and reactive."

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 and registered manager understood their responsibilities under the duty of candour. People benefitted from a management team and provider who were open and honest. Where complaints or concerns had been raised, full investigations had been carried out to identify what had gone wrong and what lessons could be learnt.
- The service had worked with other relevant parties, including health and social care, to make sure people's health and well-being was promoted.
- The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

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

- Roles and responsibilities were clearly defined and understood. The registered manager was supported by a senior management team and senior support workers.
- There were systems in place to manage the quality and safety of the service. Checks and audits took place to ensure the service was operating as it should.

- The registered manager and senior care workers were aware of their regulatory responsibilities. Notifications were made appropriately.

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

- There were systems for staff to be involved in changes in the service. Staff told us they felt confident to make suggestions. There was continuous communication including staff handovers, and staff meetings taking place. All staff commented about how the team supported each other and worked together to ensure people had a good quality of life.
- Staff used various communication methods to support people to make choices and be involved in decisions about the service. We observed this during the inspection. For example, giving people choices about what they wanted to do that day. One person said, "I do different things every day. It's what I do and yes it's what the staff expect."
- The registered manager asked families for feedback about the service annually. The most recent survey showed people were very satisfied with the service. A relative told us, "The manager keeps in touch and asks if I'm OK with things. I always feel I can call anytime if I'm not sure about anything."
- People's views were sought in respect of their satisfaction with the service.

Continuous learning and improving care

- Accidents and incidents were used as learning experiences. Regular audits were carried out across all areas of the service to identify any areas for improvement.
- Regular staff meetings and comprehensive daily handovers were held to share information and make changes quickly if needed to. Staff told us they were listened to and their thoughts and suggestions valued.

Working in partnership with others

- The registered manager and staff worked with other professionals to make sure people received the care and support they required. Care records showed people had access to a number of health and social care professionals. Staff told us they had good relationships with local professionals including health and social care workers.