

Longley Health Care Limited

# Longley Health Care Limited

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

The home is registered as Longley Health Care Limited but is known as Longley Park View. The home is registered to provide accommodation and nursing care for up to 59 people who may be living with dementia, have mental health difficulties and whose behaviours may also challenge. The home has four units over two floors, accessed by a passenger lift. The home is purpose built and situated in a residential area of Sheffield, close to local amenities and transport links. The home has a garden and car park.

At the time of this inspection the home was undergoing a major refurbishment and one unit was closed to accommodate this.

There was a manager at the service who was registered with Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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 and associated Regulations about how the service is run.

Our last inspection at Longley Park View took place on 19 July 2016. We found two breaches in the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in regard to Regulation 18: Staffing and Regulation 19; Fit and proper persons employed. The registered provider sent an action plan detailing how they were going to make improvements. At this inspection we checked improvements the registered provider had made. We found sufficient improvements had been made to meet the requirements of Regulation 18: Staffing, as staff had been provided with regular supervision in line with the registered providers policy. We also found sufficient improvements had been made to Regulation 19: Fit and proper persons employed, as records were in place to show the registered provider had obtained all of the required information for each person employed.

This inspection took place on 21 August 2017 and was unannounced. This meant the people who lived at Longley Park View and the staff who worked there did not know we were coming. On the day of our inspection there were 41 people living at Longley Park View.

People spoke positively about their experience of living at Longley Park View. They told us they felt safe and they liked the staff.

Staff were aware of safeguarding procedures and knew what to do if an allegation was made or they suspected abuse.

Shortfalls in the systems for the proper and safe management of medicines had been identified and were being dealt with. Some aspects of these systems required further improvement.

Risk assessments were in place that identified risk and the actions required of staff to mitigate these risks. Systems would be more robust if records clearly detailed the support provided was in line with this.

Sufficient numbers of staff were provided to meet people's needs.

Staff were provided with relevant training, supervision and appraisal so they had the skills they needed to undertake their role.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The registered provider's policies and systems supported this practice.

People had access to a range of health care professionals to help maintain their health. A varied diet was provided, which took into account dietary needs and preferences so people's health was promoted and choices could be respected.

Staff knew people well and positive, caring relationships had been developed. People were encouraged to express their views and they were involved in decisions about their care. People's privacy and dignity was respected and promoted. Staff understood how to support people in a sensitive way.

A programme of activities was in place to provide people living at the home with a range of leisure opportunities.

People living at the home said they could speak with staff if they had any worries or concerns and they would be listened to.

There were systems in place to monitor and improve the quality of the service provided. Regular checks and audits were undertaken to make sure full and safe procedures were adhered to.

Further information is in the detailed findings below.

## 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 was not always safe.

Shortfalls in the systems for the proper and safe management of medicines had been identified and were being dealt with. Some aspects of these systems required further improvement.

Records of the support provided did not always evidence the actions required of staff to mitigate identified risk had been adhered to.

Staff were aware of their responsibilities in keeping people safe. People told us they felt safe. People were content and happy to be with staff.

The staff recruitment procedures in operation promoted people's safety.

Staffing levels were adequate to meet the needs of people who used the service.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Staff were provided with a regular programme of training, supervision and appraisal for development and support.

The service was meeting the requirements of the Deprivation of Liberty Safeguards. Staff had an understanding of, the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People were assisted to maintain their health by being provided with a balanced diet and having access to a range of healthcare professionals.

**Good** ●

### Is the service caring?

The service was caring.

Staff respected people's privacy and dignity and knew people's preferences well.

**Good** ●

People living at the home, and their relatives, said staff were very caring in their approach.

### **Is the service responsive?**

The service was responsive.

People's care plans contained a range of information and had been reviewed to keep them up to date.

People living at the home, or their relatives, were confident in reporting concerns to the registered manager and felt they would be listened to.

**Good** ●

### **Is the service well-led?**

The service was well led.

Staff told us communication was good within the home. Staff meetings were held.

There were quality assurance and audit processes in place to make sure the home was running safely.

