

## Longfield Healthcare Limited

# Longfield

### Inspection report

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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

At the last inspection in August 2016, we reported that the registered provider was in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to staffing levels and people being left unsupervised.

We carried out an unannounced inspection of Longfield on 26 June 2017 to see if the provider had made the necessary improvements to the service. We saw that improvements had been made to ensure people were kept safe and staffing levels had improved. Safe was rated as 'Good'. The service received a rating of 'Good' overall.

The service provides accommodation with personal care to older people with a range of support needs. These included people with a physical disability and those living with dementia. At the time of the inspection, there were 40 people being supported by the service including two people on short stay visits.

There was a registered manager in post. 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 service had reviewed their staffing arrangements and made improvements to ensure people were kept safe. There were also systems in place to safeguard people from avoidable harm and staff knew who and how to report any concerns. The risk assessments undertaken provided staff with the necessary information and guidance on how risks to people could be minimised.

The provider had an effective recruitment process in place for the safe employment of staff. People's medicines were managed safely and given as prescribed.

A very well organised programme of induction, training, supervision and appraisals for staff were in place and they had the knowledge and skills to care for people effectively. They understood their roles and responsibilities to seek people's consent prior to care being provided.

Systems were in place to ensure that people's rights were respected and protected under the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Where people did not have capacity to consent to their care or make decisions about their lives, this was managed in line with the requirements of the MCA.

The service had developed new initiative and schemes to share good practice with other organisations which had shown good outcomes for people.

People were supported by kind and caring staff who were respectful and polite to people. They were

supported to make choices about how they lived their lives. People's meal time experience was fulfilling and meaningful. They had a balanced diet which was nutritious, home-made and tailored to their individual needs. This helped to maintain their health and wellbeing. People were also supported to access healthcare services when required.

People's care plans were person centred and provided the necessary information about their assessed needs, preferences and choices. They were involved in reviewing their care plans. People engaged in a range of social and leisure activities both inside the service and in the local community.

The provider had a process in place for dealing with complaints and concerns. They encouraged feedback from people who used the service, their relatives, other professionals and staff, and they acted on the comments received to improve the quality of the service.

The registered manager provided leadership and promoted an open, inclusive and caring culture in the service. Audits and records were completed to assess and monitor the quality of the service. We have made a recommendation that the service considers how to effectively manage the deployment of staff across the service.

## 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.

There was sufficient staff in place who were safely recruited.

Risk assessments provided staff with guidance to keep people safe.

There were effective systems in place to safeguard people from harm and people's medicines were managed safely.

### Is the service effective?

Good ●

The service was very effective.

Staff received appropriate training and support in order to carry out their role. Initiatives and schemes had been developed to provide effective care for people in a person centred way.

Staff understood people's individual needs and provided the support they needed in line with the requirements of the Mental Capacity Act (MCA) 2005.

People's mealtime experience and their nutrition and hydration needs were met very well.

Links and referrals to professionals were made in a timely way to maintain their health and wellbeing.

### Is the service caring?

Good ●

The service was very caring.

The staff were kind, warm and respectful to the people they supported.

People's privacy and dignity was maintained and they were supported to be independent. People were listened to and their wishes and choices were respected.

People's choices had been taken into account when planning their care and information about them was kept confidential.

End of life care for people and their relatives was provided in a sensitive and dignified way fully respecting their wishes.

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

**Good** ●

The service was responsive.

People's care plans were person centred and took into account their individual needs, preferences and choices.

The provider worked in partnership with people and their relatives so that their needs were appropriately met.

The provider had an effective complaints system and people and their families were able to raise concerns

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

**Good** ●

The service was well-led.

There was effective management of the service in place with a registered manager who was proactive and inclusive. People and their relatives were involved in developing the service.

Staff were supported, motivated and enthusiastic in carrying out their role and responsibilities.

Systems were in place to monitor the quality of the service for people who used it and worked in it.

# Longfield

## 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 26 June 2017 and it was unannounced. It was carried out by an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert by experience has experience of caring for relatives who have used this kind of service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service, including the previous inspection report, any safeguarding concerns, complaints or notifications. A notification is information about important events which the provider is required by law to send to us.

