

Langley Haven Care Home Limited

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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 caring?	Good	
Is the service responsive?	Good	
Is the service well-led?	Good	

Overall summary

The inspection took place on 16 March 2015. This was an unannounced inspection.

At the time of this inspection there was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

‘registered persons’. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Langley Haven Care Home is a residential home which provides accommodation and personal care for up to 24 older people including people living with dementia.

Summary of findings

People and their relatives told us they felt the care provided in the home was safe. Staff had received training in how to keep people safe and knew how to raise concerns. We observed sufficient numbers of staff were on duty to meet the needs of people living in the home.

People's medicines were administered safely and stored correctly. Staff were aware of how to protect people from the risk of infection through training in infection control and the use of protective clothing such as gloves and aprons.

Risks to people were managed, and documents showed regular checks were completed to ensure the environment and equipment were safe. People had the risks associated with their care assessed and risk assessments were in place to reduce any hazards.

The provider operated a safe recruitment practice when employing staff. This involved carrying out the necessary checks to make sure staff were safe to work with people.

People's food and fluid intake were monitored as part of the care provided. This was to ensure people's health was maintained. People liked the food and their preferences were recorded.

Staff were trained to understand the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Where people lacked the ability to make some decisions for themselves the provider had taken appropriate action by assessing their mental capacity. DoLS applications had been made where necessary and appropriate.

Staff were supported to carry out their work by senior staff. Training was available alongside supervision and staff handover meetings. Staff felt able to share ideas and concerns in order to improve the service on offer.

People's health was monitored and when necessary referrals were made to external professionals to assist the person with their health needs. People and their relatives told us when they had been unwell staff responded quickly and appropriately to get the assistance they needed.

People and their relatives told us the staff were caring and were focussed on people as individuals. We observed how staff cared for people in a gentle and reassuring manner. People were involved in how their care was planned, and their preferences and choices were respected. Each person had a care plan and risk assessments in place to ensure the care met their needs and hazards were minimised.

The home offered a variety of activities that people enjoyed and responded to. People's relatives were made welcome in the home and had access to staff and management to discuss the care provided if they wanted to. People told us they were happy with the care and had not had to complain. Information about how to complain was accessible to people.

People spoke positively about how the home was managed. The registered manager had undertaken audits of how the home was run, and checks were made to ensure equipment and the premises were safe. The home is due to be extended to offer more space and accessibility to people.

Summary of findings

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.

People told us they felt safe living in the home. Staff had been trained and knew how to recognise signs of abuse, and how to report any concerns.

There were sufficient numbers of staff present during the inspection to meet people's needs.

Risks associated to the care being provided had been assessed. These were monitored and reviewed to ensure any hazards were minimised.

Good



Is the service effective?

The service was effective.

People were provided with food and drinks they liked and encouraged to stay healthy by having a nutritional diet. People's health was monitored and when necessary external professionals were contacted to provide support to people on maintaining good health.

Staff understood the Mental Capacity Act 2005 and how this applied to their role.

Good



Is the service caring?

The service was caring,

Staff demonstrated a caring nature when supporting people. They spoke knowledgeably about the people they cared for. People were involved in how their care was delivered.

Staff protected people's privacy and dignity.

Good



Is the service responsive?

The service was responsive.

People's needs were assessed before they moved into the home. Care plans and risk assessments described the care and minimised hazards.

A wide range of activities were on offer to people. People told us and appeared to enjoy the activities.

Good



Is the service well-led?

The service was well led.

Staff told us the management were supportive and they worked well as a team. The home had development plans which would extend the size of the home which would give people more space.

The manager checked the home was safe and care was appropriate.

Good



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Detailed findings

Background to this inspection

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

This inspection took place on 16 March 2015 and was unannounced.

The inspection team included an expert by experience who had expertise in care being provided in care homes and an inspector. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed previous inspection reports and other information we held about the home including notifications. Notifications are changes or events that occur at the service which the provider has a legal duty to inform us about.

We observed how care was provided to people, how they reacted and interacted with staff and their environment. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with two people who lived in the home, four relatives and eight staff including the operations manager. We examined four people's care files, care recording charts and records related to the medicines people received. We read a range of records about how the service was managed including policies and procedures and audits. We reviewed four staff recruitment and training files.

