

Longley Hall Limited

Bell House Mews

Inspection report

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Date of inspection visit:
11 May 2017

Date of publication:
05 July 2017

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?	Requires Improvement ●

Summary of findings

Overall summary

We carried out this inspection on 11 May 2017. The inspection was unannounced. This meant no-one at the service knew that we were planning to visit.

Bell House Mews provides supported living accommodation for up to 14 adults with learning difficulties and/or mental health needs. Longley Hall Limited provides care and support to meet the needs of people living at Bell House Mews. People have individual tenancies with the housing provider. The service is located in the Shiregreen area of Sheffield and is on a bus route and close to local amenities. On the day of our inspection there were 14 people using the service.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements had been made and was no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

There was a manager at the service who was registered with CQC. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager had been in post since June 2015. They were registered to manage both Bell House Mews and the provider's other Sheffield service, Longley Hall.

Medicines were stored safely and securely, and procedures were in place to ensure people received their medicines as prescribed.

All staff understood what it meant to protect people from abuse. They told us they were confident any concerns they raised would be taken seriously by management.

The service had a safe and effective recruitment and selection procedure in place and carried out relevant checks when they employed staff.

The care records we looked at included risk assessments, which identified any risks to the person. They had been devised to help minimise and monitor the risks, while promoting the person's independence as far as possible.

Staff told us and records showed they received regular supervisions and appraisals. Staff told us they found these meetings useful and they felt supported by management.

The registered manager and staff were aware of the requirements of the Mental Capacity Act 2005.

People had access to a range of health care professionals to help maintain their health and wellbeing.

Positive and supportive relationships had been developed between staff and people who used the service. People were treated with dignity and respect.

People received personalised care. Care records reflected people's current needs and preferences.

There was a clear complaints policy and procedure in place. People's complaints were taken seriously, investigated, and responded to.

The service had up to date policies and procedures which reflected current legislation and good practice guidance.

There were effective systems in place to monitor and improve the quality of the service provided.

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.

We found systems were in place to make sure people received their medicines safely and they were stored securely.

Staff told us they had safeguarding training and understood what they needed to do to if they suspected a person may have been abused.

Risks to people had been identified and plans put in place to keep these risks to a minimum.

Is the service effective?

Good ●

The service was effective.

Staff were suitably trained and received regular supervisions and appraisals.

Staff understood the requirements of the Mental Capacity Act.

People received support to access to a wide range of health and social care services.

Is the service caring?

Good ●

The service was caring.

Staff knew people's preferences and were keen to support people to be as independent as possible.

Care workers spoke about the people they supported with dignity and respect.

Everyone living at Bell House Mews had a keyworker assigned to them. People knew who their keyworker was.

Is the service responsive?

Good ●

The service was responsive.

People's care records were up to date and regularly reviewed. They reflected the person's current health and social care needs.

There was a comprehensive complaints policy and procedure. Comments on the service were encouraged and responded to.

Is the service well-led?

The service was well-led.

There were effective quality assurance systems and these took account of the views of people who used the service.

Staff were clear about their roles and responsibilities. They told us they felt supported by the management team, who they said were approachable.

The service had up to date policies and procedures which reflected current legislation and good practice guidance.

Requires Improvement 

Bell House Mews

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 was 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 11 May 2017 and was unannounced. The inspection team was made up of one adult social care inspector and a pharmacy inspector.

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. Due to technical problems a PIR was not available and we took this into account when we inspected the service and made the judgements in this report

Prior to the inspection we reviewed the information we held about the service, which included correspondence we had received and any notifications submitted to us by the service. A notification must be sent to the Care Quality Commission every time a significant incident has taken place, for example where a person who uses the service experiences a serious injury.

Before our inspection we contacted staff at Healthwatch and they had no concerns recorded. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We also contacted members of Sheffield council contracts and commissioning service and they did not have any current concerns.