The service had a full range of policies and procedures available for staff so they had access to important information.

**Good** ●

# Longley Health Care Limited

## **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 registered 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 inspection took place on 21 August 2017 and was unannounced. The inspection team consisted of three adult social care inspectors, including an adult social care inspector who was shadowing as part of their induction to the role, an expert by experience and a specialist advisor. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had experience in caring for older people and people living with dementia. The specialist advisor was a nurse.

Before the inspection visit we reviewed the information we held about the service, including the Provider Information Return (PIR) which the registered provider completed before the inspection. The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed notifications of safeguarding and other incidents we had received. Notifications are changes, events or incidents the registered provider is legally obliged to send us within required timescales.

We contacted Sheffield local authority and Healthwatch (Sheffield). Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. All of the comments and feedback received were reviewed and used to assist and inform our inspection.

We were unable to fully communicate with some people living at the home. We would normally undertake a short observational framework inspection (SOFI). SOFI is a way of observing care to help us determine the

experience of people who could not talk with us. At this inspection we did not undertake a SOFI as most people spent time alone in their rooms, or were alone in communal areas and this would have been too intrusive. We observed interactions between people living at the home and staff. We spoke with five people using the service and three of their relatives to obtain their views of the home.

We spoke with 12 staff including the registered manager, the operations manager, a clinical nurse manager, qualified nurses, senior care staff, care staff, catering staff, housekeeping staff, the maintenance person and the administrator. We looked at four care plans, four staff files and records associated with the running and monitoring of the service.

## Is the service safe?

### Our findings

People told us they felt safe living at Longley Park View. Comments included, "Yes, its good safe care" and "I am happy here. The staff are nice." Relatives of people living at Longley Park View told us they felt their family member was safe. One relative told us, "The staff, you trust them. You don't worry when you're at home." All of the staff asked said they would be happy for a relative or friend to live at the home and felt they would be safe.

We checked to see if medicines were being safely administered, stored and disposed of. We found the registered manager had identified some shortfalls in the medicines systems and was dealing with these. Further improvements were identified as needed to ensure the systems were robust.

Medicines which required cool storage were stored appropriately in fridges within locked rooms. However, we found daily room and fridge temperatures had been inconsistently recorded. The homes medicines audits seen showed that this had been previously identified as an issue. Whilst the audits indicated that compliance with the daily checks was improving, the records seen identified this had not been fully resolved. The records did not evidence that room temperatures were outside of safe ranges. We discussed this with the registered manager who informed us this would be added to their 'daily walk about' checks to ensure full and safe procedures were adhered to.

Some people were prescribed a medicine that should be given each morning, 30 to 60 minutes before food and other medication to ensure its effectiveness. These special administration instructions were clearly stated on the Medication Administration Record (MAR). We found there were no formal arrangements in place to ensure these specific administration instructions were followed, as these were given by the day staff who then verbally informed care staff how long to wait before providing breakfast. This was not a robust method of ensuring that the instructions were followed, as the actual time of administration was not recorded. We discussed this with the registered manager. They informed us that arrangements would be put in place for the night staff to administer these medicines with immediate effect.

Some people were prescribed a medicine where stock balances were checked on a daily basis. We found four people's stock balances were incorrect. This was brought to the attention of the registered manager and clinical nurse manager. The registered manager followed incident reporting procedures and in line with these said an investigation would be carried out and further control measures would be explored. There was no evidence to suggest this had had a negative impact on any person at the home.

We found a waste bin for medicines in one clinic room was over filled and the lid could not be closed. This posed a health and safety risk. The clinical nurse manager reported this had been identified in a previous audit and they had approached their pharmacist for more regular collections but the request had been declined. This was discussed with the clinical nurse manager and registered manager who agreed that removal of medication from foils and packaging would free up valuable space in the bins so that safe procedures could be adhered to. This was actioned immediately and also added to 'daily walk about checks' to ensure these procedures were followed.

We checked 15 MAR charts. Each held a front sheet with a section for a photograph, allergy information and information on how people liked to be supported to take their medicines. We found two MAR did not contain a photograph. Qualified staff reported that a number of people did not have an up to date photograph but that this was on their action plan. Photographs are particularly important for people with cognitive impairment or conditions that have barriers to verbal communication.

