

# Littlecroft Residential Homes Ltd

## Longcroft Cottage

### Inspection report

Longcroft Farm  
Blaisdon Road  
Westbury-on-Severn  
Gloucestershire  
GL14 1LS

Tel: 01452760747

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06 June 2019

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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:

Longcroft Cottage provides accommodation and personal care for up to three people living with a learning disability, autistic spectrum disorder and a sensory disability. At the time of our inspection two people were being supported by the service.

People's experience of using this service:

People were safe. There were enough staff to meet people's needs. Staff were aware of their responsibilities to report concerns and understood how to keep people safe and we saw risks to people's individual safety and well-being were managed through a positive risk management process.

There were systems in place to manage safe administration and storage of medicines. People received their medicines as prescribed.

People had their individual needs assessed prior to receiving care to ensure staff were able to meet people's needs. This included people's emotional and well-being needs. Staff worked with various local social and health care professionals. Referrals for specialist advice were submitted in a timely manner.

People were supported by staff that had the right skills and knowledge to fulfil their roles effectively. This included an in-depth knowledge of people's individual needs. This ensured their care was personalised and specific to their support requirements. Staff told us they were well supported by the management team.

People were supported to meet their nutritional needs and maintain an enjoyable and healthy diet. People could choose what they wanted to eat, and we saw staff supporting them appropriately.

People were treated with respect and their dignity was maintained. People were also supported to maintain their independence. One person had worked with staff, so they could now walk independently. The provider had an equality and diversity policy which stated their commitment to equal opportunities and diversity. Staff knew how to support people without breaching their rights. The provider had processes in place to maintain confidentiality.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. This meant people were able to pursue activities they enjoyed on a regular basis.

Sufficient staff were consistently deployed to enable people to receive one to one support. This approach allowed people to bond with staff and form positive relationships. Relatives told us people benefitted from these relationships.

Relatives knew how to complain, and a complaints policy was in place. Relative's input was valued, and they were encouraged to feedback on the quality of the service and make suggestions for improvements.

The service was well-led. Relatives and staff were complimentary of the registered manager and the management team. The registered manager promoted a positive, transparent and open culture where staff worked well as a team. The provider had effective quality assurance systems in place which were used to drive improvement. The provider worked well in partnership with other organisations.

The service met the characteristics of Good in Safe, Effective, Caring, Responsive and Well-led. At the last inspection in November 2016 the service was rated Requires Improvement in well-Led. We asked the service to make improvements to their quality monitoring systems. At this inspection we found these improvements had been made.

Follow up:

We will monitor all information received about the service to understand any risks that may arise and to ensure the next planned inspection is scheduled accordingly.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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

# Longcroft Cottage

## 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.

#### Inspection team:

The inspection was carried out by one inspector.

#### Service and service type:

Longcroft Cottage is a care home and provides accommodation and personal care for up to three people living with a learning disability, autistic spectrum disorder and a sensory disability. People in care homes receive accommodation and nursing or personal care as 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:

This inspection was unannounced and took place on 6 June 2019.

#### What we did:

Before the inspection, we asked the provider to complete 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. The provider did not receive a request from us to complete a PIR. We looked at notifications we had received. Notifications are certain events that providers are required by law to tell us about.

Both people living at the home had difficulty verbalising. However, we spoke briefly with one person, two relatives, two care staff, the cook and the registered manager. During the inspection we looked at two people's care plans, three staff files, medicine records and other records relating to the management of the service.

# Is the service safe?

## Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:

- People had difficulty verbalising. However, one person told us they were safe. The person said, "Safe, ok". A relative said, "Oh yes, she [person] is very safe".
- People were cared for by staff that knew how to raise and report safeguarding concerns. One staff member said, "I would go to my manager with concerns and you, CQC (Care Quality Commission)".
- The provider had safeguarding policies in place and the registered manager worked with the local authorities' safeguarding teams and reported any concerns promptly.

Assessing risk, safety monitoring and management:

- Risks to people's well-being were assessed, recorded and staff were aware of these. The risk assessments covered areas such as falls, nutrition, medication and the environment. For example, one person was at risk of falling. Measures were in place to manage this risk which included guidance from an occupational therapist. Staff were aware of and followed this guidance.
- The provider ensured there were systems in place to manage emergency situations such as evacuation in case of a fire.
- The provider had a system to record accidents and incidents, we saw appropriate action had been taken where necessary.