During the inspection we spoke with five people who lived at Bell House Mews. We met with the registered manager. The unit manager was on holiday. The registered manager was registered to manage both Bell House Mews and the provider's other Sheffield service, Longley Hall. The unit manager for Bell House Mews reported to the registered manager and was responsible for the day to day management of this service. We spoke with an additional three members of staff. We spent time looking at written records, which included four people's care records, three staff files and other records relating to the management of the service. We checked the medication administration records for people assessed as needing support to take their

medicines.

Is the service safe?

Our findings

We checked progress the registered manager had made following our inspection on 31 August 2016 when we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safe care and treatment. During this inspection we found improvements had been made in this area.

We checked to see whether medicines were stored safely, securely and administered correctly. Ten people living at Bell House Mews had been assessed as needing support to take their prescribed medicines. Other people chose to have their medicines stored in the office. We saw a care worker now undertook a medicines round each morning to ensure people received their medicines when required. We were told this was repeated in the evening if required.

Medicines were stored securely in a locked treatment room and access was restricted to authorised staff. There were appropriate arrangements in place for the management of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse); they were stored in a controlled drugs cupboard, access to them was restricted and the keys held securely. Staff regularly carried out balance checks of controlled drugs in accordance with the service's policy.

Medication Administration Records (MARs) had a photograph of the person it related to. This reduced the risk of medicines being given to the wrong person. Each MAR clearly stated if the person had any allergies. This reduces the chance of someone receiving a medicine they are allergic to. Care workers should sign the person's MAR to confirm they had given the person their medicines, or record a reason why not. There were no gaps on the MARs we looked at. People who were prescribed PRN (when required) medicines had protocols in place to guide care staff when and how to administer these medicines safely. Documentation was available to support staff to give people their medicines according to their preferences. This meant people were given the right medicines at the right time.

We checked the quantities and stocks of medicines supplied outside of the monitored dosage system and found the stock balances to be correct. This meant people had received their medicines from the original boxes and packaging as prescribed. Medicines audits now included daily, weekly and monthly checks by team leaders and managers. Issues that had been identified had been acted upon and improvements made. These were recorded as 'near misses' and we saw these were written up by care staff and given to the unit manager to review.

Some medicines need to be stored in a fridge to ensure optimal effectiveness; no one was prescribed medicines requiring this at the time of our inspection. However, the registered manager told us a fridge was available if this situation were to change. We saw the temperature of the medicines room was checked daily and was within safe guidelines. There was one day missed in April 2017. It is best practice to write the date any bottles of liquid medicines are opened so they are not used beyond the best before date. We saw this hadn't been done. We spoke to the team leader about this and they agreed this would be done in future.

Staff told us they had received medicines handling training and their competencies in this area were

assessed regularly to make sure they had the necessary skills to manage medicines safely.

We checked progress the registered manager had made following our inspection on 31 August 2016 when we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good governance. This was because processes had not been followed to assess, monitor and mitigate risks relating to the health, safety and welfare of people who used the service. During this inspection we found improvements had been made in this area.

All of the care records we looked at contained up to date risk assessments. These recorded the level of risk to the person in different areas of daily living. For example, a person may be at risk of self-harming, or at risk of financial exploitation. Each area of risk was recorded as low, medium or high for each person. Where there was a level of risk identified, the person's behaviours when at risk were described, for example the person may self-isolate and stop leaving their flat. The risk assessments also recorded what events or circumstances could increase the level of risk to the person, and gave clear guidance to care staff on how to manage and reduce the risk. We saw these assessments had been reviewed regularly.

We saw care staff continued to record any accidents or incidents on the care records of the person or persons involved. However, we saw the unit manager also now held a central log to record the incidents and accidents which took place each month. This enabled them to see if there were any patterns to accidents and incidents taking place and if any action could be taken to reduce the risk of them happening again.

We checked progress the registered manager had made following our inspection on 31 August 2016 when we found a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Fit and proper persons employed. During this inspection we found improvements had been made in this area.

