

Longworth CMS Ltd

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Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Good 

Summary of findings

Overall summary

This inspection took place on 5 and 7 June 2018 and was announced. The inspection was undertaken by one inspector.

Longworth CMS Ltd provides personal care services to one person with a learning disability and autism who lives in their own home. This limited company was set up by the person's parents to arrange and direct the care for the person. The limited company employed the person's family members and non-family members to provide the care.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There was a registered manager in place. 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.

This was the first inspection of this service since it was registered.

Staff understood their roles and responsibilities to safeguard the person from the risk of harm and risks to the person were assessed and monitored regularly.

Staffing levels ensured that the person's care and support needs were met safely and safe recruitment processes were in place. The person was supported by a small and consistent staff team that meant that they could develop positive relationships with staff that understood their needs.

The providers had followed legal requirements to make sure that any decisions made or restrictions to the person were done in the person's best interest. The providers were well aware of the Mental Capacity Act (MCA) 2005.

The person's needs and choices were assessed and their care was provided in line with up to date guidance. Care plans contained personalised information about what was important to the person, what mattered to them, what they would like the staff team to know and do, and the help and support they needed.

The person received care from staff that had received training and support to carry out their roles. For example, staff received training and support to use a picture exchange communication system (PECS) to meet the person's individual needs. Staff told us they were very happy with how they were supported to carry out their role. One staff member described the support they received as 'brilliant'.

Risks were assessed and recorded by staff and there were systems in place to monitor incidents and accidents. There were arrangements in place for the service to make sure that action was taken and lessons learned if things went wrong.

Staff understood how to support the person to manage behaviours that the service may find challenging. There were positive behaviour support plans in place.

The service worked with healthcare professionals to ensure that the person's needs were met. Recommendations from healthcare professionals were incorporated in the person's care plan.

Medicines were managed safely. The processes in place ensured that the administration and handling of medicines were suitable for the person who used the service.

Staff were caring and the person was at the centre of the care provided. The service focused on person centred outcomes and recruited staff who had the right values. The staff worked with the person to focus on what was important to them and to support them to achieve the most out of their lives. The person benefited from the extremely committed staff who delivered effective care and support. There were many examples of staff working together to achieve a very positive impact on the person's daily life.

Staff treated the person with dignity and respect and ensured their privacy was maintained. Staff spoke about 'working for the person' that was receiving the service and spoke respectfully about how they always responded to the person's non-verbal and verbal communication. One member of staff told us, "[The person] teaches us things each day. [The person] is brilliant".

The person was not able to communicate their wishes verbally and staff supported them to communicate their wishes each day using a picture exchange communication system (PECS). One member of staff told us, "We use the PECS system each day and I am also trying to support [the person] to use their voice". We observed how the PECS system was used by the person and how their wishes and communication was responded to.

The person benefited from support by staff to engage in a wide range of activities and interests. This included accessing activities in the community they enjoyed such as horse riding, a bike club for adults with a disability and going to places of interest. This had provided opportunities for the person to live their life to the full each day and reduce any feelings of frustration and distress.

Staff were encouraged to provide feedback about the service and it was used to drive improvement. One member of staff told us, "Communication is great. I can raise anything with [the registered manager]".

The provider had daily contact with staff to identify any changes in need or to identify any approaches to improve daily outcomes for the person. The provider had systems in place to monitor the service provided and any areas identified as needing improvement were actioned immediately. One health care professional told us the provider worked hard and planned well to meet the person's needs.

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.

Medicines were managed safely.

Risks that had been identified were well managed.

There were sufficient numbers of suitable staff to meet people's needs.

Staff were checked before they started work to make sure they were suitable to work in this service.

Arrangements were in place for infection control and food hygiene.

Is the service effective?

Good 

The service was effective.

Staff received training and support to ensure they could carry out their roles effectively. There were systems in place for staff to receive feedback on their work.

The providers were knowledgeable regarding the person's rights under the Mental Capacity Act 2005 and arrangements were in place for best interest decisions to be made.

Nutrition was managed with regard to the person's needs and they were supported to eat and drink.

The person's health care needs were met and healthcare professionals supported them to remain healthy.

Is the service caring?

Outstanding 

The service was very caring.

The person benefited from a strong, visible, person-centred culture.

The service was exceptional at working with the person and

ensuring they got the support they needed and wanted.

Respect for people's privacy and dignity was at the heart of the service's culture and values.