We saw that some people were prescribed medicines to be given 'when required'. For example, for pain relief. We looked to see if there were guidance to help staff decide when to administer medicines prescribed 'when required' with their medication records. For example, details of how a person communicated they were in pain. We saw examples where there was clear guidance in place to support people consistently and safely. However, we saw a few examples where this guidance was not in place. We shared this information with the registered manager. They assured us they would take immediate action to put this guidance in place.

We found there was a medicine's policy in place for the safe storage, administration and disposal of medicines so staff had access to important information. We found all medicines were stored securely. We observed part of the morning medicines administration on one floor of the home. We found that safe procedures were followed. Staff explained to people what medicines they were taking and asked if they needed any pain relief. People were provided with a drink to take their medicines with and staff were patient and respectful. The medication administration records (MAR) checked were fully completed to show safe procedures had been adhered to. Where medicines were not given the appropriate reason was recorded on the back of the MAR chart and the reason coded.

At the time of this inspection some people were prescribed Controlled Drugs (CD's.) These are medicines that require extra checks and special storage arrangements because of their potential for misuse. We found a CD register and appropriate storage was in place. CD administration had been signed for by two staff and the number of drugs held tallied with the record in the CD records checked. This showed safe procedures had been adhered to.

One qualified staff informed us two people were being given their medicines covertly. We found best interests meetings had been held to support this and evidence that this was only used as a last resort. Records were signed by the GP, next of kin and a nurse. They evidenced that the advice of a pharmacist had been sought as to the suitability to disguise medicines in the manner proposed. There were review dates on the form. It is good practice that there are regular reviews of this method of administration so it can cease if no longer necessary. The medication support care plans seen evidenced the good practice guidelines on covert medication issued by Sheffield Clinical commissioning group were adhered to. A copy of this was available at the front of the of the MAR charts seen. The plans stated the safeguards that were in place to ensure medicines were taken by the person it is intended for. This is essential for people living with dementia as they could get distracted and wander off, leaving the food or drink unfinished which could be picked up and consumed by another person.

Staff that administered medicines confirmed they had attended medicine administration training and had their competency assessed annually to ensure their skills remained up to date.

Records showed medicines management systems were audited by the registered manager or clinical nurse manager on a 3 monthly basis. The most recent audit was completed on 2 August 2017. An external audit by a pharmacist was also undertaken in March 2017. Where issues were identified an action plan was developed which stated who had the lead for addressing the issue and time-scales for completion.

We looked at four people's care plans in detail and saw each plan contained risk assessments that identified the risk and the actions required of staff to minimise and mitigate the risk. The risk assessments seen covered all aspects of a person's activity and were specific to reflect the person's individual needs. We found risk assessments had been regularly reviewed and updated as needed to make sure they were relevant to the individual and promoted their safety and independence. However, one person's record seen indicated that staff had not always adhered to the actions required to minimise risk. The record stated the person had a 'fork mashable' diet to help with swallowing and minimise the risk of choking. The corresponding diet intake sheets showed that this person had been provided with toast, Yorkshire puddings and roast potatoes. Whilst staff were clear that these foods were mashed to a soft consistency, the diet intake sheets did not detail this. Although we did not find this had negatively impacted on the person, the lack of detailed records could pose a potential risk if the person was supported by someone who did not know them well. We discussed this with the registered manager who ensured the records were updated to more clearly reflect the identified risk. The registered manager also confirmed they would arrange for a reassessment from the speech and language therapy (SALT) team, as the person had not had any swallowing difficulty and may be able to manage more foods.

Our last inspection at Longley Park View took place on 19 July 2016. We found a breach in the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in regard to Regulation 19: Fit and proper persons employed. This was because records were not in place to show the registered provider had obtained all of the required information for each person employed. At this inspection we found improvements had been made.