Using medicines safely:

- People received their medicines safely and as prescribed.
- People's medicines were stored securely and in line with manufacturers' guidance.
- The register manager ensured people's medicine were administered by trained and competent staff. One staff member said, "I've been trained in medicine administration, so I am confident with medicines. [Registered manager] regularly checks me".

Learning lessons when things go wrong:

- The registered manager ensured they reflected on occurrences where a lesson could be learnt, and the team used this as an opportunity to improve the experience for people. For example, one person trapped their fingers in a door. The registered manager developed a routine for the person that ensured their safety and the person had not trapped their finger since.

Staffing levels:

- Relatives told us there were sufficient staff. One relative said, "It is one to one care, so staffing is not an issue as far as I am concerned".
- There was enough staff to support people's needs. One staff member said, "We work on a one to one basis with clients so we do have enough staff".

- Staff rotas confirmed planned staffing levels were consistently maintained.
- People were protected against the employment of unsuitable staff as the provider followed safe recruitment practices.

Preventing and controlling infection:

- Staff were trained in infection control and had access to protective personal equipment such as gloves and aprons. One staff member said, "We have enough equipment. I check the stocks monthly and order more as required".
- The environment was clean, well maintained and free from malodours.

# 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.

Good: People's outcomes were consistently good, and relative'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 prior to them using the service to ensure needs could be met. Assessments took account of current guidance. People's communication needs were identified in line with Accessible Information Standards. The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand.

Supporting people to live healthier lives, access healthcare services and support:

- People were supported to live healthier lives through regular access to health care professionals such as their GP, dentist or optician.
- Where appropriate, reviews of people's care involved relevant healthcare professionals.

Staff working with other agencies to provide consistent, effective, timely care:

- The service worked closely with health and social care professionals to ensure people were supported in a way that maximised their health and well-being. For example, one person had used a frame and wheelchair to mobilise. An occupational therapist worked with the person and staff to improve their mobility. Over a long period of time the person was able to walk unaided and only used the wheelchair for longer journeys, or when they became tired. We saw this person mobilising independently.

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

- Care plans contained details of people's meal preferences, likes and dislikes. Any allergies were highlighted.
- People were supported with their meals appropriately. We saw one person being supported to eat breakfast. The staff member was patient and caring, and clearly knew the person, and their needs well.
- Where people were at risk of choking a speech and language therapist [SALT] had provided guidance for staff to keep the person safe. We saw staff following this guidance.

Staff support: induction, training, skills and experience:

- A relative told us, "The staff definitely have the skills to look after my daughter [person]".
- People were supported by skilled staff that had ongoing training relevant to their roles.
- Staff completed an induction and shadowed experienced staff before working alone.
- Staff were well supported in their roles and had regular one to one meetings with their line manager (supervision) to discuss work practice and raise issues. One staff member said, "I am very well supported both inside and outside of work".



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

- People's rooms were personalised, and people were able to bring in their own possessions. People had photographs and mementoes to make them feel at home.
- There were comfortable communal areas where people were able to spend time together.

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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA.

- Staff worked to the principles of the MCA. We observed staff seeking people's consent in a routine fashion. One staff member said, "This act is here to ensure we still give clients choices and if there's any doubt we work in their best interests, always".
- Records relating to the MCA were reviewed, accurate and up to date.
- Where people were being deprived of their liberty appropriate applications had been submitted to the local authority.

# 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.

Good: 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 and their relatives confirmed staff treated people in a caring way. We asked one person if they were happy living at Longcroft Cottage. This person enthusiastically nodded their head. Relatives told us people experienced caring relationships with staff. Their comments included; "She [person] is well cared for and loves the staff" and "Oh yes, the staff are very, very caring".
- Staff knew people's individual needs very well as they had built up a trusting relationship over a long period of time. One staff member said, "I love it, there is a family atmosphere and the clients are just like family to me".
- People's well-being was assessed, and any needs were highlighted. This allowed staff to support people emotionally, as individuals.

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

- People were involved in their care. Records showed staff discussed people's care on an on-going basis.
- Where required, information was provided to people in a format that was accessible to them and we saw accessible information was well embedded in care plans. For example, one person had difficulty verbalising and used their own words. A book of their words and their meanings was maintained so staff could communicate with the person effectively. One care plan showed how ear drops were to be administered in picture format, enabling the person to understand the process. We also witnessed staff explaining procedures to people to aid their understanding and involvement.

