

Langley Haven Care Home Ltd

# Langley Haven Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Requires Improvement** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Langley Manor is a care home. It is registered to provide personal care and accommodation for up to 35 people across two floors. At the time of our inspection 34 people were living at the service.

### People's experience of using this service and what we found

Risks to people were not always managed safely. Peoples dignity was not always protected because of a lack of privacy when receiving care from external healthcare professionals within the service.

There were effective systems in place to monitor the quality of service, however there was a lack of oversight and governance by the registered manager, relating to the concerns we identified in relation to safety and dignity and privacy.

The premises were clean, and staff followed infection control and prevention procedures. Although one part of the home was malodorous, the registered manager was able to demonstrate how this had been identified and what actions were being taken to address this.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People living at Langley Haven told us they received care from skilled and knowledgeable staff. Staff knew how to identify and report any concerns. People received their medicines as prescribed.

There were sufficient staff deployed to meet people's needs and the provider had safe recruitment and selection processes in place. People's nutritional needs were assessed, and people were encouraged to maintain good diet and access health services when required.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was Good (published 26 September 2017).

### Why we inspected

This was a planned inspection based on the previous rating.

### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect

sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Langley Haven Care Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014

#### Inspection team

The inspection team consisted of one inspector and one 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.

Langley Haven Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection

#### During the inspection

We observed how staff interacted with people. We spoke with 11 people one relatives, two students, one

regular visitor from the local community and two healthcare professionals to gather their views. We looked at records, which included seven people's care and medicines records. We checked recruitment records for five staff. We looked at a range of records about how the service was managed. We also spoke with the registered manager, and seven staff members.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- Prescribed thickening agents were not always stored safely which put people at risk of choking. One person was prescribed thickener for their drinks. On the day of our inspection we noted that 14 containers of prescribed thickener for this person, were not stored safely. For example, we observed the thickener was kept in an unlocked communal cupboard that was accessible to people living in the service. A further opened container of this person's thickener was left out on the side in a communal area which people living with dementia had access to.

The provider responded immediately during and after the inspection and took steps to address the concerns relating to the safe storage of thickening agents. This included moving and storing the thickener to a secure location and holding a meeting with staff to discuss the concern and prevent re occurrence.

- The provider had a medicines policy in place which guided staff on how to administer medicines safely
- We observed staff administering medicines to people in line with their prescriptions. There was accurate recording of the administration of medicines.
- Staff had been trained in administering medicines and their competency checked.

### Assessing risk, safety monitoring and management

- People's risk assessments included areas such as mobility, pressure care and specific health conditions. Staff were familiar with and followed people's risk management plans.
- People's safety was maintained through the maintenance and monitoring of equipment.
- Risks associated with the environment were addressed, for example following a fire risk assessment, the environment and systems in relation to fire were being upgraded by the provider.

### Preventing and controlling infection

- One part of the home was malodorous, the registered manager was able to demonstrate how this had been identified and what actions were being taken to address this.
- The provider had an infection control policy in place. Staff were aware of the provider's infection control policy and adhered to it.
- The provider ensured staff were trained in infection control. We saw staff washed their hands and used disposable gloves and aprons where required.

Systems and processes to safeguard people from the risk of abuse

- Although the service was not always safe, people told us they felt safe. One person told us "I feel safe, I have friends here." A relative said "I drive away and feel OK that (person) is here."
- People were protected from the risk of abuse and avoidable harm because staff knew how to identify and respond to allegations of abuse. One staff member told us "I would report immediately to manager, write a report." They continued, "I could also report to CQC (Care Quality Commission)."
- The provider had safeguarding policies in place and the registered manager and staff reported concerns accordingly.

#### Staffing and recruitment

- We observed, and staffing rotas showed that planned staffing levels were being achieved.
- During the day we observed staff having time to chat with people. Throughout the inspection there was a calm atmosphere and staff responded promptly to people who needed support.
- Staff were recruited in a way that ensured they were suitable to work in a care setting.