Is the service responsive?

The service was responsive

The person was able to take part in activities that meant something and interested them.

The provider responded well to the person's changing needs and managed these well.

Outstanding 

Is the service well-led?

The service was well-led.

The providers monitored the quality of the service in order to ensure care provided met the person's needs.

Staff spoke positively about the values of the provider and registered manager.

The provider maintained accurate records in relation to the person's care and the service.

The registered manager was aware that statutory notifications were required about specific incidents and information.

Good 

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Detailed findings

Background to this inspection

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

This was an announced inspection that took place on the 5 and 7 June 2018. The inspection was carried out by one inspector. We arranged an appropriate date for our visit to ensure staff could be present and the date was appropriate for the one person who used the service.

We did not request a Provider Information Return for this service. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We gathered this information during the inspection.

Due to the person's communication needs we were unable to ask them about their experience of the care they received. We observed their interaction with staff. We spoke with the registered manager, a director, three staff, and looked at a range of records about the person's care, medicine administration, staff recruitment and records relating to the management of the service. We also spoke with one healthcare professional.

Is the service safe?

Our findings

Staff supported people to manage and reduce any risks to their safety. This included managing risks such as accessing the community, and behaviour support. Risk assessments were completed with input from health professionals and promoted the person's independence. For example, preventing avoidable harm by following the person's routine. These recommendations from an occupational therapist were included in the person's care plans and delivery of care. Staff were aware of these plans and risk assessments had been reviewed on a regular basis to make sure they remained up to date and reflected changes to people's circumstances. One member of staff told us, "There are risk assessments in place that we all follow". One health care professional told us the service had 'robust' risk assessments in place.

There were detailed support plans and staff spoke confidently about how they supported the person using the least restrictive approach. The support provided was in line with best practice and staff received support to understand how to meet the person's needs. Care was planned and delivered to meet the person's needs and to reduce any distress to them.

Staff safeguarded the person from avoidable harm by following information in the person's care plan. Staff recorded and reported any concerns they had, including any changes in the person's behaviour or health so appropriate action could be taken. There were body maps in the person's care records to monitor any marks on the person's body so any required action could be taken. Staff told us they did not have any concerns and had received training in safeguarding adults. Staff told us they but would not hesitate to report them to the registered manager. The provider was aware of how to raise any safeguarding concerns if required.

Staff were aware of the process to follow if there was an incident or accident at the service. All incident records were reviewed by the registered manager. This enabled the staff to minimise the risk of recurrence. The staff discussed any incidents with the registered manager to identify any new ways to support the person. This allowed the registered manager to identify any lessons learnt and changes required to how the person was supported. The registered manager told us they had introduced a new incident form that breaks down the details of any incident including the events leading to it and details what action staff took to support the person.

There were sufficient and consistent staff to meet the person's needs. One member of staff told us, "We have a consistent staff team, who all know [the person] very well". Safe recruitment practices were followed. Recruitment checks included employment history, obtaining references from previous employers, and undertaking criminal record checks. This included checks from the Disclosure and Barring service (DBS). The DBS checks people's criminal record history and their suitability to work with vulnerable people.

Medicines were stored securely and accurate records were maintained of medicines administered. and people received their medicines as prescribed. The person received their medicines as prescribed by their GP and protocols were in place instructing staff about when to give the person their 'as and when required' medicines. There were systems in place to order and dispose of medicines.

The provider had made arrangements for infection control and food hygiene. Staff had access to gloves and aprons and received guidance on their responsibilities for infection control and food hygiene.

The person who used the service would continue to receive appropriate care in the event of an emergency and there were arrangements in place to ensure continued support during staff absence.

Is the service effective?

Our findings

The person who used the service received effective care. This was because their needs had been assessed and the provider had systems to meet these needs. There were comprehensive needs assessments in place, detailing the support the person needed with their daily routine. Assessments covered the person's physical and mental health, daily routine and personal care needs. Care plans contained clear instructions, with input from relevant healthcare professionals for the staff to follow so that they understood how to meet the person's needs. For example, the person's care plan detailed the daily routine staff should follow in order to meet the person's needs and to prevent distress to the person. One health care professional told us the provider assessed the person's needs effectively, and planned and anticipated the person's needs.

The Mental Capacity Act 2005 (MCA) processes were implemented appropriately. 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. Best interest decisions, such as staying safe in the community were in place and the delivery of care was the least restrictive as possible.