Respecting and promoting people's privacy, dignity and independence:

- Staff promoted people's independence. Care plans guided staff to encourage people to do what they could for themselves. For example, one person's care plan highlighted the person could help clean their room with 'prompts and encouragement'.
- People were treated with dignity and respect. When staff spoke with us about people, they were respectful and displayed genuine affection. Language used in care plans was respectful. Staff told us people's privacy was respected.
- The provider recognised people's diversity and they had policies in place that highlighted the importance of treating everyone equally. People's diverse needs, such as their cultural or religious needs were reflected in their care plans. Staff told us they treated people as individuals and respected their choices.
- The provider ensured people's confidentiality was respected. Records containing people's personal information were kept in offices which were locked and only accessible to authorised persons. Computers were password protected.

# Is the service responsive?

## Our findings

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

Good: Peoples needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People's care plans were detailed and personalised. There was evidence that relatives were invited to participate in care plan reviews with people. One relative said, "I am involved, I visit frequently and they [staff] call me with any updates".
- One staff member said, "We definitely treat clients as individual people, they are both completely different and individual".
- People were supported to undertake activities and follow their interests. One the day of our inspection, both people went out to an activity involving horses. We saw this was a very popular and regular occurrence. People also went to a specialist amusement park, shopping, animal centres and trips out. Other activities included jigsaws, arts and crafts and cooking.
- The management team ensured people's needs and any changes were communicated effectively amongst the staff. Information was shared between staff through daily handovers, diaries and update meetings. This ensured important information was acted upon where necessary and recorded to ensure monitoring of people's progress.

Improving care quality in response to complaints or concerns:

- The provider had effective systems to manage complaints and the records showed any concerns raised were recorded, fully investigated and responded to as per the provider's policy.
- Relatives told us they knew how to make a complaint and were confident action would be taken. Details of how to complain were posted around the home. One relative said, "I know what to do and I know [registered manager] would deal with it, but I have no complaints".
- The registered manager monitored feedback from people and their relatives and used this information to improve the service. For example, relatives had suggested parts of the home looked tired. We saw parts of the home were being refurbished and redecorated.

End of life care and support:

- At the time of our inspection, no one was receiving end of life care. Due to people's conditions it was deemed inappropriate to discuss end of life wishes with them.

# 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 in November 2016 the service was rated Requires Improvement in well-Led. We asked the service to make improvements to their quality monitoring systems. At this inspection we found these improvements had been made.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- Relatives told us they knew the registered manager and had confidence in the service and provider. One relative said, "I know [registered manager]. [Person] has lived at Longcroft for over 20 years. We get on very well with no problems". Another relative said, "[Registered manager] is very good. She keeps me informed and I think the home is well run"
- During our visit we saw the registered manager interacting with people and staff. It was clear people knew the registered manager and they engaged with them in a familiar and relaxed manner.
- Staff spoke positively about the registered manager. Comments included; "She is always there to help and will do anything for you" and "[Registered manager] is approachable and she listens. We get on really well".
- Throughout the inspection the registered manager and staff were open and honest about their work and the challenges they faced.

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

- Before the inspection, we asked the provider to complete 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. The provider did not receive a request from us to complete a PIR.
- The registered manager had effective quality assurance systems in place. These included, audits of medicine records, care planning, staff files and training. This allowed the registered manager to drive continuous improvements. For example, one audit identified refresher training for staff was due. Training records confirmed this training was planned and booked.
- There was a clear management and staffing structure and staff were aware of their roles and responsibilities. The registered manager was supported by the office manager. We saw a positive team culture that was clearly embedded within the service. The registered manager told us, "I am well supported my team. We do our best for the people in our care".
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.

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

- Relatives had opportunities to complete surveys or raise any comments. Surveys were conducted, and the latest results were positive.
- Relatives told us they felt involved and the service was well run. One relative said, "This place is very well run. [Person] is very happy, I am informed and involved. It's a great home".
- Staff kept in regular contact with people's relatives to reassure them and shared information appropriately to ensure people's welfare.
- Staff told us they felt listened to and valued. Regular staff meetings were held where staff could raise and discuss issues.

Continuous learning and improving care:

- The registered manager and compliance manager ensured where an area of improvement had been identified they acted promptly to address it. For example, where people's condition changed, referrals to GPs were organised and any changes to care and treatment were implemented.

Working in partnership with others:

- People were supported by a range of professionals and the staff team consistently worked closely with these to ensure all aspects of a person's life were recognised as being important.
- The service also worked in partnership with the local authority.