Gloucestershire County Council

Longhouse

Inspection report

Longhouse, 6 Whitehouse Park
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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

Longhouse is a purpose built home which provides accommodation for up to six people. People who stay at Longhouse have a learning and/or a physical disability. They generally live in their own home with a relative or a carer and stay at Longhouse when their relatives/carers need a break from their role as their main carer. This is known as respite care. There were three people staying in the home at the time of our inspection. Each bedroom has a private toilet and shower facility. People have access to the communal lounge and dining room and a secure garden.

At the last inspection in September 2015 the service was rated Good.

This inspection took place 18 October 2017 and was unannounced. At this inspection we found the service remained Good.

People who stayed at Longhouse had a range of diverse needs. Their care records reflected their preferences and support requirements and provided staff with the information they needed to support people. People's risks had been assessed and were being managed by staff who knew how to support them to manage their risks. Relatives were confident that staff supported people well and had no concerns about the quality of care people received. People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

Good communication between the relatives/carers and staff ensured that all parties were kept up to date of any changes in people's well-being. Health care professionals praised the responsiveness of staff.

There were enough staff to keep people safe. People were supported by an established staff team who had been trained and supported to carry out their role. Robust recruitment procedures were in place to make sure staff were suitable to provide people with personal care.

Safe and accountable systems were in place to ensure the safe management of people's medicines and monies. Staff understood their responsibilities to protect people from harm and report any concerns. Staff benefitted from good management and leadership. Effective quality assurance systems were in place to monitor the service and drive improvements. The service acted promptly when concerns were raised.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good	**Good**

Longhouse

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 18 October 2017 and was unannounced. The inspection was carried out by one inspector.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information we held about the service and provider as well as previous inspection reports.

We spoke with two people using the service and observed how staff interacted with the other people who were staying at the home. We talked with three staff members and the registered manager. After the inspection we spoke with three people's relatives by telephone and received feedback from three health care professionals.

We looked at the care records of three people and records which related to staffing including their recruitment procedures and the training and development of staff. We inspected the most recent records relating to the management of the home including quality assurance reports.

Good

Is the service safe?

Our findings

People's individual risks had been assessed prior to using the service. Staff had the information they required to understand and manage people's risks and ensure they were protected from harm. Staff were familiar with people's individual risk management plans. For example, they could describe how they would support people who were at risk of pressure sores or dehydration. One person was at risk of developing pressure ulcers and preventative action had been taken to help prevent the risk of skin damage. This included the use of pressure relieving equipment and regular repositioning to relief pressure on the person's skin. Relatives confirmed that they felt people's risks were known and monitored by staff and that action was taken to keep people safe.

People could be assured the home was safe as regular health and safety checks of the home's utilities, premises and fire equipment had been completed. Records showed each person had a personalised emergency evacuation plan in place. Routine fire drills had been completed to ensure all staff would know how to evacuate people safely when needed. The registered manager was planning to include more detailed recording in the fire drills to support them to monitor the effectiveness of evacuations in the service. People's evacuation plans were being reviewed to ensure a night-time evacuation could be undertaken safely when less staff were in the home.

One person and people's relatives told us they felt the service was safe. We received comments from relatives such as: "I am very happy that he is safe there" and "Staff always consider the resident's safety at Longhouse. I am sure about that." Health care professionals also confirmed that people were safe when staying at Longhouse and were protected from discrimination and harm. Training records showed that staff had received training in safeguarding adults. They were aware of the different types of abuse and the procedure they would follow if they suspected a person was being harmed. Staff were aware of their responsibility to report safeguarding concerns to their manager and to external agencies if required and had access to the provider's safeguarding policies. Information about safeguarding, complaints and advocates were displayed on the home's notice board for people and their relatives to access. We were assured that all safeguarding incidents had been fully investigated, reported and acted on to prevent any reoccurrence. Effective processes were in place to record people's financial expenditure and money while staying at the home.

There were sufficient staff available to support people. The registered manager told us the staffing levels were determined by the individual needs and support requirements of people staying the home. One staff member explained, "We are a good team and try and cover each other's leave and the staffing goes up and down depending on the level of the needs of the service users who stay here." Bank or agency staff had been used where there had been unplanned staff shortages or when extra staff were needed to support people. Relatives and people's carers reported that they were comforted to know that their loved ones were cared for by regular and familiar staff. One relative said, "We know all the staff. Some have been there for a long time. It helps when (person) visits Longhouse that he knows the staff. It makes it so much easier for everyone and gives us peace of mind."

The registered manager was supported by the provider's human resources (HR) department to manage and process the recruitment records of new staff. Records confirmed that appropriate checks on the employment, criminal and medical backgrounds had been carried out before they started to work with people.