Is the service safe?

Our findings

People told us they felt safe living in the home; this was echoed by their relatives. One relative told us safety was their main concern when looking at care homes. They felt confident with the home and the care provided was safe.

Staff received training and knew what indicators of abuse were and how to report concerns. They were aware of the provider's whistleblowing policy and knew how to raise concerns both within the home and externally.

We saw people received care and support in a timely manner. All of the people's relatives we spoke with said there were enough staff on duty each day. One staff member did not think there were sufficient numbers of staff. They explained the impact of this was that staff were rushed and stressed trying to complete the work they had to do. They did not feel this was beneficial to the people living in the home. We observed sufficient numbers of staff throughout the time of the inspection. The operations director told us when staff shortages occurred due to staff absences, staff were brought in from other homes in the organisation. In doing so the use of agency staff could be avoided.

Where people required medicines, trained staff administered them. Medicine administration records were kept up to date and showed people received their medicines as prescribed by their GP. The medicines trolley was clean, locked and secured to the wall when not in use. The medicines file included the provider's medication policy and a temperature log to ensure the medicines were stored correctly. A photograph of each person was located against their medication administration chart this enabled staff to check the right person received the right medication. Information was also available to describe symptoms of conditions which might require medicines and also when a GP must be called. Documents informed us a medication management audit had recently been completed.

To protect people and staff from the risk of infection, staff wore personal protective equipment such as gloves and aprons. Most staff had completed training in infection control. Documents showed infection control audits had been completed.

People had the risks associated to their care assessed. Areas such as nutrition, mobility and the risk of dehydration and malnutrition were assessed, documented and monitored. Documents showed where a person had diabetes advice for staff had been recorded on signs and symptoms of changing blood sugar levels. This also included the appropriate action for staff to take if concerned about the person's health.

Where people had behaviours that were considered to challenge the service, appropriate risk assessments and care plans were in place. Where appropriate, staff supported the person and monitored their behaviour to ensure the risk of harm to themselves or others was minimised.

Risks to people's safety had been assessed. Records showed recent assessments and audits had been completed related to the environment and included areas such as water safety, bedrails and fire safety. The equipment and premises had service contracts for equipment. For example fire equipment, to ensure they were safe to use and well maintained. Regular audits of the building and the environment were completed by the registered manager and sent to the operations director. Maintenance records showed work completed by the maintenance staff to keep the home in a state of good repair and safe for people who lived in the home and visitors.

The service operated safe recruitment procedures. Staff files contained Disclosure and Barring Service (DBS) checks, references including one from previous employers and application forms. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they were barred from working with adults. Identification documents and completed health checks had also been completed.

Is the service effective?

Our findings

People told us they liked the food provided in the home. One person said the “The food is good.” Another person said, “The new chef is very good”. A relative told us, “We’ve eaten the food, it’s delicious.” If people disliked the meal choices, other food was made available to them. Pictorial menus showed people what was available at each mealtime. Plates of chopped up fruit were available around the lounge for people to eat. Snacks were available between meals. Records showed people’s preferences for food and drink had been documented.

Records showed people’s nutritional needs had been assessed and care plans reflected how people’s needs were to be met. Risks associated with inadequate intake of food and drink had been completed, and where appropriate people’s weight was monitored regularly. These records were regularly reviewed. Most staff had attended training on nutrition and knew how to monitor people’s nutrition and fluid intake. We were told of one person was confined to bed as they had not been eating well and were unwell. Staff concentrated on improving their food and fluid intake which improved the person’s weight and overall health, they were now recovered and no longer in bed. We observed staff supporting people with eating their meals in a timely way. This ensured the food did not get cold and people could enjoy it.

The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) set out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Where staff needed to assess people’s capacity to make decisions records showed this had been done and reviewed.

Where people were being lawfully deprived of their liberty, the registered manager had applied to the supervisory

body for authorisation to put restrictions in place to ensure people were safe. Most staff had completed up to date training in MCA and DoLS and were able to describe to us how this applied to their role and the wellbeing of people.