We looked at the procedures for recruiting staff. We checked four staff recruitment records. Each contained 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 and had been assessed as suitable to work at the home. The staff spoken with confirmed they had provided references, attended an interview and had a DBS check completed prior to employment. This showed recruitment procedures in the home helped to keep people safe.

Staff confirmed they had been provided with safeguarding vulnerable adults training so they had an understanding of their responsibilities to protect people from harm. Staff were clear of the actions they would take if they suspected abuse, or if an allegation was made so correct procedures were followed to uphold people's safety. Staff knew about whistle blowing procedures. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust. This meant staff were aware of how to report any unsafe practice. Staff said they would always report any concerns to the registered manager or senior staff and they felt confident they would listen to them, take them seriously and take appropriate action to help keep people safe. One member of staff told us, "I would take any concerns to the home manager. I have no doubt that she would quickly take action. She's very hot on things like that."

We saw a policy on safeguarding vulnerable adults was available so staff had access to important information to help keep people safe and take appropriate action if concerns about a person's safety had been identified. Staff knew these policies and procedures were available to them. The staff training records checked verified staff had been provided with relevant safeguarding training.

People living at the home, and their relatives spoken with said there were generally enough staff to meet their (or their family members) needs. Comments included, "Yes, there are enough [staff] for me. There are never any times when there are not enough" and "You see the same staff. There are not many agency ones." We looked at staffing levels to check enough staff were provided to meet people's needs. We found one nurse, one senior and between four and six care staff were provided each day on each of the three units.

During each night a minimum of ten staff, including a qualified nurse on each unit, were provided. Ancillary staff such as domestic and kitchen staff were also provided each day. Staff spoken with confirmed these numbers were maintained. We looked at the staffing rota for the week prior to this inspection and found these identified staffing levels had been maintained. We observed staff were visible around the home and responded to people's needs as required. We asked staff about the levels of staff provided. All of the staff spoken with thought enough staff were available.

Regular checks of the building were carried out to keep people safe and the home well maintained. We found a fire risk assessment had been undertaken to identify and mitigate any risks in relation to fire. Personal emergency evacuation plans were kept for each person for use in an emergency to support safe evacuation.

We found a policy and procedures were in place for infection control. Training records seen showed all staff were provided with training in infection control. We saw infection control audits were undertaken which showed any issues were identified and acted upon. Domestic staff spoken with said they always had enough equipment to do their jobs and had clear schedules and routines to make sure all areas of the home were kept clean. We spoke with the infection control champion who was clear about their role. This showed procedures were followed to control infection. We found the home was clean with no unpleasant malodours observed in the areas we checked.

## Is the service effective?

### Our findings

Our last inspection at Longley Park View took place on 19 July 2016. We found a breach in the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in regard to Regulation 18: Staffing. This was because some staff had not been provided with supervision, in line with the registered provider's policy. Supervisions are meetings between a manager and staff member to discuss any areas for improvement, concerns or training requirements. At this inspection we found improvements had been made.

We looked at the procedures for supervising staff. The four staff records checked showed care staff had been provided with regular supervision for development and support. All of the staff spoken with said they received regular, formal supervisions and could approach management at any time for informal discussions if needed. This showed that staff were appropriately supported. Records also showed that staff had been provided with an annual appraisal, in line with the registered provider's policy. Appraisals are meetings between a manager and staff member to discuss the next year's goals and objectives. These are important in order to ensure staff are supported in their role.

People we spoke with told us they thought the care staff were well trained and performed their jobs well. One person told us, "Yes, they [staff] know what they are doing, they are well trained.". Another relative told us their parent's needs had changed and the staff had managed this change well. They commented, "They [the registered provider] put on training courses specific to [my parent] just so they [staff] knew how to look after them."

We checked the staff training matrix which showed staff were provided with relevant training so they had appropriate skills. Staff spoken with said they undertook induction and refresher training to maintain and update their skills and knowledge. Mandatory training such as moving and handling, first aid, medicines and safeguarding was provided. We looked at the registered providers training prospectus which showed training in specific subjects were also undertaken, to provide staff with further relevant skills. For example, training on person centred support. This meant all staff had appropriate skills and knowledge to support people. Staff spoken with said the training was "good."