People received their medicines safely and as prescribed. Staff requested an update of their prescribed medicines from their carers prior to each visit to the home. Medicines were checked and counted when people arrived and departed from the home and were managed in line with their care plan. Two relatives reported that staff were 'meticulous' about checking in people's medicines. People's medicines were stored and managed well. Staff completed a medicines administration record when they administered people their medicines. Daily systems were in place to account for and check the stock balance of each person's medicines. Plans were in place to implement a system to check the stock balance of liquid medicines. Protocols were in place for medicines which were used 'as required' such as for pain relief. Staff had risk assessed and supported those people who managed their own medicines.

Staff told us they felt trained and confident in managing people's medicines. Staff were observed in their care practices by the managers which included some aspects of the management of people's medicines. The registered manager was taking action to improve the staff medicine competency assessments to ensure they included all medicine related tasks undertaken by staff.

Good

Is the service effective?

Our findings

Relatives/carers were confident in the skills and knowledge of staff at Longhouse. One relative said, "I am sure staff are well trained and know what they are doing. I have never had an issue with the staff. They are very good."

New staff were supported to carry out an induction programme including training, shadowing experienced colleagues and completing the Care Certificate. New staff also spent time with people and read their care plans to understand their support needs. Staff had received a range of health and social care training deemed mandatory by the provider. Records showed that staff had been booked to attend additional training in subjects such as mental health awareness, diabetes and autism. We were told that staff who received the additional training would become champions in the subject that they attended and provide support and advice to other staff. Staff told us they received regular support from the managers. The registered manager monitored the training and supervision of all staff to ensure people were cared for by staff who had opportunities to professionally development and progress. The home routinely closed for a week every year in the spring to allow staff to concentrate on their professional development, undertake any training they required and review the governance processes of the home.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 and whether any condition on authorisations to deprive a person of their liberty were being met. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff understood the importance of allowing people to have the opportunity to make decisions for themselves. We observed staff gain verbal consent from people when providing them with care and offering them choices such as where to sit or what they would like for lunch. Staff were aware of the process they would follow if they a felt a person lacked mental capacity to make a decision. Staff told us how they worked with the people's relatives, health care professionals and GPs to ensure where people who did not have capacity to make specific decisions were cared for in their best interest. Records showed that people's mental capacity to make decisions about their medicines, personal care and finances had been assessed and recorded. The registered manager was aware of their responsibility to support people in the least restrictive way and to apply to the local authority if they felt they were restricting people of their liberty while staying at Longhouse.

The needs of people who stayed at Longhouse varied and most of their health care needs were managed by their families or carers. The registered manager told us they had formed good links with local community health care professionals and the GP surgery when staff needed advice on supporting people or their needs changed when staying at the home. For example staff had contacted physiotherapists or occupational therapist when they needed advice about equipment to support people. Health care professionals praised staff and said, "I wish all homes were like Longhouse. They always contact us in good time and happy to take on advice. "

People's dietary needs and food preferences were assessed and recorded during their initial assessment and discussed and reviewed prior to each visit. People who had dietary needs were catered for and those who required assistance with their meals and drinking were supported respectfully.

Good

Is the service caring?

Our findings

Relatives and carers spoke highly of the support they and their loved ones received from staff and the caring nature of staff. We received comments such as "I can't speak highly enough about the staff. They are wonderful" and "The staff at Longhouse are brilliant. Truly excellent."

Staff spoke passionately about the service and the people who stayed at the home. They explained their aim was to give people's relatives or carers a break and provide a safe and happy environment for people to stay. One staff member said, "The carers and families work really hard. It is important we give them a regular break and have a home where the service users want to come. They enjoy a different place and new faces. It's a holiday for them also."

We saw many warm and friendly interactions between staff and people. Staff knew people's preferences and the things they enjoyed doing while staying at the home such as watching DVDs, playing on electronic games and shopping. We observed that people were comfortable and relaxed amongst staff and enjoyed many humorous and light hearted interactions. Staff took an interest in their well-being and the things which were important to people. They chatted about how they had been since their last visit to the home and their plans for the future.

Staff were respectful and polite in the way they spoke to people. They gave people the time they needed to speak at their own pace and make decisions about their day. Staff gave people lots of positive praise, reassurance and were responsive to people's daily requests and spent time socialising with people. People felt empowered to be part of the home and had the freedom to make decisions. For example one person asked the inspector if they would join them in an electronic TV game. They were comfortable in asking the staff to set up the game on the TV. The person then showed the inspector the rules of game and how to use the hand held device and enjoyed beating the inspector at the game.

People's dignity and privacy was respected. Staff knocked on people's doors and waited to be invited in before entering. People's independence was promoted. Their care plans included information about their wishes and preferences. People's records were locked in a secure room and only accessible to staff. Relatives told us they pleased that most of the staff had worked at the home for several years which ensured people were cared for by familiar staff . They praised the staff and told us they were always respectful and told us they always felt welcomed by staff.

Staff had been trained in equality and diversity and were aware of the importance of not discriminating against people with diverse needs. An equalities statement had been developed and discussed with staff during meetings. The registered manager was considering ways of capturing people's views, beliefs and culture as part of their initial assessment.

