Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Longton Court

8 Longton Grove Road, Weston Super Mare, BS23 1LT

Tel: 01934708771

Date of Inspection: 27 November 2013

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We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Management of medicines	✓ Met this standard
Supporting workers	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Community Therapeutic Services Limited
Registered Manager	Dr. David Bladon-Wing
Overview of the service	Longton Court provides accommodation for up to four adults with learning disabilities, autism spectrum disorder or other mental health conditions.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 27 November 2013, observed how people were being cared for and talked with people who use the service. We talked with staff, reviewed information given to us by the provider and reviewed information sent to us by commissioners of services.

What people told us and what we found

We spoke with two people who lived at the service who were able to tell us they were happy living there. We saw people who were unable to express their views verbally appeared well cared for. We observed that they were supported by staff who knew them well and understood their needs.

A wide range of health and social care professionals were involved in people's care. Regular care reviews were carried out. Any advice or guidance from professionals was acted upon and incorporated into care plans.

People were encouraged and supported by staff to make decisions about their day to day lives. Others close to them, such as their family members, were also involved in decisions about their care.

We saw medicines were managed safely; people were supported with attendance for healthcare appointments.

Staff spoken with told us that working at Longton Court was "brilliant" because of the contribution they made to people having fulfilling lives. We heard they were supported by their peers and well led by the home's manager.

In this report the name of a registered manager appears who was not in post and not managing the regulatory activities at this location at the time of the inspection. Their name appears because they were still the registered manager on our register.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People were supported in promoting their independence and community involvement. We asked staff how they involved people in planning their day. We were told "we offer choices within a person's ability to understand, so this could be a choice of two things." We saw each person had a weekly activity planner.

People who used the service benefitted from a set routine with minimal change. One member of staff who spoke with us said "we need to introduce new things very slowly and allow people time to get used the idea of a new place or objects." We heard staff remind people of what they needed to do to be prepared for an activity. We saw this prepared people and reinforced the information about the activity so they responded positively.

People who lived in the home did not all use verbal communication. We read in the care records that effective ways of communicating with people had been assessed and recorded. These methods were clearly described in their care plans. We observed staff were able to communicate effectively with people by taking time to talk to them and check their understanding. We observed that people understood staff communications because they had implemented the guidance in the care plan.

We saw people were encouraged and supported by staff to make decisions about their day to day lives. For example people were given choices of drinks, meals and snacks, activities and trips out of the home. People spoken with told us about what they had been doing and had planned to do. One person spoke about their trip out to do their food shopping. They showed us the list of provision and what they had chosen to make for lunch. They told us about their social evenings and where they met up with their friends. Another person told us about their preferred venue to visit. We heard that they enjoyed playing video games in the local arcades. This demonstrated people were supported to follow their individual interests.

We were told by the manager that people were always supported by staff either on a one

to one basis or two to one basis. Some people had two members of staff support them in the community. We noted this meant the time they could access the community was limited. We asked the manager about this and were told the staff roster was planned so that people were able to access the community daily. When people spent time within the home the staff supported them to engage in an agreed activity. We saw there was an activity room available for people to use in addition to the communal rooms in the home. We observed that people did not interact with each other but were well supported by the staff team.

People's diversity, values and human rights were respected. When people were admitted to the service they were engaged in a full assessment of their presenting needs. This included identifying any specific needs related to gender, ethnicity or culture. We read if people were deemed not to be able to understand a decision, their ability to make informed choices had been assessed within the guidelines of the Mental Capacity Act 2005. Their care plan explained who to involve when decisions were needed to be made on a person's behalf.
We looked at two people's records where this process had been used. We saw a separate assessment had been completed for each decision at the time they needed to be made. This assessment looked at the person's ability to make the decision, the benefits and risks of the proposed treatment, how quickly a decision was needed and who else needed to be involved in the decision making process.

Staff had been trained in the Mental Capacity Act 2005, which helped them to understand how to support people to make decisions. We read people's parents, appropriate health care professionals and staff from the home had been involved in making decisions for people. These decisions were deemed to be in their best interests.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

We asked people about their experience and views of the service. People we spoke with had been living at the service for different lengths of time. One person had their own flat within the home. They were able to speak to us about the choices they made on a daily basis and the support received from staff. This person showed us their support plan and the guidance they used when they accessed local amenities. We saw it was in a format that was accessible to them and pictures which were meaningful to the person had been used. Another person who spoke with us had been a more recent admission to the home. They told us about their choice of activity and what they enjoyed. We heard they were happy living at Longton Court. People appeared very comfortable within the home and with the staff team.

We looked at two people's care records during our visit. Care plans were very detailed. They contained clear guidance on the areas of support people required such as how to communicate effectively, people's morning and evening routines, details of any health conditions and how any support should be provided.

The staff we observed supporting people clearly knew them well and understood their needs. Staff explained the care people needed and how they provided it. Each person had an individual plan of care and staff were able to describe these in some detail. One staff member said "We are a really good team. We know people really well and can intervene to support people if needed."

People's care and treatment reflected relevant research and guidance. The records we looked at, and the staff we spoke with, confirmed that people were supported by a wide range of health and social care professionals. These included a psychiatrist and a psychologist in addition to their GP, dentist and chiropodist. We read that regular reviews were carried out by health and social care professionals and any advice or guidance was acted upon and incorporated into care plans.