#### Learning lessons when things go wrong

- Accidents and incidents were reported and recorded to ensure action was taken to minimise the risk of reoccurrence.
- The registered manager ensured they reflected on occurrences where lessons could be learnt. The team used this as an opportunity to improve the experience for people.
- Staff knew how to report accidents and incidents and told us they received feedback about changes and learning as a result of incidents at team meetings and on an individual basis.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's rights to make their own decisions were respected and people were in control of their support. Where decisions were made on people's behalf's, they were made by those who had the legal authority to do so.
- Staff had received training about the MCA and understood how to support people in line with the principles of the Act. One staff member told us, "Everything we do needs to be in a person's best interest".."
- Where people did not have capacity to make specific decisions, the appropriate assessments were in place and staff acted in people's best interests. For example, some people in the home received their medication covertly. This is when medicine is mixed into food or drink without the person knowing. Records confirmed that this was carried out with the person's best interest in mind, and that relatives and healthcare professionals had been involved in the decision making process.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to them using the service to ensure needs could be met. Assessments took account of current guidance.
- Care interventions were carried out consistently and in line with nationally recognised best practice, for example people who had been assessed as requiring a modified diet received their food in the correct consistency.

- Staff used nationally recognised tools to assess risks of pressure ulcers and nutritional risk.

#### Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and skilled and carried out their roles effectively. A staff member we spoke with told us "The training is good we have eLearning and face to face."
- Staff induction included the provider's mandatory training as well as shadowing an experienced member of staff.
- Staff told us they felt supported and had regular supervisions and yearly appraisals. These meetings provided an opportunity for staff to meet with their managers to agree objectives and discuss their performance. One staff member said, "Supervision is good, I had mine two weeks ago, we discuss everything, work, improvements and how we are doing."

#### Supporting people to eat and drink enough to maintain a balanced diet

- There were enough staff to support and meet people's nutritional needs. We saw people were supported with meals in a dignified way.
- People told us they enjoyed the food. One person told us, "There's a good choice of food." Alternative menus were available, if and when people changed their minds.
- Kitchen staff were aware of people's dietary preferences and ensured special diets were catered for.

#### Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- The home had clear systems and processes for referring people to external services. These were applied consistently to maintain continuity of care and support. Where referrals were needed, this was done in a timely manner.
- People were supported to live healthier lives through regular access to health care professionals such as their GP's.
- Guidance and advice from healthcare professionals was incorporated into people's care plans and risk assessments. Guidance was followed by staff.

#### Adapting service, design, decoration to meet people's needs

- The home signage was dementia friendly and assisted people to orientate themselves around the home and maintain independence.
- People's rooms were personalised and decorated with personal effects. Rooms were furnished and adapted to meet their individual needs and preferences.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people did not always feel cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- People were not always treated with dignity and with their right to privacy respected. We observed people receiving personal care in a lounge area of the home where other people were sitting, without the use of appropriate screens designed to respect their privacy and dignity.

The provider responded immediately during and after the inspection and took steps to address the concerns relating to people's privacy and dignity. This included holding meetings with relevant professionals and ensured additional staff were available to help in moving people to more private areas of the service.

- People's care plans highlighted the importance of people's daily routines. Staff knew how to support people to be independent.
- The provider ensured people's confidentiality was respected. Records containing people's personal information were kept in the main office which was locked and only accessible to authorised persons. Staff were aware of the laws regulating how companies protect information.

Ensuring people are well treated and supported; respecting equality and diversity

- Although people's right to privacy had not been respected in one situation, people were positive about the care they received. One person said, "I like the staff." Another person told us, "Never have to ask for anything. People are kind."
- Records clearly showed that people's views and needs were considered, in particular what was important to people had been identified and staff demonstrated through talking with us that they knew people well.
- The service anticipated people's needs and recognised distress and discomfort at the earliest stage. We saw staff offered sensitive and respectful support and care. For example, we saw that a person became upset, a member of staff noticed this and spent some time with them talking, as a result the person became more settled.

