

Langley House Care Home Ltd

# Langley House Care Centre

## 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 well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Langley House Care Centre is a residential care home that provides accommodation and personal care for up to 30 people. At the time of our inspection there were 25 people using the service, some of whom were living with a dementia type illness. The home accommodates people in one adapted single storey building.

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

People and relatives told us they felt the service was safe. The home was clean and safety checks were carried out. There were enough staff to meet people's needs quickly. Any incident or accidents in the home were responded to and learning shared.

Staff were trained and skilled to meet people's needs and were supported through regular supervisions. People were supported with their nutritional needs. The environment was designed to help people with dementia find their way around.

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. Relatives were involved in decision making but it was not always clear what legal authority they had.

We made a recommendation that the provider review their mental capacity and best interest assessment processes.

The home had a registered manager who had good knowledge of people's needs and clear oversight of processes in the home. There were systems to assess the quality of the service, which were closely monitored. People, relatives and staff gave us positive feedback and told us they had opportunity to comment on the service. Professionals we contacted told us people were well looked after and that staff and the registered manager were approachable and responsive.

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 and update

The last rating for this service was requires improvement (published 10 April 2021).

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

We carried out an announced comprehensive inspection of this service on 2 March 2021 and returned for a second day unannounced on 5 March 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, need for consent and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Langley House Care Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 safe.

Details are in our safe findings below.

**Good** ●

### **Is the service effective?**

The service was effective.

Details are in our effective findings below.

**Good** ●

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

The service was well-led.

Details are in our well-led findings below.

**Good** ●

# Langley House Care Centre

## 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 Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by 2 inspectors.

#### Service and service type

Langley House Care Centre is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement dependent on their registration with us. Langley House Care Centre is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced. Inspection activity started on 17 October 2022 and ended on 18 October 2022. We visited the service on 17 October 2022.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider

sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 4 people who used the service, 3 relatives, 2 visiting healthcare professionals and 6 staff, including the nominated individual, registered manager, senior care assistant, care assistant, kitchen and domestic staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We observed interactions between staff and people in communal areas, including at lunchtime. We reviewed a range of records. This included 3 people's care records and medication records. We looked at 2 staff files. A variety of records relating to the management of the service, including policies and procedures, were reviewed.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At the last inspection the provider had failed to robustly assess the risks relating to the health, safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risks to people had been assessed, and safety was monitored and well managed within the service. Risk assessments were regularly reviewed and developed as people's needs changed.
- Staff made safety checks on people, such as for repositioning, and on the environment and equipment.
- People and relatives told us they felt safe, that risks were considered, and agreements made about how staff responded to these. A person who used the service told us "Yes, I feel safe". Their relative told us, "Staff do what they can to help [person]...to feel more secure." Another relative felt procedures in the home kept their family member safe, they told us, "Security is good, you have to ring the bell. They don't give out the door code."

### Using medicines safely

- Medicines were safely managed by competent and appropriately trained staff. One person told us, "Medicines come like clockwork."
- Some records for people who required medicines as and when needed lacked detail about how staff would recognise when these were required. We discussed this with the registered manager and further detail was added immediately. Staff were knowledgeable about people's medicines and knew how to identify when people needed medicines that were not given routinely.
- Systems supported safe medicines storage and management. The provider was moving to a new medicines system with a view to making processes easier to use and monitor.

### Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse and harm. Staff had completed appropriate training and knew how to raise any concerns about poor practice.
- People and relatives told us they felt safe. One person told us, "I feel safe. If I need anything, I ask staff."
- Systems to record and report safeguarding concerns had improved and actions were being taken when risks occurred.

### Staffing and recruitment

- There were enough staff on duty to meet people's needs. We observed that staff met people's needs promptly and were unhurried when assisting them. One person told us, "They [staff] come straight away, I press the button and they come."
- New staff had been appointed and staff told us this meant there were dedicated staff for the different roles in the home, such as for care, activities and domestic duties.
- Staff were recruited safely. Appropriate recruitment checks were carried out and recorded as standard practice.

### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

### Visiting in care homes

- The provider ensured relatives were able to visit loved ones, in line with current guidance.

### Learning lessons when things go wrong

- Systems were in place to monitor accidents and incidents to look for any patterns or trends.
- Lessons learnt and actions for improvement were shared with staff.