At our previous inspection we found one of the staff files we looked at did not contain any references for the member of care staff concerned. We checked the file again during this inspection and the member of staff now had two satisfactory references on file. Another staff file we looked at during the previous inspection contained a reference referring to a person with a different name and therefore not necessarily relevant to that particular member of care staff. We checked this file and an updated and satisfactory reference was now on file.

We looked at another file for a member of staff who had been employed since our last inspection. This file contained acceptable references, proof of identity and a Disclosure and Barring Service (DBS) check. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character. This confirmed recruitment procedures at Bell House Mews helped to keep people safe.

The registered manager told us they did not need to use a staffing dependency tool to work out how many staff were needed to support people's care needs. People living at Bell House Mews had already been assessed by social services as needing the level of care provided via a direct payment to the service. The registered manager told us they would contact social services if they felt there wasn't enough time allocated to meet the person's care needs safely.

The service had an up to date safeguarding policy and a whistleblowing policy. Whistleblowing is when a member of staff raises a concern about wrongdoing at their place of work. Staff we spoke with knew this and were confident any concerns they had would be taken seriously by management. Staff told us they had received training in safeguarding vulnerable adults from abuse. The training records we were shown

confirmed this. All staff we spoke with were able to tell us what abuse was and how they would recognise it. Again they were confident their concerns would be taken seriously by management.

The service was responsible for managing the finances of two of the people living at Bell House Mews. The registered manager kept an individual financial record for each person. We checked the financial records and receipts for both these people and found they detailed each transaction, the money deposited and the money withdrawn. The records were signed and up to date. These showed procedures were followed to help protect people from financial abuse.

Is the service effective?

Our findings

We checked progress the registered manager had made following our inspection on 31 August 2016 when we found a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Staffing. This was because the service was failing to ensure staff received appropriate training, support, supervision and appraisals to enable them to carry out their role effectively. During this inspection we found improvements had been made in this area.

We looked at the file for a member of staff who had been employed since our last inspection. This held records of an induction taking place, including certificates the member of staff had undertaken mandatory training. Mandatory training is training the provider thinks is necessary to support people safely. This included: safeguarding vulnerable adults from abuse, health and safety, and safe manual handling techniques.

Staff told us they received on going training and this was via a mixture of e learning, classroom style teaching, and observation of their practice. The registered manager showed us the training matrix which listed the required training for all staff. The matrix was designed to show the month and year when the member of staff last undertook the training. We saw this had been completed for every member of staff and it confirmed all staff were in receipt of regular and relevant training to enable them to undertake their jobs effectively.

Supervision is regular, planned and recorded sessions between a staff member and their manager to discuss their work objectives and wellbeing. An appraisal is an annual meeting a staff member has with their manager to review their performance and identify their work objectives for the next twelve months

The service had an up to date 'Staff Supervision Policy.' This stated, 'All employees will receive the support and supervision they need to carry out their jobs. Such support will be available through the normal day-to-day supervisory and managerial processes and regular structured supervision every 6-8 weeks with a nominated supervisor/manager. This process will be in addition to the employee's annual performance appraisal.' We saw the unit manager had a supervision and appraisal schedule for each member of staff for the year ahead. Staff told us they felt supported by management and found supervisions and appraisals useful. One member of staff told us the unit manager tried to meet with them for supervision away from the hustle and bustle of the office, and they appreciated this focussed time away. Staff files we looked at confirmed staff had regular supervisions and appraisals in line with the service's own policy. This meant staff were appropriately supported to undertake their jobs.

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.

For people living in their own home, this would be authorised via an application to the Court of Protection. 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 were being met. We did not observe any restrictions or restraints in place at Bell House Mews. Everyone living there had capacity to make significant decisions about their own care and treatment. Care records we looked at reflected this.

The registered manager told us all staff received training about the Mental Capacity Act and the training matrix we looked at confirmed this. Staff we spoke with understood consent and the need to involve people in decision making.