Supporting people to express their views and be involved in making decisions about their care

- Where appropriate and possible, people were involved in decisions about their care. People were given choices and their choices were respected.
- People's care plans detailed their preferences; these plans were regularly reviewed, and people were asked if there was anything they wished to change about the care they received.
- People told us they were able to choose how and where they spent their day.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care and support specific to their needs, preferences and routines. People's care plans reflected individual needs with clear guidance for staff to follow to ensure person centred care. People's care plans were regularly updated to reflect people's changing needs.
- People's care records held information on their current health and support needs in all areas of daily living, such as eating and drinking. This included information and guidance for staff on how best to support people and meet their needs.
- The registered manager and leadership team ensured people's needs and any changes were communicated effectively amongst the staff, information was shared between staff on an individual basis and through team meetings. This ensured important information was acted upon where necessary.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's initial assessments captured their communication and sensory difficulties.
- Care plans were regularly reviewed to ensure these remained current. Reasonable adjustments were made where appropriate that ensured the service identified, recorded, shared and met the communication needs of people with a disability or sensory loss.
- Staff were knowledgeable about people's communication needs and ensured people were supported in a way that suited their communication needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to live as full a life as possible and were enabled to participate in activities which interested them.
- People had opportunities to join in with activities that were flexible and tailored to what people wanted on the day. People spoke positively about the activities, one person told us, "There is usually something going on. I enjoy the company."
- People enjoyed living at the service and were supported to maintain important relationships.

Improving care quality in response to complaints or concerns

- The provider had effective systems to manage complaints and the records reflected any issues received,

these were recorded, fully investigated and responded to as per the provider's policy.

- People and their relatives told us they knew how to make a complaint and were satisfied that it would be taken seriously and dealt with effectively. One person told us, "I can voice concerns, there's no cause for complaint."

#### End of life care and support

- Staff understood people's needs and were aware of good practice and guidance in end of life care. Staff respected people's religious beliefs and preferences.

- At the time of our inspection no one was receiving end of life care (EOLC). However, records confirmed that staff had received appropriate training in EOLC. Staff told us when needed, they would involve professionals to ensure people had a dignified and a pain free death.

- Staff ensured medicines were obtained to manage any future symptoms such as pain, so they were available when needed.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as outstanding. At this inspection this key question has deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- When we spoke with the registered manager and staff about the concerns we had found in relation to the safety, dignity and privacy of people using the service they confirmed that these practices had been happening for some time. This demonstrated a lack of understanding in relation to quality performance as they had not, prior to the inspection, acted to address issues that affected people's lived experience of care.
  - Although there was a not a full of understanding in relation to quality performance, the provider had quality assurance systems in place. These included, audits of care plans, medicine records and analysis of accidents and incidents. These provided an overview to ensure improvements were made where necessary.
  - Following the inspection, the registered manager sent a detailed action plan outlining the actions they were taking to improve the service and prevent reoccurrence of the concerns highlighted within this report.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people, How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Staff behaviour and attitudes towards those they provided care for were not consistent with person centred values. They did not demonstrate an understanding of the impact providing care in public may have on people's wellbeing.
- Staff were complimentary of the support they received from the registered manager. Staff said, "[Registered manager] is very supportive, they are always wanting us to better ourselves." Another member of staff said, "[Registered manager] is very approachable."
- The provider successfully maintained an open and transparent service culture which contributed to staff work satisfaction and in turn the staff delivering good care for people.
- The CQC sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The registered manager understood their responsibilities.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager and provider involved people in various ways. People had opportunities to attend meetings, complete surveys and raise any comments via an open-door policy at any time.

- Annual surveys were given to people and their relatives to gain their feedback. The feedback seen was positive.
- The service catered for people from culturally and linguistically diverse backgrounds, from our observations and speaking with staff and the registered manager demonstrated a commitment to providing consideration to people's protected characteristics.

Continuous learning and improving care; Working in partnership with others

- Although there was not a full of understanding in relation to quality performance, the registered managers and staff were enthusiastic and committed to further improving the service delivered for the benefits of people using it.
- Records showed the leadership team worked closely in partnership with healthcare professionals and multidisciplinary teams to support safe care provision. Advice was sought, and referrals were made in a timely manner which allowed continuity of care.
- The service had strong links with the community, for example the service utilised volunteers from a local college, and during the inspection we observed volunteers engaging in meaningful conversation with people which supported people in avoiding social isolation.