We found new staff were completing the Care Certificate as part of their learning and development. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. The Care Certificate gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. It is based on 15 standards, all of which individuals need to complete in full before they can be awarded their certificate.

We asked people living at the home and their relatives about support with healthcare. People living at the home said their health was looked after and they were provided with the support they needed. One person said, "I see the chiropodist and they [staff] get the doctor if necessary." The relatives spoken with had no concerns regarding the health care support provided to their family member and felt they were kept

informed about referrals and other daily changes. One relative told us, "They [staff] phone up any time of day or night. They tell us about anything, too much really." People told us they were weighed regularly and the staff "Kept an eye" on weight changes. One person told us, "They [staff] weigh me every week I think."

The four care records checked showed people were provided with support from a range of health professionals to maintain their health. These included district nurses, GPs, Speech and language therapy (SALT), and dentists. People's weights were regularly monitored so any weight and health issues were identified quickly. Food and fluid intake charts were kept for people identified as at risk to help in monitoring people's health. Assessments had been carried out using a recognised Malnutrition Universal Screening Tool (MUST). MUST is a five-step screening tool to identify if adults are malnourished or at risk of malnutrition. Systems were in place to ensure people who were identified as being at risk of poor nutrition were supported to maintain their nutritional needs.

We found a varied and nutritious diet was provided to support people's health and respect their preferences. Staff were aware of people's dietary needs and preferences so these could be respected. We saw people were regularly offered drinks and snacks. People always had a drink within reach and we also saw people enjoying snacks.

People told us the food was good and they enjoyed the meals. Comments on the food included, "The food is good. I can't grumble. There is enough to eat and the choices are good" and "The meals are excellent, portion size is good. There is a huge breakfast." Everybody said that there were snacks and drinks available between mealtimes. One person told us, "You can ask for a cup of tea and they [staff] will get you a drink at night if you ask."

We observed part of the breakfast meal and part of the mid-day meal in one dining room. We found the meal was a positive experience and people were supported as needed. The room was light and pleasant. The dining tables were neatly set out and looked welcoming. Tables were laid with cutlery, glasses and condiments. We saw staff took time to support people and were patient when serving meals. The food was well presented and we saw people were eating different foods. This showed their personal preferences had been respected.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals 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.

Staff we spoke with understood the principles of the MCA and DoLS. Staff also confirmed they had been provided with training in MCA and DoLS. This meant staff had relevant knowledge of procedures to follow in line with legislation.

There were clear records kept of DoLS applications and authorisations and the care plans seen showed evidence of capacity assessments and decisions being made in the person's best interests.

People told us they felt staff asked their opinion. One person told us, "They [staff] explain things and make sure I am happy about them." Another person said, "We do discuss my care." Throughout our inspection we heard and observed staff explaining their actions and asking people their opinion. For example, we heard staff explaining to a person they would like to support them to eat, and ask the person if this was okay. We saw staff explain what they were doing and ask the person's permission when using a hoist. We heard staff asking people where they wanted to sit. We heard and observed staff seek consent to interventions where people required support with personal care, for example, "Can I help you with that," "Are you comfortable" and "Can I wash your face." This showed people were consulted.

We found the home was designed and adapted to meet the needs of people using the service. Accommodation was provided on the first and second floors of the home which could be accessed by a lift. People were able to walk around freely in these areas and clear signage and pictures helped to identify the different areas. We found the environment provided welcoming and pleasant living spaces. At the time of this inspection the home was undergoing a major refurbishment and to accommodate this, one of the four units of the home was temporarily closed. We found the refurbished areas to be bright, homely and equipped with signage to help orientate people. The registered manager informed us she had consulted with dementia specialists to ensure the refurbishment was completed in the best interests of people living with dementia. For example, handrails were painted a different colour so help people identify them.

