Littlecroft Residential Homes Ltd

Longcroft Cottage

Inspection report

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

Tel: 01452760747

Date of inspection visit:
09 November 2016

Date of publication:
02 December 2016

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

This was an unannounced inspection which took place on the 9 November 2016. Longcroft Cottage provides accommodation and personal care for up to three people with a learning disability, autistic spectrum disorder and a sensory disability. At the time of our inspection there were two people living there. People had a range of support needs including help with their personal care, moving about and assistance if they became confused or anxious. Staff support was provided at the home at all times and people required supervision by one or more staff when away from the home. Each person had their own room, they shared a bathroom and shower room as well as living and dining areas. The home was surrounded by gardens which were accessible to people.

At the last inspection on 4 August 2015, we asked the provider to take action to make improvements to poor infection control measures, to submit authorisations to the supervisory body for people deprived of their liberty, maintain accurate records and improve medicines administration. In addition, improvements were needed to recruitment procedures and ensuring staff had access to training as well as improving quality assurance processes. The provider sent us an action plan detailing when these improvements would be made. We found this action had been taken.

There was a registered manager in place who was also the provider and nominated individual. 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.

Quality assurance systems although in place were not being completed to make sure people and those important to them had the opportunity to give feedback about people's experience of their care and support. Systems had been developed to audits within the home to ensure that standards and checks were being maintained. These had not yet been carried out with so that improvements could be evidenced.

People's care was individualised reflecting their personal wishes, likes and dislikes and routines important to them. Their care records were personalised providing clear guidance about how they wanted to be supported. Their communication needs were highlighted and staff had a good understanding of how to promote positive communication. Staff were observed using sign language and said they understood what people were feeling by "their facial expressions." People at times became anxious or upset and staff knew how to support them to find peace and become calmer.

People enjoyed a range of meaningful activities including carriage driving, swimming and walks around their home. They liked to help out with the chores and recycling and were encouraged to be as independent as they could be. Staff treated them with kindness and respect, reassuring them when needed. People had positive relationships with staff, requesting their company or asking them questions. Staff responded sensitively and professionally. People were supported to make day to day choices and decisions and when

needed decisions were made in their best interests in line with the Mental Capacity Act 2005. Deprivation of liberty authorisations had been submitted to keep people safe from harm.

People were supported by staff who had access to training and individual meetings to help them to develop and carry out their roles and responsibilities. Staff said communication was good between them and management. They knew how to keep people safe from harm and would raise concerns with managers if they had any. Systems for the recruitment of staff were satisfactory and there were enough staff to support people.

The registered manager was supported by a manager on a day to day basis. Staff said they could talk through any issues or ideas with the management team at any time. The management team kept up to date with changes in legislation and best practice through support from external organisations. They recognised the challenges of delivering a service whilst resources were being cut but endeavoured to make sure they continued "keeping the girls happy and content. Having a good life within the home and themselves".

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. People's rights were upheld and staff understood how to recognise and report suspected abuse. People were kept safe from the risk of harm or injury.

People were supported by enough staff to meet their needs. Satisfactory recruitment procedures were in place to make sure all checks had been completed before they started work in the home.

Medicines were safely managed.

Infection control procedures protected people against the risk of infections and poor hygiene.

Is the service effective?

Good

The service was effective. People were supported by staff who had access to the skills and knowledge they needed to meet people's needs. Staff felt supported to develop in their roles.

People's capacity to consent was considered in line with the Mental Capacity Act 2005. Deprivation of liberty authorisations were in place for people deprived of their liberty to keep them safe.

People were supported to stay healthy and well through access to health care professionals. They were provided with freshly produced food which reflected their personal likes and dislikes.

Is the service caring?

Good

The service was caring. People were treated with kindness, sensitivity and reassurance. Staff understood people well and cared about their health and wellbeing.

People were supported with respect and dignity. They were encouraged to be independent in their day to day lives. People's preferred form of communication was understood.

People were supported to remain in their home, if they wished, at the end of their life.

Is the service responsive?

Good

The service was responsive. People received care which was based on their individual needs and preferences. Their care records were kept up to date with their changing needs.

People had access to a range of meaningful activities which reflected their interests and lifestyle choices.

People's behaviour and responses were interpreted to gauge whether they were happy with the service they received.

Is the service well-led?