Some people were unable to talk with us so we used observation to understand their experience of using the service including how staff interacted with them during the day.

As well as speaking with the registered manager and the regional director during the inspection, we also spoke with 17 people who used the service, 11 relatives, five care staff, the cook and the activities coordinator.

We looked at the care records for seven people who used the service and checked how the quality of the service was being monitored and managed. Four staff recruitment and training files were reviewed along with the training records for all staff employed by the service.

# Is the service safe?

## Our findings

At the last inspection in August 2016, we found that the service was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because there was insufficient staff to supervise people safely.

At our inspection on 26 June 2017 we found that improvements had been made and the provider was no longer in breach of this Regulation. Safe has now been rated as 'Good' but with a recommendation.

Whilst the registered manager had made improvements to staffing levels, some people and their families had mixed views about how staff were effectively deployed across each unit. One person said, "I feel they could do with a few more staff, there is not always staff about," One family member told us, "On Willow unit, there is always staff visible and I have never had to go hunting for staff." Another told us, "Buzzers go off very frequently and frequently there are no visible staff around in the afternoons on Willow unit." A third family member said, "I came into Pine unit at 11.00 and it's now 11.18 and this is the first staff I have seen, they were probably busy elsewhere. A fourth told us, "Now and again you think where are they [staff] and they soon appear but you are not sure where they are." During our observations of the morning and afternoon in each of the units, we saw that staff were visible most, but not all of the time, and went about their duties without rushing.

Staff members told us, "There are six staff in the morning and this is okay mostly but we could do with six in the afternoons, as the washing up might get left for the night staff," and, "We have lots of families visit usually in the afternoon so a lot of people are doing things with them, so we manage okay generally as they are around."

The provider had told us in their action plan how they had worked out how many staff they required to care for people safely. In response to the last inspection, they had increased the staffing levels by having an additional staff member on the morning shift who 'floated' between the units, depending on where they might be needed. One family member said, "It's lovely here, [Relative] is very happy, always clean, room always tidy and mostly you see staff about," Another said, "Now and again you think where are they [staff] and they soon appear."

The registered manager had introduced radio phones so that staff could call for assistance when needed rather than have to leave the unit they were working on. We were told by staff and relatives that this system was working well. One family member said, "I never have a problem finding staff, they have got radios to communicate amongst themselves." A staff member said, "It's so much better than having to leave the unit to get someone to help."

We recommend that the service continues to give due consideration about how to effectively manage the deployment of staff across the service.

People told us they felt safe at Longfield. One person said, "I feel safe, the care and the staff make me feel

safe." Another said, "I am very well looked after, the staff are caring, observant and always have enough time." A third person said, "I am well looked after." A family member told us, "It is safe, the front door has a code and staff monitor the door to ensure people don't leave unattended. I am quite happy."

Processes to safeguard people from harm were in place. Policy and procedures and information on display about safeguarding people and whistleblowing provided guidance for staff to follow and informed people who used the service and their relatives about what to do if they suspected anyone was at risk of harm. Staff had the knowledge and training to know what constituted abuse and poor practice. They were able to describe the actions they would take to keep people safe, including reporting any concerns to the registered manager, the local authority safeguarding team and the Care Quality Commission. Staff said, "If I ever saw anything wrong I would report it to the manager straight away and if not dealt with go to CQC."

Detailed risk assessments were in place to manage any identified risks to people's safety. People's care plans showed that assessments of potential risks had been completed and these included those for risks associated with people being supported to move, pressure area damage to the skin, falling, not eating or drinking enough, and medicines.

People and their relatives had been involved in decisions about how to manage the risks so that ways of keeping people safe, whilst maintaining their independence, could be balanced. Information in the assessment provided guidance for staff. For example, for someone who had diabetes, how to recognise when they had low or high blood sugar levels and what to do. Another example reminded staff about the desirable minimum fluid intake over a two hour period and what to do if a person was not drinking enough for extensive periods of time. We saw that risk assessments had been reviewed regularly or when people's needs had changed.