## Is the service caring?

### Our findings

People living at the home told us they were happy and well cared for by staff that knew them well. They said staff were good at listening to them and meeting their needs. People said they always found staff respectful. Their comments included, "Yes, they [staff] are kind and caring," "They [staff] are not bad. They treat me with respect," "They [staff] listen to what you want to say and if they can help they do something about it," "They [staff] respect my privacy and dignity. They close the doors and curtains and things." People told us they felt they were actively involved in their daily care. One person told us, "I am involved in making daily decisions about my care."

Relatives said they were always welcomed in a caring and friendly manner. They felt their family member was treated with respect and they were informed of any updates so they remained involved. One person's relative told us, "Absolutely kept informed, you are usually greeted with any information about changes."

Staff told us they enjoyed working at the home and said staff worked well together as a team. All of the staff asked said they would be happy for a relative or friend of theirs to live at the home. One member of staff said, "Care is good and I would put [my parent] in here."

During our inspection we spent time observing interactions between staff and people living at the home. Staff had built positive relationships with people and they demonstrated care in the way they communicated with and supported people. We saw in all cases people were cared for by staff that were kind, patient and respectful. We saw staff acknowledge people when they entered a communal room. We saw staff seek consent, explain what they were doing and offer reassurance to a person who needed help to move. Staff shared conversation with people and were attentive and mindful of people's well-being. People were always addressed by their names and care staff knew them well. People were relaxed in the company of staff. This showed people were treated respectfully.

We saw staff discussed people's choices with them and obtained people's consent so they agreed to what was being asked. For example, staff asked people's permission for us to enter their rooms. We saw people were able to choose where they spent their time, for example, in their bedroom or the communal areas. People told us their choices and preferences were respected by staff. For example, when to have a bath or shower and whether to have their bedroom door open or closed. One person told us, "I decide for myself when I get up and when I go to bed." Another person said, "You can have a shower all day long if you want. It's up to you." People were able to bring personal items with them and we saw people had personalised their bedrooms according to their individual choice. This also showed people were treated respectfully.

We did not see or hear staff discussing any personal information openly or compromising privacy. Staff understood the need to respect people's confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know. Any information needed to be passed on about people was passed on discreetly, at staff handovers or put in each individual's care notes. This helped to ensure only people who had a need to know were aware of people's personal information.

Staff told us the topics of privacy and dignity were discussed at training events and they were able to describe how they promoted people's dignity. Staff told us they treated people how they would want to be treated. We saw staff interacting respectfully with people and all support with personal care took place in private. This showed people's privacy and dignity was promoted and respected.

The care plans seen contained information about the person's preferred name and how people would like their care and support to be delivered. This showed important information was available so staff could act on this and provide support in the way people wished.

Staff spoken with said end of life care was always discussed so they had the skills and knowledge to care for people when this support was needed.

## Is the service responsive?

### Our findings

People living at Longley Park View said staff responded to their needs and knew them well. They told us they chose where and how to spend their time and how they wanted their care and support to be provided. One person told us, "They [staff] know me well. They know what I like."

All of the people living at the home, and their relatives, said they were happy with the activities provided and they [or their family member] were free to choose to join in or not, depending on their preference. Comments included, "I could go out into the garden if I wanted to." One person told us, "I go out to town about three times a week."

We found four activities workers were employed, each for 40 hours a week so that a range of meaningful activities could be provided to people. Information on future activities was displayed in the entrance area of the home. This showed that a range of activities were provided which included visits from professional entertainers and trips out of the home. We found that activities were provided individually or in small groups to meet people's diverse needs.

Throughout our inspection we saw staff were responsive to people's needs. For example, we saw staff gently reassure a person who was becoming upset. We saw staff helping people to the toilet as soon as they requested this assistance.

Before accepting a placement for someone the registered manager carried out an assessment of the person's needs so they could be sure they could provide appropriate support. This assessment formed the basis of the initial care plan.

We looked at four care plans. They were well set out and easy to read. They contained details of people's identified needs and the actions required of staff to meet these needs. The plans contained information on people's life history, preferences and interests so these could be supported. Health care contacts had been recorded in the plans and showed people had regular contact with relevant health care professionals. This showed people's support needs had been identified, along with the actions required of staff to meet identified needs. The plans seen contained information on people's communication and behaviour. They set out some of the actions required of staff to manage people's challenging behaviours. More detail in relation to triggers and distractions would assist staff in supporting people.