Requires Improvement

The service was mostly well-led. Quality assurance systems were being developed and once in place would evidence the views of people, their relatives and social and health care professionals. They would also monitor the quality of service provided.

The management team had addressed shortfalls and made improvements to the service. Staff felt supported and would raise any concerns with management.

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.

The inspection took place on 9 November 2016 and was announced. We gave the service 48 hours' notice because it is small and we needed to be sure the manager, staff and people would be in. One inspector carried out this inspection. We reviewed information we have about the service including notifications. A notification is a report about important events which the service is required to send us by law. We had also been provided with reports from the local authority commissioners after their visits to the service.

As part of this inspection we observed the care being provided to two people using the service. We spoke with the registered manager and two staff. We looked at feedback the provider had received from a relative. We reviewed the care records for two people including their medicines records. We also looked at staff training records, health and safety checks, infection control records and quality assurance systems. We had a tour of the premises and grounds. We observed the care and support being provided to people. We received feedback from local commissioners and contacted health and social care professionals.

Good

Is the service safe?

Our findings

At our inspection on 4 August 2015 we found there were poor arrangements in place for the management of people's laundry which could potentially put them at risk of becoming unwell. When new staff worked in the home without all of the necessary checks in place there was no written record of their duties and responsibilities until the records were received. The management of medicines did not follow national guidance about how to store medicines to prevent them from deteriorating. At this inspection we found the provider had addressed these issues.

People's rights were upheld. Staff had access to safeguarding information about how to raise concerns about suspected abuse. This included the provider's policy and procedure as well as local safeguarding information. Staff knew where the relevant contact numbers were and they were aware of their responsibilities to recognise, record and report any concerns. There had been no safeguarding issues since our last inspection. People's care plans identified what made them feel safe such as a particular room in their home or doing a specific activity. A relative told the provider, "Life was happy and safe at Longcroft."

People were kept safe from the risks of potential abuse or harm. When people became upset or anxious staff supported them to effectively manage their emotions. Incident records had been kept which described what had upset people, their response such as shouting, self-harm or throwing objects and the reaction of staff. Staff described how they diverted people to do other activities, to move to their room, go for a walk or have a drink. Incident records indicated people were mostly happy and calm with the occasional minor incident being managed well by staff. People had been prescribed medicines to be used 'as necessary' but these had not been used for some time.

People were supported to take risks and remain independent as safely as possible. Hazards had been identified such as their mobility, activities and eating and drinking. Risk assessments described how these hazards had been minimised and the actions put in place to reduce risks. For example, a person liked to walk independently so staff were guided to walk behind them only offering their walking frame when the need arose. Another person was at risk of choking and they had close supervision whilst eating their food which was cut into small pieces. Staff were observed ensuring these actions were followed to keep people safe.

People were safeguarded against the risk of emergencies and an unsafe environment. They had individual evacuation plans in place should they need to leave the home quickly. The registered manager described how they practiced fire drills and understood when they must leave the building. A business continuity plan provided information about what action staff should take in the case of extreme weather or utility failures. Staff confirmed they had support out of normal working hours should this be needed from the management team.

Health and safety checks had been completed to make sure a safe environment had been maintained. Fire systems were checked at the appropriate intervals and fire equipment was serviced annually. Water systems and portable appliances were checked and serviced.

People benefitted from staff who were confident any concerns raised under the whistle blowing procedure would be listened to and investigated. Whistle blowing is where a member of staff raises a concern about the organisation. Whistle blowers are protected in law to encourage people to speak out. Staff also had access to an independent whistle blowing telephone number they could call if they did not wish to talk to the management team about their concerns.

People were supported by enough staff to meet their needs. Two staff normally supported people increasing to three at times. One person required two staff to support them when out and about and staff confirmed additional cover was provided when needed. Staff vacancies were currently being recruited to and any shifts which needed covering were carried out by the registered manager and staff. The registered manager confirmed a person had been interviewed for a part time post and checks were being carried out. No other staff had been appointed since the last inspection. The management team confirmed staff would not be appointed without a satisfactory disclosure and barring service check (DBS). A DBS check lists spent and unspent convictions, cautions, reprimands, plus any additional information held locally by police forces that is reasonably considered relevant to the post applied for. They described how they carried out additional checks to verify the authenticity of references. New staff had access to an induction programme and would shadow staff until they felt competent in their role.