Accidents and incidents were logged and monitored to look at underlying causes and the regularity of events, for example falls which could be due to a person having a urinary tract infection. The registered manager told us that by following good practice guidance and having up to date training and knowledge in place was keeping people safe and well and reducing the incidents of unnecessary hospital admissions.

A procedure had been put in place to advise staff about ensuring people kept well and hydrated during the hot weather. New air conditioning units had been obtained for each unit and, as well as having doors open to the garden, helped to maintain an appropriate and comfortable temperature.

There were systems in place to ensure that the physical environment of the home was safe. People's support needs to evacuate the building safely in an emergency were in place. Regular health and safety checks were completed and appliances had been checked and serviced regularly. Regular checks of fire alarms, fire-fighting equipment, emergency lighting and fire drills had taken place and staff procedures were carried out correctly. There were emergency plans in place with information about the staff to contact in an emergency.

Staff employed by the service had been through a robust recruitment process. Records showed that all the necessary checks had been undertaken before staff started working for the service. These included an employment history, satisfactory references, identification and a Disclosure and Barring Service (DBS) check to ensure that staff were not barred from working with vulnerable people.

We saw that staff gave people their medicine in a sensitive way. They explained about the medicine and asked if the person required pain relief. One person said, "They [Staff] give me my meds but I do everything for myself." Another said, "Staff always ask me if I am feeling okay or need something to help me." Medicines were well managed, stored safely and recorded effectively. Daily, weekly and monthly audits ensured that



medicines were given in line with their policy and procedures.

## Is the service effective?

### Our findings

At the last inspection in August 2016, Effective was rated as Good. At this inspection, it continued to be Good. However, there were some outstanding features which, with further development, could achieve an outstanding rating.

Words used by people and their relatives to describe the care they received from staff included, "Exceptional, respectful and remarkable," in meeting their day to day needs and maintaining their independence. People said, "It is very nice here, could not be in a better place, plenty to do, staff very helpful and if you have a little worry you can talk to them." Family members told us, "Any worries they phone me, I always speak with the staff whenever I come in, they are very open and honest and I can ask them anything," and, "The staff have adapted as [Name] health condition deteriorated and they keep us informed."

Staff told us that Longfield was a nice place to work with a staff team who were knowledgeable about people's needs and experienced in caring for people. The induction, training, supervision and support system for staff was comprehensive. It included an induction to the service, the role and responsibilities of staff, shadowing and support to complete the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their work.

A programme of training was organised throughout the year to enhance and refresh staff skills and knowledge. The majority of staff had nationally recognised qualifications in health and social care, including National Vocational Qualifications (NVQ) and Qualifications and Credit Framework (QCF) diplomas.

We were told by the registered manager that the majority of staff had completed the Virtual Dementia Tour where staff experience what it may feel like to have dementia. This included wearing the Gerontologic suit (known as the GERT suit) which simulates the experience of impairments relating to older age. The registered manager told us that this type of interactive training increased staff awareness and empathy and were expanding this training to domestic and kitchen staff.

People told us, "From the laundry staff right across the board, all staff are equally nice, they know what they are doing," and, "It is superb care, one or two fairly new staff are a bit anxious but they get the training they need."

Staff received regular supervision plus an annual appraisal. This is a two way process of feedback and development between the supervisor and staff member. Staff told us that they had received regular supervision and appraisal of their performance. Records confirmed this.

Staff worked together on tasks and worked as a team, communicating effectively with each other as well as people who used the service, their families and professionals. Staff told us, "We have had loads of dementia training, both in house and E-learning and I have completed first aid and moving and handling,"

Longfield was also very involved in Essex County Council's PROSPER project which was an initiative to

reduce the prevalence of falls, urinary tract infections (UTI) and pressure areas. Several staff have become champions to support and share best practice. One staff member said, "Prosper training was a complete refresher. Learning from other people's experiences I found the most interesting." The learning from this had resulted in several initiatives such as producing a good footwear guide, personalised walking frames and a 'fluid' champion on each shift. The rate of UTI's and pressure areas has remained consistently low and regular monitoring had found that falls had steadily decreased each month. The service was also in the process of applying for the Gold Standards Framework (an accreditation programme of intense training for staff to embed good practice in end of life care).