No one living at Bell House Mews had been assessed as requiring support to eat and drink. However people's care records indicated that some people needed to be reminded to eat and encouraged to eat healthily. Some people were supported to go shopping with staff for food and encouraged to make healthy food choices.

People's care records showed they had access to a wide range of health and social care professionals. Care staff at Bell House Mews were part of the wider reviews of people's health and social care needs undertaken by social services.

Is the service caring?

Our findings

We checked progress the registered manager had made following our inspection on 31 August 2016 when we found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 17, Good governance. This was because the service did not securely maintain records. During this inspection we found improvements had been made in this area.

As Bell House Mews is supported living accommodation the care and support is provided by Longley Hall Ltd, and people living there also have individual tenancy agreements with a separate housing provider. One of the flats within the property was used as a staff office and rest room space. There were no communal areas for people to meet. However, since the last inspection we saw the flat used by staff now had secure areas not accessible by people living at the service and confidential information was no longer on display in unsecure areas. This meant the staff rest room space could be used to meet with groups of people living at Bell House Mews without compromising anyone's personal information. All confidential information was securely locked away.

People we spoke with told us they liked living at Bell House Mews. One person told us, "I enjoy living here." When we asked if there were any areas for improvement, one person told us they couldn't think of anything that could be done better.

Staff knew people well and had built positive relationships with them. They treated people as individuals. They came across as very committed and enthusiastic about their jobs, and there was a pleasant, relaxed atmosphere throughout the service. It was clear from both our observations and speaking with staff that they were passionate about what they did.

Staff introduced us to several people throughout the course of the inspection. They were respectful and clearly explained who we were. Two people agreed to show us round their flats and were proud of their homes. They told us staff supported them with shopping, cleaning and cooking if they needed help.

A recent resident's questionnaire had been completed by eight people living at Bell House Mews. The results were positive. For example, seven of the eight people had ticked, 'yes, staff do listen to you,' and the other person had not answered this question. Seven of the eight people had agreed that staff treat them equally. Again the other person had not answered this question.

We saw the service had an up to date 'Autonomy and Independence' policy and procedure. This stated people should have 'their privacy, dignity and independence respected, and have their views and experiences taken into account in the way the service is provided.' It also stated staff should, 'recognise the diversity, values and human rights of people who use services.' Throughout, the policy had a clear focus on promoting the person's independence as much as possible. This was evident in the interactions we saw and heard throughout our inspection, and from the person-centred care records we looked at.

Everyone living at Bell House Mews had a keyworker. This was a member of care staff assigned to the person

to support them when required. In addition they would take responsibility for updating and reviewing the person's care record with them. We saw people had 'Keyworker's Monthly Progress' reports on their care records. This gave details on what the person had achieved in the previous month and what they wanted to achieve the following month. Every person we spoke with knew who their keyworker was.

Is the service responsive?

Our findings

Since our last inspection on 31 August 2016 we saw care records had been updated and improved. One member of staff told us, "Care records are much easier to follow now." We saw care records contained up to date information about each person's likes and dislikes, and their social history. They gave staff useful information on how best to support the person. For example, how a person usually was when they felt well, signs to look for if they were heading for a difficult time, triggers that could impact on their well being, and things that could help the person get back on track. There was also an opportunity to 'fine tune' the person's care plan as a result with anything that was learnt from the difficult time, or could be improved to support the person in future.

Care records contained weekly activity plans for people. The activities were varied and catered to the individual needs of the person. Many of the activities were undertaken away from Bell House Mews and we saw people were supported to attend by staff if needed. One person told us their keyworker had taken them swimming recently, which they had enjoyed. Another person told us they liked to cook and they did this with staff every week. We were told a trip to the seaside was being planned for August.