Staff told us they felt supported by the registered manager and provider. Comments from staff included, "[the provider] is so supportive" and "The support I need is there. If I have any questions or queries I can speak to [the registered manager]". Staff told us they had received training from the registered manager when they were new in post how to meet the person's needs. This included administering medicines, communication methods and positive behaviour support. New staff were also supported to learn how to support the person's individual needs by shadowing experienced staff, discussions with the registered manager and observations of their competency.

Staff had the knowledge and skills to undertake their role. Staff spoke positively about the refresher training they had recently received from the registered manager on the picture exchange communication system (PECS) used to support the person. Staff had undertaken recent training in working with people with autism, safeguarding and first aid whilst working for other providers and services. The registered manager told us they were in the process of arranging refresher training for staff on first aid. Staff told us the registered manager provided regular guidance to them how to meet the person's needs and monitor their health.

Staff supported the person to eat and drink well to meet their needs. The person was also supported to make choices about the meals or snacks they enjoyed. People's nutritional needs were reviewed and regular checks maintained on their weight and any risks, such as choking from eating too fast. Staff knew what the person liked and disliked. The person was supported using their PECS system to shop weekly to buy ingredients to cook and to choose a snack they enjoyed. One member of staff told us the person really enjoyed the shopping trip.

The person was supported to maintain good health. The person's health was reviewed by the GP annually and they were able to see their GP when they needed to. When the person's health needs had changed

appropriate referrals were made to specialists for support. The person's needs were also reviewed by a specialist nurse. One health care professional told us any recommendations were followed through by the provider. Staff worked with staff in outside agencies to deliver effective care and to support the person.

Is the service caring?

Our findings

The provider and registered manager put systems in place to provide a person-centred service that covered all aspects of the person's life. This included encouraging the person's fine motor skills through writing, supporting staff to understand how to keep the person safe and using techniques that reduced the distress the person may have experienced due to their disability. This involved a planned routine anticipating their needs and supported the person to go out each day to meaningful activities they enjoyed that all staff followed. The person's family ensured that staff employed to support the person were supported to see things from the person's point of view and to understand all aspects of their needs. The approach to care ensured the person's needs and best interests were at the centre. One healthcare professional told us, "They [the provider] are very good at anticipating [the person's] needs."

Staff demonstrated exceptional kindness and respect for the person they were supporting. Comments from staff included, "She [the person] is wonderful" and "[The person's name] is lovely to work for". One member of staff told us, "[The person's name] is autistic. Every time she says my name or asks me something it is an achievement for the day". One member of staff told us they supported the person by giving them lots of encouragement and praise for things they achieve.

The person was supported to live in their own home with support and was able to move freely around their home. When we visited them in their home we saw they were supported to have access to things they enjoyed including a sensory room. The registered manager told us staff supported the person to use the sensory room in their own home. The registered manager told us this helped the person to relax and to support their communication.

The service was exceptional at helping the person to express their views and be involved each day in their care. The person was not always able to communicate verbally so they were supported to communicate through the use of a PECS system. This visual tool allowed them to know what was happening that day, which staff were supporting them and was used by the person to communicate. Their daily routine was displayed each day in their home. The person had a portable PECs folder with words and images they used to communicate their wishes. The folder had common words such as 'I want' to help them express what they wanted to do and pictures places they wanted to go to. When we met the person, they had returned from going swimming in the community. The person held their PECs book in their hand and we saw they had chosen the words, 'I want' and 'beads'. The person independently accessed their beads and chose to use them as an activity. One member of staff told us two staff had supported the person to go to 'bike club' that morning and the person had selected their photo along with the bike to communicate they wanted them to participate with them.

The person was supported to maintain their dignity, and their privacy and independence were respected. The registered manager told us the staff sat outside the bathroom when the person was having a bath to respect their privacy. The provider and staff worked together to anticipate the person's needs based on their experience of supporting the person and early signs of distress were responded to. One member of staff told us it was very important to give the person enough time to communicate and completing each routine in full

before moving onto a new routine. Staff told us they felt respected by the registered manager and there was open communication with the staff team. They told us, the register manager listened to their ideas to how to meet the person's needs. The registered manager told us the structure of the person's week and the routine minimised distress previously experienced by the person. The weekly routine and person-centred approach showed positive outcomes for the person. The outcomes included being able to access community services, including swimming pools and supermarkets and enjoy their life each day and communicate their choices.