Consent to care and support was obtained from people before it was provided. We observed this during our inspection. Some people were not able to consent to their care as they did not have the capacity to make decisions and choices for themselves or to give verbal or written consent. We looked at whether the service was working in line with the requirements of the Mental Capacity Act (MCA) 2005.

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interest and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called 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.

Mental capacity assessments had been completed to assess a person's capacity to make day to day or significant decisions and this information had been recorded in their care plans. This enabled staff to know about people's level of ability to make decisions about things which were important to them. Applications had been made to the supervisory body (the local authority) for consideration of legally depriving people of their liberty where they were assessed as not having capacity. These were in relation to restricting people from leaving the service. Staff had received training in the MCA and DoLS and understood how this protected people's rights and freedoms.

People were supported effectively with their nutritional and hydration needs. People who used the service and their relatives praised the food very highly. They told us that they enjoyed the food provided by the service and they always had enough to eat and drink. "Food is good, plenty of roasts; we have always got juice and enough choice of meals," and, "Food is gorgeous," and, "The food is as good as you can expect anywhere, I can nibble at the food, can choose from a choice of two, varied enough and always hot."

The menu provided a variety of nutritious food and drinks, and we saw people being supported to choose what they wanted to eat. Our observations over lunchtime showed the staff promoted choice, communicated well with people and enabled them to have an enjoyable meal time experience. For example, we saw one person standing by the food trolley and choosing their meal. They carried their plate back to their chair which promoted their choice & independence.

A range of drinks were on offer and staff were active in ensuring people had enough to drink and had a choice. One person said, "If you don't have a glass or a mug welded to your hand they put one in, there's always plenty of drinks especially in this hot weather." One of the chefs told us, "I have had great big water melons delivered. I cut them all up and everyone has lovely cold water melon to eat and drink."

The tables were laid with relevant condiments and china cups and glasses and relevant equipment such as plate guards were available should people need them.

We saw the chef actively engaging with people and seeing what they were eating as well as asking their opinion about the food, the amount and the taste. They told us about people's specific dietary requirements and could provide alternatives for people who required soft food, high calorie food or food low in sugar. One person said "Being a vegetarian they have done well, lots of different vegetables, stuffed peppers, vegetable tart and the cook comes and asks me what I would like.

Staff regularly monitored people's weight and, where needed, their fluid intake and output. This was to ensure that they ate enough and that staff could take prompt action to seek medical advice if it was noted that they were losing weight or dehydrated.

People told us that their health needs were being met and they had access to a range of healthcare services and professionals. These included GPs, dentists, dieticians, speech and language therapists, opticians and chiropodists who provided services so that they received the care and treatment necessary for them to maintain their health and wellbeing. A health professional told us, "Staff refer to us very quickly and know the signs of poor skin for example and we get it sorted before it breaks down. Staff are very attentive to people, very kind and patient."

People and their families were fully involved in discussing and agreeing the options available for treatment and care. A resume of people's needs could be printed off for emergency or hospital visits to give professionals the necessary up to date information about the person's health and medical needs. Information was given in a way that people could understand. One family member told us, "The service has adapted as [Name] health condition deteriorates and they keep us informed. We are happy and anything we suggest they are more than willing to take on board."

## Is the service caring?

### Our findings

At the last inspection in August 2016, Caring was rated as Good. At this inspection, it continued to be Good.

The staff were highly praised by people who used the service and their relatives. Not just the care staff but the domestic, kitchen, activities coordinator and the management and administrative staff. They told us, "Staff are excellent and we have a laugh and a joke," and, "They are always so kind, they need a medal," and, "Excellent staff, they are remarkable, always patient and very caring, anytime day or night, always the same and [Name] is happy here."