Staff told us they received induction training which included the training the provider deemed as mandatory. Records verified most staff had completed the mandatory training and the training was up to date. Staff said they felt supported by each other and by the senior staff in the home. Following the completion of the mandatory training they shadowed senior or more experienced staff until they were deemed to be competent to work alone. Their progress was monitored for a further period of time. Staff told us they had received supervision and records showed most care staff had received supervision in the last two months. Staff told us they found this useful and an opportunity to get feedback on their performance and how to improve in their role.

People’s health was monitored by staff. Procedures were in place for care staff to raise concerns with senior staff if they noticed a change in a person’s health. Senior staff assessed the requirements of getting additional advice or treatment from the GP or hospital. Relatives told us when people had become unwell the staff had responded appropriately and had kept them informed of the actions they had taken. Documents showed where one person had diabetes a passport for diabetes in care settings was in place. The Passport provided basic personal information, contact details of relevant health professionals, how the individual managed their diabetes and what to do if problems occurred.

Other health professionals were involved in the care of people who lived in the home; these included the GP, health visitors, physiotherapists, and chiropodists. When necessary meetings were held between these professionals to discuss the welfare of the person and how to provide care to meet their needs.

Is the service caring?

Our findings

One person told us about their experience of the staff in the home, they said “They do what they can for you. If you want anything you just ask and they get it for you, and they do it quickly. ... They’ve been good to me. When I was ill they never left my bed. The staff are very very good.” Two relatives spoke about how reassured they were by the attitude and caring nature of the staff. One said “The staff are people-orientated. I see them sitting with others holding their hands.” Another said “They are so kind and caring, they look after him really well. I now have quality time with my husband. The staff are skilled. I never have to ask them to do anything, they are always on the ball.”

We observed positive interactions between the staff and the people who lived in the home. Staff were gentle and encouraging when assisting people with mobilising and joining in activities. At lunchtime we observed how attentive the staff were towards the people who needed help. Relatives were also made to feel welcome with staff offering drinks and chatting to them in a friendly and relaxed way. One relative told us how impressed they were with the way staff supported a person. They said the person was always well dressed, clean and their physical needs were always met. Records showed the majority of care staff had been trained in how to support people with dementia. One relative told us they thought this was evident by the way staff cared for people. They described staff as being respectful and focused on the person, when describing staff they said, “In my eyes they are brilliant.” One staff member told us it was important to understand dementia and the needs and behaviours of people.

Staff described the qualities required to be a good carer as being kind, caring, passionate, friendly and polite. They felt having a good understanding of the needs of people and their behaviour were also important. Relatives told us they saw these qualities in staff. From our observations we found they were displayed throughout the inspection.

Staff were able to talk knowledgeably about the people they cared for. They were aware of people’s likes and dislikes and how to communicate with each person. People and their relatives told us communication with the staff was good. Staff explained things to people in a way they understood. For example we saw staff showing people different food so they could choose which they preferred.

People were involved in the planning and delivery of their care. Records showed people had been consulted about how they wished their care to be provided. Care plans were personalised and included people’s wishes. Where people had a preference about being cared for by a male or a

female staff member this was recorded and respected. Staff understood the need for people to maintain their independence and encouraged decision making and choice. We saw people being supported to walk, eat and participate in activities in a way that encouraged independence.

Staff knew how to protect people’s privacy and dignity. One staff member told us if they needed to speak to person privately they would speak quietly or go to a private area. Another staff member told us in order to protect a person’s dignity they would speak to them like an adult not a child.

Is the service responsive?

Our findings

People and their relatives told us they were included in the planning of their care, and could make decisions and choices about how it was delivered. Records showed people met with the provider prior to moving to the home and an assessment of their needs was completed. From this a care plan and risk assessment were written. This was reviewed within the first two weeks of moving into the home and again after three months. This allowed the provider time to establish if the person's needs changed once they were living in the home and to alter the records accordingly. We saw one person had signed each part of their care plan to indicate their agreement with the contents. One relative told us they had been consulted recently following the review of a person's care plan to check they were happy with its contents. Records were updated daily and reviewed regularly with the person and where appropriate their family.

Where people had specific needs due to physical or mental health concerns, specialist care was provided. For example regular appointments at hospital were attended by a person with complex health needs. Another person who had an illness had regular visits from a district nurse.