Good

Is the service responsive?

Our findings

Relatives and carers were allocated a number of respite nights by the local authority. They contacted the home in advance to book a number of nights for the person they supported to stay at Longhouse. People's needs had been assessed before they used the service to establish if their individual needs could be met and understand their preferred support requirements. Staff routinely contacted relatives before each stay at Longhouse to review and discuss any changes of people's support needs and medicines.

People's care records were person centred and reflected their individual preferences. They contained detailed guidance including their likes, dislikes, personal care and recreational needs. Information about people's medical, family and personal background provided staff with an understanding of their personal well-being and how this had impacted on their life. Their care records also provided staff with information on how people preferred to carry out their morning and night time routine. Records showed that people's care records had been regularly reviewed and updated as people's needs had changed. Some people were supported to maintain a routine which was familiar to them while others enjoyed a different routine in the home. For example, some people were supported to continue to attend day centres when staying at Longhouse.

A comprehensive handover ensured staff were fully informed of the needs and support requirements of people's stay and any issues relating to the running of the home. Staff told us they enjoyed working with different people. One staff said, "Everyone is different which I like. It can be challenging at times but we always treat people respectfully and individually." One relative told us how they had supported their relative during a difficult period when they transferred from children to adult services. The person was initially very anxious about staying at Longhouse but with the commitment and approach of staff and changes to the environment, the person now enjoys visiting Longhouse.

People's relatives and carers told us that the home was flexible and always tried to facilitate their respite requests and suggestions when supporting people. Where possible staff also tried to ensure that people's stay at the home coincided with other people that they had formed friendships with to ensure their stay was enjoyable. People were supported to enjoy a variety of activities in the home and in the local community such as shopping and meals out. The provider had upgraded the garden which included a wheelchair accessible swing and sensory garden. Staff were also in the process of developing a sensory room in the garden. The registered manager was also working on providing alternative communication tools to help people communicate their preferences and wishes with staff such as picture cards or the use of electronic hand held devices.

Information about people's well-being during their stay was always reported back to their relatives and carers. This was confirmed by relatives/carers who also told us they had opportunities to express their views about the service either informally to staff or via the complaints process. The registered manager had acted on concerns which had been raised to ensure improvements to the service were implemented. For examples, some people had stated they did not like the type of beds and mattresses. The registered manager had promptly acted and replaced some of the beds and ensured these bedrooms were made

available to them when their relatives/carers made a booking to stay at the home. The service had received two complaints since our last inspections. Records showed that the complaints had been investigated, acted on and the registered manager had responded to the complainants with a resolution and an apology.

Good

Is the service well-led?

Our findings

There was an established registered manager in post with a clear management structure. 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 was supported by a deputy manager and a long term staff team who were familiar with people's needs and the needs of their families and carers. Relatives/carers and staff told us they felt the registered manager was approachable and always willing to listen to any concerns. One staff member said, "I can go to (the registered manager) at any time. She always has time for us. She is very supportive."

The management and staff worked in partnership with relatives/carers and other agencies to ensure relatives/carers received regular breaks and that people were cared for in line with their needs as well as assessing the risks to staff. Health care professionals told us the safety of staff was always considered when relatives and people had asked staff to support them in a way that may not be deemed as safe. They gave us examples of how staff had come to a compromise to ensure people's safety was not compromised when delivering care which was personalised to an individual such as using a type of hoist at the home. They also praised the management and responsiveness of staff and told us they felt the home was well-led.

The registered manager held regular staff meetings to share practices and reinforce policies and new procedures and provide an opportunity for staff to discuss subjects relating to the safe management of people and the home. Together, the registered manager and staff had discussed CQC's key lines of enquires and how they could demonstrate that they were meeting the fundamental standards. Their response and comments were displayed on the home's notice board and in the office. The registered manager told us the exercise had been beneficial and was used to review the quality of the service being provided.

Regular and monthly quality assurances processes were carried out to check the quality and safety of service being delivered. Audits and monitoring checks included checking people's medicines and money as well as premises and equipment checks. The results of the checks and audits were shared with staff at the next meeting. Staff and the registered manager reviewed any shortfalls found and discussed what actions could be taken to improve the service. For examples, changes had been made to the staff handover communication sheet to ensure relevant information about people and the running of the home was documented and shared between shifts.

We found the registered manager was open to feedback. They had established a culture of learning and continuous improvement to ensure the home would remain safe and people would always receive personalised care. For example, they were working at improving some of the recordkeeping in the home. These included ensuring records in relation to staff's medicine competency, recruitment record checks, repositioning charts and fire drill information would always be available to inform their quality monitoring.

The registered manager demonstrated good leadership and management skills and had carried out

mandatory and additional management training to enhance and develop their skills as a manager. The registered manager received additional support from their line manager as well as regularly meeting with the provider's other registered managers. Other managers also visited and inspected each other's homes using the commissions key lines of enquires framework as part of their assessment tool.