

The Orders Of St. John Care Trust

OSJCT Langford View

Inspection report

Coach House Mews
Bicester
Oxfordshire
OX26 6EW

Tel: 01869252343

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Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	Inspected but not rated
Is the service effective?	Inspected but not rated
Is the service well-led?	Inspected but not rated

Summary of findings

Overall summary

About the service

Langford View is a care home providing accommodation for up to 60 older people, including people living with dementia. At the time of the inspection there were 53 people living at the home.

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

We received information raising concerns about staffing levels, management of falls, management of medicines, management of weight loss, unclean environment and poor provision of activities.

We inspected the home, which included visiting the home and speaking with people. We also spoke with staff who were on duty and sought feedback from relatives as well as healthcare professionals who often visited the home.

We found the service had enough staff to meet people's needs. People told us they did not have to wait to be attended to. During the inspection, call bells were answered in a timely manner and staff did not look rushed. Relatives told us they had never had any reason to think there were not enough staff to care for people. Staff told us there were enough staff to meet people's needs, however, there were a few times when they were short if staff called in sick at short notice.

We found risks in relation to falls had been identified and there were management plans in place. Equipment was used to help prevent the risk of falls, such as sensor mats.

We found people were protected from the risk of acquiring infections and the service was clean. Personal protective equipment was readily available and all staff were following the latest guidance.

We also found risks in relation to weight loss were identified and managed positively. Healthcare professional advice around nutrition was sought in a timely manner and some people had put on weight.

People had limited access to activities and the provider was looking at improving days out when visiting guidance changed.

Prior to the inspection we received anonymous concerns of poor communication and that the service was poorly managed. There was a long-standing registered manager who had been in post since the opening of the home nine years ago. People and relatives told us the home was well managed and that communication was effective. Staff told us the manager was supportive and included them in decisions about the changes. The provider had effective quality assurance systems in place which were used to drive improvement.

Rating at last inspection

The last rating for this service was Good (Published 9 May 2018)

Why we inspected

We undertook this targeted inspection to follow up on specific concerns which we had received about the service. The inspection was prompted in response to concerns received about staffing levels, management of falls, management of weight loss, poor provision of activities, poor communication and poor management of the service. A decision was made for us to inspect and examine those risks.

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 coronavirus and other infection outbreaks effectively.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

The overall rating for the service has not changed following this targeted inspection and remains Good

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Langford View on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we 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?

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Is the service effective?

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Is the service well-led?

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

OSJCT Langford View

Detailed findings

Background to this inspection

The inspection

This was a targeted inspection to check on specific concerns we had about staffing levels, management of falls, management of medicines, management of weight loss, unclean environment, poor provision of activities, poor communication and poor management of the home.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was undertaken by three inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Langford View 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

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 took this into account when we inspected the service and made the judgements in this report. 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 all of this information to plan our inspection.

During the inspection

We spoke with four people and three relatives. We also received written feedback from two relatives. We looked at five people's care records. We spoke with the registered manager, head of care and five staff which included, nurses, care staff, domestic staff and activities coordinator. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We received feedback from one healthcare professional.

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. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check specific concerns we had about staffing levels, management of falls, management of medicines and unclean environment. We will assess all of the key question at the next comprehensive inspection of the service.

Assessing risk, safety monitoring and management

- We had received concerns the risks of people falling were poorly managed. Records showed where people had been identified as at risk of falls, risk assessments had been completed and there were risk management plans in place. Staff were familiar with and followed people's risk management plans.
- Where people had falls, equipment had been sought including sensor mats to alert staff and reduce the risk occurring again. Staff also completed regular checks on people and ensured people were supported with mobility when they needed to.
- The provider had a system to record accidents and incidents. We viewed the accidents log and saw appropriate action had been taken including identification of trends where necessary.

Staffing and recruitment

- We had received concerns there were not enough staff to meet people's needs. During the inspection we observed staff did not look rushed and responded to call bells in a timely manner. One person told us, "Staffing is beginning to get better, wasn't a few weeks ago. There are new staff that have come in and some are agency workers."
- Relatives said they had no reason to think there were not enough staff. Healthcare professionals also said they often found staffing levels to be of good ratios.
- We looked at staffing rotas and these showed planned staffing levels were often met apart from when there were short notice staff absences. Staff told us the registered manager did all they could to ensure enough staff at all times.
- They registered manager told us they used the same agency staff when needed to allow continuation of care. They were also actively recruiting and reviewing staff shift rotas to ensure safe staffing levels at busy times.