People told us staff had asked them about their care needs and what was important to them so that their views were reflected. Relatives asked said they had been involved and consulted in developing their family members care plan. One person's relative told us, "I was involved in the beginning and am now involved in the reviews." The care plans seen contained evidence of relative's involvement.

Staff spoken with said people's care plans contained enough information for them to support people in the way they needed. Staff spoken with had a good knowledge of people's individual health and personal care needs and could clearly describe the history and preferences of the people they supported. People's most

up to date information was relayed to new staff coming on duty. Handover meetings were held between staff during each shift change which meant staff would know of any changes to a person's needs or anything important that had happened during the earlier shift. This meant people were supported by staff that knew them well.

There was a clear complaints procedure in place. A copy of the complaints procedure was included in the Service User Guide which had been provided to each person living at the home. The complaints procedure gave details of who people could speak with if they had any concerns and what to do if they were unhappy with the response. We saw the complaints procedure was on display at the home so people had access to this important information to promote their rights and choices. We saw a system was in place to respond to complaints. A complaints record was available to record action taken in response to a complaint and the outcome of the complaint.

All of the people spoken with said they could speak to staff if they had any worries and staff would listen to them.

## Is the service well-led?

### Our findings

The manager was registered with CQC. The registered manager had worked at the home since November 2016. They displayed a commitment to the service and people receiving support, their relatives and staff spoken with all said that the service had improved since the registered manager had been in post.

People living at Longley Park View, their relatives and staff at the home spoke positively about the registered manager and the management team. People told us they knew the registered manager and other managers at the home and found them approachable. All other staff told us they found the registered manager approachable and supportive.

We found a welcoming, open and positive culture in the home that was encouraged and supported by the staff. People told us there was always a good atmosphere in the home. Their comments included, "The atmosphere is friendly and kind," "This one [registered manager] is doing a good job," "We speak to her [registered manager] frequently. She is approachable and responsive" and "I would recommend it to others."

Staff displayed a commitment to providing good care through the interactions observed and comments made. Their comments included, "It is a good team" and "I am proud to work here."

We saw an inclusive culture in the home. All staff said they were part of a good team and could contribute and felt listened to. They told us they enjoyed their jobs. All of the staff asked said they would be happy for a friend or family member to live at the home.

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. We found a quality assurance policy was in place and saw audits were undertaken as part of the quality assurance process, covering all aspects of the running of the home. Records showed the registered manager, and other senior staff at the home undertook regular audits to make sure full procedures were followed. Those seen included care plan, infection control, finance, and medication audits. We saw environment checks were regularly undertaken to audit the environment to make sure it was safe.

We found questionnaires had been sent to people living at the home and their relatives to formally obtain and act on their views. The results of questionnaires were audited and a report compiled from these so people had access to this information. We saw the results of the last survey were available to people. The clinical manager told us if any concerns were reported from people's surveys these would be dealt with on an individual basis where appropriate. Where people had identified any improvements needed, an action plan would be developed to act on this. We saw a "You said. We did" poster on display that detailed the results of the 2016 survey and some of the actions taken in response. For example, "You said - a musical instrument would benefit people. We did - we purchased an organ." And "You said - a bigger range of snacks was needed. We did - we provided snacks to suit all ethnic backgrounds."

We saw records of accidents and incidents were maintained and these were analysed to identify any ongoing risks or patterns so people's well-being and safety could be promoted. The registered manager informed us that since the dementia friendly refurbishment there had been a reduction in incidents.

Records seen showed staff meetings took place to share information relating to the management of the home. All of the staff spoken with felt communication was good in the home and they were able to obtain updates and share their views. Staff told us they were always told about any changes and new information they needed to know. People living at the home and their relatives also told us they were kept informed of any updates.

The home had policies and procedures in place which covered all aspects of the service. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training and induction programme.

The registered manager was aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. The clinical manager confirmed any notifications required to be forwarded to CQC had been submitted and evidence gathered prior to the inspection confirmed this.