People were supported to maintain relationships with their friends and family members. There was a close relationship with people's parents. They were involved in planning and reviewing care. We read that one person's parents had been included in a recent review

meeting and had the opportunity to share their views on the care and support their relative received.

Care was planned and delivered in a way that was intended to ensure people's safety and welfare. We read that any risks to people were identified during the assessment process and strategies put in place to reduce risks. We observed staff implementing this guidance to ensure the safety of people who used the service. Staff confirmed to us they had sufficient information and support from their colleagues to reduce risks for people by following guidelines. We heard "we work in a person centred way to support people to have as good a life as they can within the limitations of the plans which reduce the potential risks they pose in the community." Both the care plans and risk assessments we looked at had been reviewed regularly.

There were arrangements in place to deal with foreseeable emergencies. People had individual evacuation plans to follow in the event of a fire within the home. They also had a 'hospital passport'. This contained essential information about them should they need to be admitted to hospital in an emergency.

The home had a business continuity plan. We saw details and information on how to manage the failure of services such as gas and electricity and what do if the home needed to be evacuated. We observed their first aid box and fire fighting equipment in place. Records seen indicated the equipment had been regularly checked. Training records demonstrated staff were aware of their responsibilities if there was an emergency.

People were only deprived of their liberty when this had been authorised by the Court of Protection, or by a Supervisory Body under the Deprivation of Liberty Safeguards. One person was subject to a Deprivation of Liberty Safeguard order. This meant they had restrictions placed on them to keep them safe. These had been agreed with appropriate health and social care professionals and were reviewed regularly.

Management of medicines ✓ Met this standard

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

People who used the service did not self- medicate. We saw all medicines had been counted and recorded on the medication administration record. There were signatures to demonstrate when medicines had been given to a person and we read that medicines had been administered at the prescribed time. This ensured there was an audit trail and the service had a record of all the medicines on the premises.

We checked a sample of medicines against the medication administration records and found they were correct. The home did not have any controlled drugs. We observed there was adequate secure storage in the home to make sure all medicines were kept safely. The home also had facilities to store medicines which required refrigeration. The provider may like to note that the ambient temperature was very warm and was not being monitored to ensure medicines were stored at the correct temperature.

We read some people had "when required" medicines. We saw their use had been recorded on a separate medication administration record. We saw there was guidance on how medicines should be administered. We checked the stock for "when required" medicines for one person and found the amount of medicines in stock was accurately recorded. The home had a policy relating to homely remedies. However no homely remedies were used when we visited.

The provider told us that staff had completed training to ensure they were competent to administer medicines. We saw there was an e-learning medicines training program and additional support from the local pharmacy. We saw the medicines were regularly audited and a monthly meeting was held to discuss any issues related to medicines. This meant that people who used the service could be confident their medicines were managed safely.

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

We spoke with the manager and three staff about the training and supervision provided in the home. All of the staff we spoke with confirmed they had completed an induction programme. We saw there was a training plan for the home. Staff spoken with said they had support and opportunities to attend training relevant to their role and the needs of the people in their care. For example, staff were able to complete the health and social care diploma as well as attend training courses in a variety of subjects.

We asked staff if they had a formal 1:1 supervision with the manager. They told us this happened regularly throughout the year. We saw a record had been kept to show staff had attended supervision and group staff meetings. One staff member told us "there is an open relationship in the company I feel very supported by all of the management team." Another staff member told us "I can rely on other members of the team – we support each other." During our visit we sat in on the handover session held at the beginning of the afternoon shift. We heard the shift leader explaining the events that had occurred during the morning and any impact this may have had on people. This meant staff were aware of any changes in care and support for the people who used the service.

We read in the training records that all the staff had completed essential training courses. Staff told us they enjoyed their work with people. Staff were very positive about the support and training they received. We were told "there is always training going on, it keeps people on their toes." Staff confirmed they had never been asked to undertake a task they had not been trained for. We heard about the updates for staff in their essential training such as positive intervention training. One staff member told us "I have only ever needed to use physical restraint once since working for the company and that was in an emergency situation; the training really equips you to use skills so restraint becomes unnecessary."

The manager showed us the minutes of the staff meetings. We read that training opportunities and working practices at the home were discussed. This meant the manager took steps to ensure staff shared good practice, and people who used the service had their needs met by a trained and informed staff team.

Complaints ✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

People were made aware of the complaints system. This was provided in a format that met their needs. People had an individual agreement with the provider which explained their rights, including their right to complain. The complaints procedure had been produced in an easy read format to help people to understand it. People who used the service needed support to make a complaint and this was available from their keyworker, family or independent advocates.

We saw there were opportunities for people to complain and staff knew people well enough to recognise when they were unhappy. One staff member told us "we understand that when someone is exhibiting difficult behaviours then something is wrong, and we need to take time to find out what it is." We read these incidents were recorded and reviewed to ensure they did not reoccur. This meant the service learnt from incidents.

The provider had a clear policy and procedure relating to complaints. The complaints log listed all the complaints received since April 2013. Records showed concerns were taken seriously and investigated in line with the provider's policy. We read one person had complained about noise at night. We saw the complaint was properly recorded and discussed with the person. This demonstrated the service listened to people and were responsive to them.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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