Is the service responsive?

Our findings

The service supported one person and was specifically created by the person's family. The service was provided by staff who had an exceptional understanding of the person's needs, either because they had known the person for all their life or had passed on this knowledge and experience to other staff.

The person was supported by staff to make choices where possible and staff respected their decisions. Staff supported the person to engage in a wide range of activities and interests. This included accessing activities in the community they enjoyed such as horse riding, swimming, cycling and going to places of interest. They were also supported to cook on a weekly basis in their home and go shopping with staff. One member of staff told us two staff had supported the person to go to 'bike club' that morning and the person had selected their photo along with the bike to communicate they wanted them to participate with them. Staff explained that it was important for people to have choice and control over their life where possible.

The person had a detailed care plan in place that guided staff how to meet their diverse needs and disabilities. It gave a detailed account of their likes, dislikes, and who was important to them. It also contained information about how personal care would be delivered, communication skills, medicine plan, nutrition plan, emotional wellbeing plan, and mobility needs. The approach to care focused on supporting the person's human rights and reducing difficulties for them, such as communicating their needs. Care was provided according to the care plan, which was regularly reviewed and updated appropriately when needs changed. One health care professional told us, "They [provider] update the care plan regularly".

The person received personalised care. Staff were well informed about the person's needs and understood the importance of the person's routine. There was a stable staff team, which had enabled them to get to know the person and understand their needs and how they liked to be supported. Care plans were person centred and detailed how staff should support people's individual needs. For example, the person's care plan detailed how staff should support the person by taking part in the things the person enjoyed and supporting them to communicate their wishes.

Staff told us they felt comfortable speaking to the registered manager if they had any concerns or wished to raise a complaint. Staff told us they did not have any concerns about how the care was provided and managed. Staff also told us the registered manager listened to their feedback to drive improvement. For example, what activities the person was enjoying ensuring these were included in the care plan.

The service met the requirements of the Accessible Information Standard. The Accessible Information Standard is a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. We found that information was available in easy read pictorial formats. Staff communicated with the person by talking to them and using pictorial images. The service used a personalised PECs system to support the person to communicate. Information provided was available to the person in an easy to understand format. For example, the registered manager prepared a plan of the person's holiday to prepare them for what they would be doing on holiday. The registered manager told us any changes to the person's routine required additional support due to their

autism. The plan used pictures of places they would visit during their holiday in sequential order of their holiday week. The registered manager told us this was important in order to meet the person's needs.

Is the service well-led?

Our findings

Staff and a healthcare professional spoke positively of the staff and management team. Comments from staff included, "Communication is very good" and "They [the provider] will jump in to provide care if we [the staff] are unwell and follow [the person's] routine. It is brilliant. Not many employers lead by example". One healthcare professional told us, "They [the provider] works closely with all staff to oversee [the person's] care". Staff told us they enjoyed working for the provider and that the service was well managed.

There were systems in place to daily review and monitor the service. This included review of the person's day, checks of medicine records, reviewing any incidents and care records and providing support to staff and the person. For example, the registered manager reviewed records of care provided to monitor the person's health and wellbeing. One member of staff told us, "There are systems in place to update everyone. [The registered manager] e mails regularly and everything is always up to date".

The registered manager had contact with the person and staff daily to respond to any feedback or issues, provide support to the staff team and observe how staff supported the person. One member of staff told us, "They [the provider] keep everyone updated". The provider sought advice from healthcare professionals to identify any improvements to how the care was planned and delivered to meet the person's needs.

The service had a person-centred culture that respected the person and strived to provide good outcomes for the person whilst recognising their disability and rights. For example, supporting the person to express their wishes and make choices, such as who they wanted to support them with individual activities. Staff felt able to express their opinions, felt their suggestions were listened to and felt able to contribute towards how the person was cared for. The provider, staff and registered manager supported the person to communicate their wishes. The registered manager monitored the person's non-verbal communication to identify if any changes were required to how their needs were being met. For example, this allowed the registered manager to assess if the person was communicating any frustration or distress.

The provider sought advice from healthcare professionals as and when required to review the person's needs and to ensure they were meeting their needs. The registered manager was aware they were required to submit notifications about specific events and incidents. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive.

The service worked in partnership with other agencies to provide positive outcomes for the person. For example, the registered manager told us they had arranged with the person's GP to carry out an annual health check to monitor the person's health and sought advice from other healthcare professionals to review the person's needs.