People's medicines were managed safely. People had their medicines at times to suit them and in the way they preferred. For example, the GP and speech and language therapist had agreed for one person to have their medicines with yoghurt. Staff completed training in the safe handling of medicines and refresher training had been booked. Periodically their competency was observed by the registered manager. The temperature of the medicine cabinet and fridge had been monitored and recorded. The homely remedies authorisation by the GP had been reviewed in 2015. Protocols described the reason why people should be administered medicines to be given when necessary. The maximum dose was highlighted and staff were advised when to call the GP. Medicines administration forms (MAR) had been completed satisfactorily. Stock levels of medicines had been kept on the MAR.

People were protected against the risk of infection and poor hygiene. A new laundry had been installed which had washable floors and walls. A hand wash basin had been provided. Laundry was stored in washing baskets. Personal protective equipment had been provided for staff and liquid soap and paper towels were supplied in toilets and the kitchen. Infection control audits had been developed for use and a cleaning schedule was also in place. The management team confirmed staff had completed infection control training and there had been no outbreaks of infectious diseases. An annual report would be produced to confirm this.

Good

Is the service effective?

Our findings

At our inspection on 4 August 2015 we found people had not been supported by staff who had the opportunity to maintain and refresh their skills and knowledge, to make sure they provided a service which reflected national guidance and best practice. Where people had been deprived of their liberty due to restrictions in the home or the level of support they required to go out and about, the relevant applications had not been made to put a deprivation of liberty safeguard in place. At this inspection we found the provider had addressed these issues.

People were supported by staff who had access to training to develop their skills and knowledge as well as refresher training to maintain and update their knowledge. Staff confirmed they were working through their diploma in health and social care at levels two and three. Staff new to care would complete the care certificate. The care certificate sets out the learning competencies and standards of behaviour expected of care workers. A training schedule had been maintained so that the management team could easily monitor when refresher training was needed. This also confirmed when training had been booked for instance, food hygiene and medicines. Training considered as mandatory by the provider, such as first aid and fire, was being kept up to date. Staff had completed health equalities training and epilepsy awareness. The management team confirmed they had sourced training for staff in positive behaviour support.

People benefitted from staff who felt supported in their role and had individual meetings (supervisions) with management to discuss their responsibilities, training needs and the care they provided. The supervision schedule confirmed staff had met with management every two months. The registered manager said they also observed staff carrying out their work, providing personal care, activities or administering medicines. They also did spot checks on records to confirm the competency of staff. Staff said communication within the team was very good and they would not wait until supervision meetings to discuss any issues or ideas they may have. They commented, "It's easiest to talk with them when you see them." Staff also said the communication book and diary played an important part in making sure everyone was kept up to date with changes, appointments and people's needs. The management team said they kept up to date with best practice in care and training opportunities through national social care organisations.

People were supported to make decisions and choices about their day to day lives. For example, how and where to spend their time, what to eat and drink and whether they wished to have company or be on their own. People's care records indicated they had fluctuating capacity at times due to their health and wellbeing. Each person had an assessment in place in line with the Mental Capacity Act 2005 (MCA). The 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. When needed, decisions had been made in their best interests with people important to them and health care professionals. For example, management of their finances and medicines and treatment in hospital. People had access to advocates. Advocates are people who provide a service to support people to get their views and wishes heard. One person had a statutory advocate such as an Independent Mental Capacity Advocate

(IMCA). When a 'do not attempt resuscitation' order was put in place this was done by the GP and in consultation with relatives, staff and other health care professionals.

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. The application procedures for this in care homes are 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 were being met. Applications had been submitted to the supervisory body for DoLS for two people to keep them safe from harm. One supervisory body had authorised the DoLS without conditions and this was in place for 12 months. Wherever possible the least restrictive option was used to keep people safe. For example, using alarms or sensors to alert staff if people had moved out of their bedrooms in the night. A stair gate previously installed on the stairs to prevent a person from falling had been removed because this was no longer needed.

People became upset or anxious on occasions and staff understood how to support them and to help them to become calmer. Staff confirmed they did not use physical intervention. Clear guidance was in place to encourage staff to use effective communication with people to anticipate their needs. In this way staff were able to prevent people becoming anxious which might result in them hurting themselves or shouting. Whenever there was an incident it was recorded. Staff were offered the opportunity of a debrief with management if they wished.