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. 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

At the last inspection the provider failed to comply with the requirements set out in the MCA regarding capacity, consent and deprivation of liberty. This was a breach of regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People's capacity and ability to consent to particular decisions was assessed and recorded. Best interests' decisions were made on behalf of people who lacked capacity.
- The provider had a system in place to record and track DoLS so that they could be renewed when they expired. Staff had training around MCA and DoLS and could explain what DoLS restrictions were in place.
- Relatives confirmed they were involved in care decisions, but their involvement or legal authority to act was not always recorded.

We recommend the provider review their mental capacity and best interest assessment processes to ensure legal authority is documented for people involved in decision making.

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

- People had their needs and choices holistically assessed and regularly reviewed in line with best practice guidance. Staff followed detailed care plans and knew people's needs well.
- People were the decision makers around their care. Their preferences were recorded and acted on.

Staff support: induction, training, skills and experience

- Staff were trained in a range of areas that enabled them to carry out their jobs, including having an in-depth induction. A visiting professional told us staff were, "Really helpful and really knowledgeable."
- Staff had received supervision and appraisal. Staff told us these were useful meetings which allowed them to talk about their development, competency in their roles and ways the service could be improved.
- Staff told us they felt supported and were given guidance daily. Senior staff observed practices to ensure staff skills were current, for example for moving and handling and handwashing.

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

- People received balanced and varied meals. People told us they enjoyed the food and could choose what they ate. One person said, "Food is good, it's always cooked nice." A relative told us, "You can't fault the food" and explained staff knew his family member's dislikes and catered around these.
- People's nutritional risks were assessed, and appropriate actions taken to support any dietary needs. Onward referrals to dieticians and speech and language therapists were made where risk was identified.

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

- The home worked with other agencies to deliver timely and consistent care. A visiting professional told us staff followed the guidance they gave, they said, "Staff do try the interventions and are happy to help."
- Professionals told us the home was good at identifying and reporting concerns about people's health and wellbeing. Relatives told us staff had supported their loved ones to access health services. One relative told us, "Staff sent [person] for a scan, the district nurses come in and they had the doctor in to [person]."
- Staff made appropriate referrals to other agencies, such as to GPs, chiropodists and opticians.

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

- Signage and decoration were available to help people suffering from a dementia type illness find their way around the home.
- People's rooms were personalised and there were sensory items, such as dolls in prams, placed around the home to provide interest.

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At the last inspection we could not be assured that the governance and quality monitoring of the service was robust enough to ensure people were being protected from the risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider and the registered manager had clear and effective oversight of the service.
- Management made regular checks on the quality of the service using a range of audits. Where improvements were identified these were acted on. Specific audits had been completed to learn and improve from the findings of the last inspection and to check regulatory requirements were met.
- The registered manager told us they felt well supported by the nominated individual and the wider organisation. The nominated individual supported the inspection and was knowledgeable and passionate about the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive and person-centred culture in the home. A relative told us, "All staff go out of their way; the cleaner, cook, manager. They make you feel welcome."
- Staff told us they felt supported by the registered manager, and other staff, and worked together as a team. One staff member said, "We all muck in, we're a big family team."
- People and relatives told us staff and the registered manager were caring and approachable. One person told us, "Staff are great, there is nothing wrong with the carers." A relative told us, "[Registered manager] is lovely, up dancing with the residents. They help the carers out if one calls in sick, they help with the dinners. I couldn't complain about them, they are really nice."

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

- People and relatives gave feedback in several ways such as daily communication with staff, meetings and

surveys. One person told us, "They [staff] ask if I'm alright." A relative told us, "They have residents' meetings, they take onboard our comments." This relative also stated that improvement that had been made based on their feedback.

- Staff had meetings and told us they could speak to the registered manager to discuss any aspect of the service. The result of staff surveys were largely positive and negative comments were acted on.

Continuous learning and improving care; 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

- The registered manager was aware of their responsibilities in relation to the duty of candour. They were open when mistakes were made and shared learning from incidents with staff.
- Relatives told us they had been informed promptly when there had been an incident or accident and that staff made improvements if possible.
- Ongoing improvements were planned which included improvements to medicines and care planning systems.

Working in partnership with others

- The registered manager worked pro-actively with partner agencies and we received positive feedback about the service from professionals. One professional told us, "Staff are friendly, they know the patients and have good insight into their needs."
- The home had links with the local community and people were supported to attend activities outside the home. For example, staff accompanied people to local venues to listen to music and have meals. Staff reviewed what was on offer and what they could support people to attend as a group. People had use of the home's minibus for these trips.