The care and support people received was provided to them in a kind, compassionate and caring way. We observed how staff interacted with people in each unit. We observed the natural communication and comfortable rapport people had with staff and the registered manager which was illustrated throughout the day in all of the units and especially at lunchtime. One person told us, "The staff, they all show respect, never rude or horrible, that is all of them, laundry, kitchen people and the care staff and they sit with us at lunch time and chat and laugh."

Staff told us that they had more quality time to spend with people than they had before but not nearly enough as they would like to be able to do things with them. We saw large photographs of staff on the walls with words at the bottom saying, "My name is [Staff name] and I am your carer today." This reminded people which staff were working and available and it helped those with dementia to recognise staff from their pictures.

Care arrangements were tailored to each person's needs and personality and they were involved. The 'Resident of the day' system was a good example of actively involving people in decisions about their care. This included the whole staff team and the person and their relatives. People's views and ideas were gathered, care plan and risk assessments reviewed, their preferences, likes and dislikes sought and a 'spring clean' of their room was carried out. One person said, "I am definitely listened to and they [Staff] do respect my privacy." One health professional told us the staff were, "Very attentive to people, very kind and patient."

People had access to information in different formats, for example, the complaints process was in easy words and large print for people who needed it. We saw that information about the staff team, campaigns and initiatives the service was involved in, advocacy services, events and achievements with photographs were on display around the service and by the front door for everyone to see which illustrated that the service was inclusive, friendly, and proud.

There was good signage around the building which helped people with dementia find their way and memory boxes and photographs helped them to find their room. There was a calm atmosphere throughout the service, with a television on low at different times in some units and music playing in the background in common areas in other units which enabled easy conversations between people who used the service, their visitors and staff to happen. One relative said, "It feels very homely here."

People's dignity was respected and maintained. For example, people were dressed in clean outfits of their choice and appropriate to the weather. They had clean finger nails and some people had them painted. We saw people had their hair brushed and in nice styles. People told us, "They [Staff] always knock, gain consent and tell me what they are going to do," and, "Staff are all very caring, they never get rid of you quickly and they treat me very well," and, "Respectful, yes very, [Name] is always clean and tidy and in their own clothes."

There were appropriate arrangements in place for the privacy and dignity of people who shared a room to be maintained. People had a choice of being supported by a male or female staff member and their wishes were carried out. People's different relationships and ethnic and cultural needs were recognised, recorded and respected by the staff team and the service was inclusive and welcoming.

People's end of life care was dealt with in a sensitive and caring way. Staff had received training in helping people to be as comfortable as possible and ensure they had everything they needed. The care was described by one family member as, "Superb. [Name] is well looked after, kept beautifully clean, repositioned regularly and the other day I saw a staff member from another unit visiting them and stroking their hair."

We saw that end of life care was discussed with people and their families when it was appropriate to do so. Advanced care plans were in place and people had expressed their views about their preferred place of care and if they wanted to be resuscitated in the event that this was needed. This information had been recorded so that their wishes could be carried out respectfully. One family member told us, "The manager is very open and honest and told me I can come whenever I wished, morning, noon and night and I found this very reassuring."

People's lives were celebrated after they have died so they were not forgotten. The remembrance wall honoured people who have passed so that they could be remembered. Also, in tribute to one person who died, a staff member collected all the misshapen squares of knitting that the person had made at the knitting circle. They were sewn together into a patchwork blanket which is used in the service as a way of remembering them.

## Is the service responsive?

### Our findings

At the last inspection in August 2016, Responsive was rated as Good. At this inspection, it continued to be Good.

People and their relatives told us that staff listened to them, were understanding and responded to their needs. One person said, "They ask me if I want to go into town, but I sit in the garden, weather permitting." Another person told us, "I like listening to music, I often sit in the big lounge, the BBQ went off really nicely and it was nice to have a chat, I sat in the garden yesterday." A third said, "I like having a bath and having a soak. I would recommend it as you get looked after." One family member told us, "The atmosphere is lovely; staff are happy and very friendly and informative and seem to know everyone personally."