People were supported to maintain a healthy lifestyle. Their likes and dislikes in relation to food and drink as well as their dietary needs had been identified in their care records. For example, one person reacted adversely to milk chocolate so alternatives were offered. Another person, at risk of choking, had their food cut up to reduce the risks to them. Staff had also been advised to make sure they did not put too much food onto their cutlery. Freshly cooked meals were being prepared. Alternatives could be provided if needed. People had low calorie deserts such as fruit jelly but enjoyed a portion of cake each afternoon with a cup of tea. People were observed enjoying snacks and lunch sitting around the table with staff. People were not at risk of malnutrition. The registered manager said they anticipated a future hospital appointment might affect a person's appetite. They would offer high calorie milk shakes if they started to lose weight. The registered manager was reminded to check and record the temperature of hot food as it was served.

People had health action plans which detailed their appointments with health care practitioners such as their GP, community nurse and dentist. The registered manager was trying to arrange hearing checks for people. Decisions had been made in people's best interests when considering the option of invasive treatment to promote their physical health. Appointments had been supported at outpatient clinics and the registered manager said they had the support of the hospital's learning disability liaison nurses for any planned admissions to hospital. This helped to make people's experience of hospital as stress free as possible.

Good

Is the service caring?

Our findings

People had positive relationships with staff. At times they sought out their company chatting with them and enjoying spending time in their company. At other times people were happy and content to listen to music, watch films or were engaged playing puzzles, with books or doing art and craft. Staff responded to people's requests for attention or help, listening to them and offering them reassurance. Staff understood people really well. Each person had a detailed document which outlined their past history, their preferences, likes and dislikes and routines important to them. Staff described how they recognised the needs of people living with autism making sure they respected the way in which they interpreted their world and how they wished to live their lives. For example, rather than offering a person a choice, which was likely to result in a negative response, staff were guided to encourage participation in an activity and to use praise. Staff made sure people were given information and explanations about changes in routines so that they did not become too anxious. They were responsive to people's moods and were sensitive and caring when needed.

People were supported by staff who genuinely cared about their health and wellbeing. Staff talked about a recent bereavement at the home and how this had "highlighted the caring side of staff" who rang into the home "when off duty, to see how the person was". Staff described how they helped other people living in the home to cope with the loss of a person they had known for years. Staff also commented, "We really care" and "I consider how you would wish to be treated - you put yourself where they are." A relative told the provider, "Staff have competence, care and compassion" and "Staff are kind, caring and genuinely brilliant."

People's human rights were respected. Their right to confidentiality of information was promoted by keeping their personal information secure. People's right to a family life was also fostered by enabling them to keep in touch with people important to them. They did this through visits and telephone calls. The registered manager had explored the use of Skype (video or voice calls via the internet) but families did not wish to use this. People also kept in contact with friends at social clubs and activities they attended. People had access to age appropriate activities and also opportunities to engage in their local communities.

People's communication needs were clearly detailed in their care records. Each person had a communication profile which summarised how to interpret their body language and key words they used. People understood Makaton sign language and staff were observed using this when talking with them. Some people also responded to objects of reference for example holding up a cup to indicate a drink. Staff confirmed, "We understand what people want and what they want to do; we understand their facial expressions." Information around the home was illustrated with pictures and photographs to aid understanding. An activities communication board displayed the next scheduled activity for the day. The service user guide and complaints procedure were produced in easy to read formats. Menus had been produced using photographs of meals and snacks. People had information and access to advocates if they needed them.

People were treated with dignity and respect. Personal care was provided in the privacy of their rooms or bathrooms. The registered manager described how staff took care to ensure people using a shower room near the dining room were covered or clothed when using this facility. People were encouraged to be as

independent as possible. They were observed taking their dinner plates to the kitchen after their meal and helping with the washing up. One person really enjoyed helping with the recycling as well as the cleaning and shopping.

People, at the end of their life, were supported to remain in the home if this was their wish. Staff reflected about how they had supported a person when they needed palliative care. They worked closely with health care professionals to make sure the person was comfortable and made sure a member of staff was with them at the end of their life. The person's relative said, "[name] could not have been more lovingly, professionally cared for anywhere else" and thanked staff for "never giving up".

Good

Is the service responsive?

Our findings

At our inspection on 4 August 2015 we found people's care records did not provide staff with all the information they needed, such as their personal histories and individual preferences or future aspirations. Care records had not been archived or destroyed at appropriate intervals increasing the risk of inappropriate care being provided. At this inspection we found the provider had addressed these issues.