Alongside people's physical and mental needs, care plans recorded people's likes; dislikes; interest; history and hobbies. People's social needs were also considered as part of the

care provided at the home. The activity organiser told us it was important to know what people used to enjoy doing prior to moving into the home as this helped them organise activities that people wanted to participate in. People told us they enjoyed the activities in the home. They

particularly enjoyed the singing and outside entertainers who visited.

We were told by the activities organiser about the benefits of using reminiscence as part of the activities on offer. At a recent event people were encouraged to prepare food the way they used to, and to talk about cooking. A shop was created where people could use old coins to buy things. A Facebook page had been set up to show pictures of the activities that had taken place at the home including parties and outings to places of interest. It also informed people's friends and relatives of the activities on offer for the following week. This enabled people's relatives and friends to visit the home and join in. A wide variety of activities such as sensory stimulation and singing were on offer, which people participated in and enjoyed. The home had recently been awarded first prize in a national singing competition run by a lottery funded charity, which promoted singing and music to benefit the lives of older people.

In order to protect people from social isolation families and friends were welcomed into the home. We observed a large number of relatives visited throughout the time of the inspection. Staff made themselves available to them to discuss the welfare of people if needed.

People and their relatives told us they were happy with the care being provided and had no cause to complain. We observed the complaints policy and procedure were accessible to people in the entrance to the home. The operations director told us they had received one complaint in the last year which had been dealt with. Staff knew how to respond to complaints and how to escalate serious complaints to the senior staff for a response.

Is the service well-led?

Our findings

People spoke positively about the management of the home. Staff told us the management in the home were supportive. The new registered manager was not present at the time of the inspection however the operations manager was, and was able to speak to us about how the home was managed.

Records showed the registered manager was accountable to the regional manager on a daily basis. Information was shared between the two on a daily basis regarding the work completed by the registered manager, and weekly with regards to resident's welfare, checks on the environment, staff training and work completed by the maintenance staff. Following the inspection we were sent copies of completed audits for safety checks and fire equipment maintenance checks. Where faults or maintenance were required we could see action had been taken to ensure the safety and reliability of equipment such as call bells.

The regional manager told us of plans to develop the home. Plans were agreed to build extra facilities within the home and extend the premises. This would allow more space for the lounge area, dining room, office and a quiet area. A new consulting room, medical room and hairdressing space were to be developed.

People and their relatives told us the home was well managed. They thought staff were well trained and competent. The registered manager was accessible and approachable. Staff told us they felt they worked as a team and all helped each other. They said the registered manager was approachable and listened to their concerns and ideas for improvement. Staff met twice a day to discuss what had been happening in the home and to discuss the welfare and wellbeing of people. Additional staff meetings were arranged when significant changes were planned. For example, when the new registered manager started work. The operations manager told us they had arranged a social evening to introduce the new manager to staff in a more relaxed way.

The operations manager told us their vision was to keep the service small and for it to feel like a person's home. The care should be personalised, which meant it should be tailored to each person's needs. This was reiterated by a staff member who told us "Residents are in the centre of everything. Everything is organised to meet their needs." They told us "I have wonderful colleagues, I am not exaggerating. I can see how they talk to people and see the people's reactions. It is all about working as a team which we do, we help new staff to be involved. The new manager is very supportive." The staff appeared to be proud of working in the home and the strong team ethos was shared by the staff we spoke with.

Feedback from a recent questionnaire given to people following the inspection was sent to us. This showed 100% of people felt the home was either good or excellent. No resident's or relative's meetings were held at the home. However, staff were directly accessible to people, relatives and visitors as the office was open plan and on the ground floor. The operations manager told us although this was informal arrangement people did give their views on the care. One relative confirmed staff frequently asked for their opinions. We observed a high number of relatives visiting the home, who would have had access to staff and management if they needed it. People could also give feedback via the internet on an external website linked to the home's website.

The operations manager discussed with us an idea they had about recognising the good practice of staff. They said they had given financial rewards to staff in the past who had worked over and above the requirements of their post. One staff member told us innovation was encouraged. They could discuss ideas during the handover meetings and in supervision. Management were supportive of new initiatives.