People's needs had been assessed prior to them moving to the service. We saw that information about people's needs had been updated and changed once they had moved in and then developed into person centred plans of care. People and their families were involved in their assessments and, where they could not make their own decisions, the necessary process was in place so that their best interests were taken into account.

We observed how responsive staff were to people. For example, when a person got up from their seat at the dining table without finishing their meal, they were gently led back to the table by a staff member who enthusiastically offered them their favourite dessert. Another person was walking around the service with their coat, handbag and a bag of possessions. The staff member told us all about their character, what they liked to do, what they had done in the past and how they could be diverted when getting agitated or anxious. They said, "Knowing our residents is the key and knowing them is the trigger to making them happy again."

We looked at a range of people's care plans on the electronic system. These were comprehensive, clear, and informative and could be understood quickly and easily by staff. People's care plans reflected their care and support needs, as well as their preferences in how they wanted to be supported. Reviews of people's needs were completed in different ways and at different times and involved them and their family. One relative told us, "Last month I asked to be updated on the care plan and the senior gave me a lot of time. This was reassuring for me." Another said, "When [Name] was 'Resident of the day' we went through the care plan and I was given the opportunity to discuss and change things."

We saw that records were updated quickly as staff had access to the electronic system to record how they had responded to people's needs at any given time. We saw this being done at different times during the day in the units. Staff told us that they found it easy to use. One staff member said, "It helps us deal with people really well as we know what happened yesterday or this morning if we have come onto a late shift."

Relatives spoke of good communication in sharing information about people's health and well-being and it being a, "Two way process." One relative said, "I am never made to feel that I am bothering the staff as they truly listen and treat me with respect." One staff member said, "Communication is really good between

everyone here."

People were supported to follow their interests and to engage in leisure, occupational and spiritual activities of their choice. The service had entered the Maldon 'Garden in Bloom' competition and was awaiting the results. The registered manager contacted us a few days after the inspection to say they had won a 'Gold Award' and all were delighted. The community were very involved in the service too. People told us that, "Local schools visited and did little concerts and a carol service," and, "Dogs, owls and chickens and 2 baby ponies came in and went round all the lounges so people could pet them and they had the chickens on their laps." The service offered people activities which would stimulate and awaken their skills and memories. One of people's favourite ways of participating was in 'Singing for the brain' which was held at the service and in other venues around the area.

The registered manager told us that local religious groups visited the home to provide religious and spiritual support to people who wanted this. One person said, "The Church comes in regularly." A family member said, "Visiting clergy come and give [Name] a blessing."

People were able to access the various garden spaces in the service. We saw that people were involved in gardening, weeding and growing tomatoes. One person said, "I do gardening. I go outside with a lady and do weeding." Another said, "I really like the garden. I spend a lot of time out here weather permitting." A third person told us, "I sit outside in the garden under the trees, it is lovely."

The reminiscence room which had been developed with people, their relatives and staff was popular and people spent time there remembering past times and telling stories.

One person told us about the activities they were involved in. "I have been cutting out butterflies and they are going to stick them up in the trees and hanging baskets after being laminated. I go to quizzes, bingo, exercises, have music and we dance." Another person said, "We have a knitting club, sing old time songs and have open days. We went on an afternoon tea outing and go to a tea dance at another home. I go to other units to join in sometimes too."

Family members were very positive about the activities available. "Most weeks there is an entertainer, musical movement armchair exercises, they do arts and crafts, knitting, puzzles and pencils on table for colouring in," and, "The tea dance was great, lots of us relatives went with people and there were three other homes there. We were up and dancing and everyone had a lovely time."

The service had good links with other organisations to share best practice. The registered manager and deputy manager were actively involved in 'My Home Life' (A UK-wide initiative that promotes quality of life and delivers positive change in care homes for older people) and used the techniques taught such as learning circles where people come together to improve communication. They had also developed, along with five other residential care services, a community activity called 'Friends Together'. Every two months, a tea dance is held at one of the services and food is taken and shared.