Using medicines safely

- We had received concerns of poor management of medicines. During the inspection we observed staff administering medicines safely.
- Where people require medicines for pain, pain assessment tools were used, and medicines administered or offered as prescribed.
- Records showed 'when required' medicines were reviewed regularly in line with NICE best practice

guidelines.

- We observed staff administering medicines to people in line with their prescriptions. There was accurate recording of the administration of medicines.
- Staff met good practice standards described in relevant national guidance. Staff had been trained in administering medicines and their competence regularly checked.

Preventing and controlling infection

- We received concerns the environment was not clean. On the day of the inspection we found the home was clean. Staff were seen cleaning and completing cleaning schedules.
- We were somehow assured that the provider was promoting safety through the layout and hygiene practices of the premises. There were some areas of the home which could benefit from hand gel dispensers.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

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. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to check specific concerns we had about management of weight loss and provision of activities. We will assess all of the key question at the next comprehensive inspection of the service.

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

- We received concerns of poor weight loss management. Records showed where people had been identified as at risk of weight loss, risk assessments had been completed and there were nutritional plans in place.
- People's weight was monitored monthly and nutritional support sought from dieticians in a timely manner.
- Some people were prescribed nutritional supplements and we saw these were given and people had maintained or put on weight.

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

- We received concerns of provision of activities. On the day of the inspection we found people had access to some activities, however, opportunities for day out visits could be improved.
- People had access to activities which included individual and group activities such as arts and crafts. The home had a dedicated coordinator who tried to make sure people were involved in activities. On the day of the inspection we saw people participating in some one to one session. We also saw evidence people had been involved in activities. People told us they were involved in the activities. One person said, "Yes I enjoy knitting and card making." Another person commented they were often invited but chose not to attend.
- Relatives told us provision of activities varied. One relative said, "A range of activities are offered, many of which are routine but with Covid-19, these have been suspended temporarily. [Person] does not like many of the activities offered. A weakness is that there are so few opportunities for visits away from the home and there appears to be minimal use of the small coach at the centre." Another relative told us, "[Person] enjoys the music and the painting." A third relative commented, "There are too few trips out for residents, even before the pandemic. This means that residents are confined to their rooms, the lounge and the dining room. [Person] could do with one-to-one meetings with a dementia-trained carer."
- We discussed concerns around provision of activities with the registered manager and they were going to review them.
- Staff ensured that people maintained relationships that mattered to them, such as family and other social links. This helped to protect them from the risk of social isolation and loneliness as social contact and companionship was encouraged. Relatives told us visits had been facilitated in line with the government

guidance and the provider's policies.

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 good. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to check specific concerns of poor communication and poor management of the home. We will assess all of the key question at the next comprehensive inspection of the service.

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

- People told us the home was well-led. One person said, "I know the manager and she is approachable."
- Relatives were complimentary of the way the home was managed and told us, "The essential support to residents is based on sound management, a superb reception operation and good care leaders and carers. Manager has effective control of every aspect of the running of the care centre and she speaks to the individual residents often, as a matter of routine" and "I know the manager and she is a lovely person, always stops for a chat and an update. [Person] is incredibly happy there and the staff are always lovely. During the current period they have been supportive over visits and keeping me updated on how [Person] is. It always seems such a happy place."
- Staff were complimentary of the support they received from the management team. Staff said, "Manager open and approachable. I can suggest things and they will be taken on board. She can ask for my opinions" and "Manager and deputy manager are good, I can discuss with them any concerns."

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

- The registered manager had been in post since the home opened nine years ago. They were supported by a knowledgeable head of care. There was a clear management and staffing structure and staff were aware of their roles and responsibilities.
- People and their relatives had opportunities to raise any comments via an open-door policy at any time. Relatives commented about the positive communication with the home. One relative said, "The home is extremely good at communicating with us and always very helpful and friendly on phone calls and visits." Another relative told us, "Communication is by email and telephone and it is easy to obtain information. The staff are very keen and willing. Even if the care leader is busy, I will always receive a return call promptly."
- Staff told us communication was effective via emails and team meetings.
- The staff team assessed the quality and safety of the service through audits. Audits included all aspects of care including health and safety checks, safe management of medicines and people's care records. These were used to drive improvement.