People's needs had been re-assessed by commissioners to make sure they could be met. The registered manager described how they monitored people's changing needs to ensure they were able to provide the care and support people needed. For example, one person's mobility had improved so staff were guided to monitor them closely when they were walking without a frame. Another person, who was at risk of choking, had their food cut up and were supported by staff whilst eating. People's care records had been updated to reflect any changes. Staff confirmed there were good systems in place to keep them all informed of any alterations to people's care and support. People, their relatives and social and health care professionals were involved in reviews of people's care.

People's personal history, wishes and preferences had been recorded in easy to read documents which illustrated the text with pictures. Staff understood people really well and followed their lead, interpreting their responses and their behaviour, giving them as much choice and control as possible. People were supported to be independent in aspects of their care and support. If, however, they needed help from staff their care records clearly stated what staff should do. For example, helping people to clean their teeth or wash their hair. The products people liked to use were listed recognising their personal preferences. If people needed equipment to remain independent this had been provided, for example a walking frame. Staff were observed responding to people appropriately making sure they received their care and support at times which suited them.

People had access to a range of meaningful activities. These reflected their lifestyle choices and interests. People enjoyed carriage driving, walking the dog, swimming, relaxation, massages and arts and craft. They made good use of the countryside around their home going for long walks and bike rides. They also liked going to local towns for shopping and eating out. People also enjoyed holidays to the coast and keeping in touch with people important to them. Staff reflected they helped people to live "as normal a life as they can".

People's behaviour and general wellbeing were monitored by staff to gauge their happiness and contentment. People were unable to verbally express complaints but staff were able to pick up their dissatisfaction and respond to this. Staff said they were good at, "keeping the girls happy and content. Having a good life within the home and themselves". The provider had a complaints process in place which was displayed on a notice board in the home as well as being produced as part of the service user guide. This ensured relatives and visitors knew how to make a complaint. No complaints had been received. The registered manager showed us some compliments made by relatives.

Requires Improvement

Is the service well-led?

Our findings

At our inspection on 4 August 2015 we found quality assurance audits were not effective and failed to identify shortfalls in systems operated within the home. At this inspection we found the provider had developed quality assurance systems to address these issues but these had not yet been completed or could evidence ongoing monitoring. A new format had been prepared to audit all areas of the service including care records, staff training and support, health and safety, infection control and the environment. The management team had plans to delegate responsibility to staff to carry out some of these audits. Some monitoring checks had been completed to make sure fire systems, food hygiene and health and safety systems were operating safely. These had been carried out at the appropriate intervals. The management team said they had not completed a quality assurance survey for 2015/2016 with relatives and health care professionals because this had been done by an external organisation on behalf of commissioners. They intended to carry out a survey for 2016/2017. Feedback from commissioners confirmed they were happy with the progress made by the provider to meet their performance improvement plan.

If people had accidents there were systems in place to record, monitor and analyse the incident to make sure it would not happen again. The registered manager confirmed there had been no accidents in the past twelve months. Policies and procedures had been reviewed. A certificate confirmed the provider was compliant with keeping these up to date. A medicines audit had been introduced to make sure people were supported by staff who followed best practice. An inspection by the local pharmacy confirmed satisfactory systems were in place for the administration of medicines. Staff said they would have confidence raising concerns under the whistle blowing policy and procedure. Whistleblowing is where a member of staff raises a concern about the organisation. Whistle blowers are protected in law to encourage people to speak out. Staff said they would know what organisations to contact if they wished to escalate concerns.

The registered manager was also the owner and was supported by a manager in the day to day running of the home. They had made improvements to the quality of service provided in line with requirements issued by CQC and improvements identified by commissioners. They were aware of their responsibilities under the CQC and when to raise statutory notifications. Statutory notifications are information the provider is legally required to send us about significant events. They were reminded to submit notifications for the outcome of deprivation of liberty authorisations.

The management team described their aims to provide "a service with a family feeling; everyone is there for each other". They said, "We reflect on the home's emphasis" and "It's important to get the staff skill mix right." The registered manager talked about the challenges of making sure people's care reflected their individual needs when resources and funding were being cut back. Staff said they felt supported and would talk to the management team "whenever I see them, they are always helping out". A member of staff said, "They have really helped me through my NVQ (National Vocational Qualification). The management team described how they made sure they kept up to date with changes in legislation and best practice through social care television and subscription with a quality assurance organisation.