People and relatives told us that they knew how to raise concerns they might have about the care and support provided by the service. The provider had a complaints policy and procedure and people knew that they could make a complaint and who to. There was a system to manage complaints and the records we saw showed that appropriate action had been taken to investigate and respond to the five complaints received by the service in the past six months. Changes had been made as a result of the learning from the complaint such as changes to people's care plans to meet their needs better. One person said, "I have got no complaints and the care is good, food is excellent and I would definitely recommend it here."



## Is the service well-led?

### Our findings

At the last inspection in August 2016, Well led was rated as Good. At this inspection, it continued to be 'Good'.

People were very complimentary about the management of the service. One family member said, "The manager is approachable and very nice, the office door is always open and you see them walking about the service." Another said, "The manager, I can knock on the door and they always make time for me." A third told us, "I cannot fault it, I love the staff and I like the open house policy and I can come at eight in the morning or late at night." And from a fourth relative, "I am very happy, it may not be the most modern home but it is definitely one of the best, always clean and an excellent atmosphere."

There was a registered manager in post, who was supported by a caring staff team. The registered manager was approachable, professional, warm and open. They had created a supportive, inclusive and consistent team of staff who delivered good care for people at Longfield. We saw staff supporting each other in both care and domestic duties and staff were relaxed and going about their work in a positive and enthusiastic way. One person said, "I would recommend it to anybody, I have never seen any of the staff in a bad mood."

Staff told us that they felt valued and supported well by the registered manager and other senior staff. They said, "There is good morale here and we all mix in and help each other out," and, "The manager is lovely and really supportive," and, "We can go to the leader of our department and if we get no joy go to the manager, they are very approachable. It is well run and everyone treats people so well, communication is good between all of us," and, "It is a happy work force and lately staff are staying and not leaving." We saw that regular staff meetings with all staff including night staff had been held for them to discuss issues relevant to their work.

There was evidence that the service sought and welcomed feedback from everyone involved in the service, which also included professionals, commissioners and community groups. For example, the service had received a positive outcome in their recent audit undertaken by the local authority with few improvements recommended. Monthly meetings gave people who used the service the opportunity to discuss issues about their day to day care and support, and to suggest improvements they wanted to see. For example, ideas included that fish pie be added to the menu, a sweepstake for the Grand National horse race be held and suggestions to help the amenities fund.

One relative told us, "Two months ago at the Residents meeting [Name] mentioned the door squeaking and eventually shutting and banging in the night. They put it right immediately. The next day when I was at the Relatives meeting I mentioned this and they said that the staff had been told not to cut through that door." The registered manager told us that, wherever possible, prompt action was always taken to resolve problems and issues at the time.

The provider had initiatives in place to improve standards and recognised good practice throughout the company and each service was encouraged to develop their staff and the service as a result. For example,

we were told by the registered manager that one of the team leaders had recently received an award for their outstanding contribution to care for people at Longfield and all were delighted about this recognition.

There were processes in place to assess and monitor the quality of the service provided. The registered manager's approach to quality was integral to the management of the service. All staff were involved in checking and monitoring tasks and activities they undertook and reporting to senior staff and the registered manager as part of their daily, weekly, and monthly audits. The audits included checking people's care records so that they contained the information necessary for staff to provide safe and effective care. They also completed health and safety and infection control checks to ensure that the environment was safe for people to live in and that people's medicines were being managed safely.

The registered manager had an action plan in place which provided a structure to deal with and monitor improvements needed. They kept abreast of current guidelines relating to the service as well as implementing new initiatives and good practice. They met their legal obligations, including their conditions of registration from CQC and other commissioning and contractual requirements. The regional director also completed checks of the service and supported the registered manager to ensure care provided was in line with the provider's vision and values to "Provide a caring and secure environment within which service users are treated with respect and regard for their dignity and well-being."

People spoke about the culture and atmosphere of the service. One family member told us, "It is not clinical, no uniforms, feels homely just like visiting friends and family." We also saw that a number of compliments had been received by the service. These were shared with the staff team during meetings and handovers. One compliment addressed to the registered manager said, "You always make us feel welcome, you truly have a great team around you."