In addition to the detailed information held on people's care records there were also daily support logs completed by staff every day and night for each person. We looked at these logs to confirm whether activities had taken place as described on activity plans. We found these activities had taken place as described. People we spoke with also told us they went out to the cinema, shopping or to meet with friends on their own. People were free to come and go as they pleased. They were respectfully asked to let staff now when they were going and when they planned to come back. We saw people come into the staff office throughout the inspection to update staff on their plans and whereabouts.

People told us they felt able to talk to staff if they had any complaints about the service.

The service had an up to date complaints policy and procedure, and we saw this was included in the 'service user guide'. The policy gave information on who to complain to and who to contact if you weren't satisfied with the initial response. There was also a pictorial guide to the complaints procedure available for people.

We saw the unit manager now kept a log of all complaints received and the action taken to resolve the issues raised. We saw there had been five complaints since our last inspection. Three of the five were about the same incident. Four of the five were complaints made by people living at Bell House Mews about the behaviour of other people living there. In every case the unit manager had described what action they had taken to resolve the issues raised and then signed off when the investigation was concluded.

Is the service well-led?

Our findings

We checked progress the registered manager had made following our inspection on 31 August 2016 when we found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 17, Good governance. This was because systems were not established and operated effectively to ensure compliance with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection we found improvements had been made in this area.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. The registered manager showed us a copy of the monthly audit. This was completed each month by the unit manager and then reviewed by the registered manager. A manager from the provider's head office also randomly checked the audit was completed each month and any appropriate actions taken.

The monthly audit included checks on key areas of service provision, including care records, health and safety, and fire drills. We saw these had been completed each month. However, when it had been recorded actions needed to be taken, it was not always clear whether they had been completed, by whom and when. We spoke to the registered manager about this who agreed to make this clearer each month.

We asked if the people who lived at Bell House Mews were asked for their views on the service provided and were given opportunities to make any suggestions for improvement. We were told there was now a 'resident's questionnaire.' We saw the results from the last quarter of 2016 when eight people had responded. The results were positive about staff and the support people received. In addition the unit manager had introduced 'tenant's meetings' since our last inspection. We saw minutes from meetings held in January, February and March 2017. Agenda items included suggestions for activities and trips out, and any problems with staff or the premises. We saw it was recorded one person had stated, 'No problems and feels things are getting better.' Attendance at these meetings had been poor and it was recorded at the March meeting these meetings would now be six monthly, and in the meantime people were encouraged to raise any issues with their keyworkers.

Staff told us the unit manager was approachable and responsive. One care worker told us, "[Name of unit manager] is really good. I love working here." We were told staff meetings were held regularly and we saw minutes from the meetings held in March and April 2017. All staff were required to sign when they had read the minutes. We saw the agenda was comprehensive and inclusive, and staff were encouraged to participate. In addition, the provider's head office sent out monthly questionnaires for all staff to complete. An issue with a lack of stationary had been raised by staff via the questionnaire and staff told us this situation had now improved.

We reviewed the service's policy and procedure file, which was available to staff in the office. The file contained a comprehensive range of policies and procedures covering all areas of service provision relating

to both people who used the service and staff. Not all the policies and procedures in the file were necessarily up to date as some were due for review. We spoke to the registered manager about this who told us the policies and procedures had been reviewed but they hadn't had chance to update the paper copies on file. The registered manager immediately emailed us an electronic version of the most recent versions and agreed to update the paper file. As the policies and procedures were up to date and regularly reviewed this meant they reflected current legislation and good practice guidance.

We checked progress the registered manager had made following our inspection on 31 August 2016 when we found omissions in the reporting of incidents to CQC as required by regulations. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. During this inspection we found improvements had been made in this area.

The registered manager told us they were now fully aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. The registered manager confirmed that all notifications required to be forwarded to CQC had been submitted. Evidence gathered prior to the inspection confirmed that a number of notifications had been received.

Our inspection identified the registered manager and unit manager had made significant changes to improve the service. However, some of these improvements had only been implemented since our last inspection. Evidence of these changes being sustained is required before this question can be rated as "Good."