

Voyage 1 Limited

# Langley House

## Inspection report

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Date of inspection visit:  
07 June 2016

Date of publication:  
05 July 2016

### 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 ●

# Summary of findings

## Overall summary

This inspection was unannounced and took place on 7 June 2016.

Langley House is registered to provide care and accommodation to up to 12 people with a learning disability. Langley House is split into three different homes all sharing the same grounds. People receive support from one staff team and all people have access to the main house. At the time of this inspection there were 11 people using the service.

There was a registered manager at the home who had the qualification, skills and knowledge to manage the home. 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.'

The last inspection of the home was carried out in July 2014, there were no concerns raised at that inspection.

The registered manager was appropriately qualified and experienced to manage the home. They had experience of supporting people with learning disabilities and continued to develop further skills and knowledge by on going training. The registered manager had managed the home for six years. The registered manager and deputy manager were available throughout the inspection.

Staff had a clear understanding of what may constitute abuse and how to report it. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. Safeguarding information posters were displayed throughout the home to ensure people, relatives and visitors and staff had access to information on how to raise issues outside the service if they wished. Risks of abuse to people were minimised because the provider had robust recruitment procedures in place. Before commencing work all new staff were checked to make sure they were safe to work with vulnerable adults. These checks included seeking references from previous employers and carrying out disclosure and barring service (DBS) checks. The DBS checks people's criminal records history and their suitability to work within the service.

There were sufficient staff to keep people safe. People received one to one staffing to meet their needs in a relaxed and unhurried manner. For example activities were put in place to support people to focus their anxieties into positive actions and outcomes which reduced incidents for people which could be challenging for staff. Risk assessments were in place to enable people to maintain their independence with minimal risk to themselves and others.

Care plans were personalised to each individual and contained information to assist staff to provide care in a manner that respected needs and individual wishes. Each member of staff knew the person they were

supporting well. One member of staff told us, "I used to be a little worried about supporting some people due to their behaviours, but since I have read the care plans and have got to know people, I am more confident and love working here". Daily records showed that staff had carried out the care and support in line with the person's care plans.

People, relatives and staff and professionals involved in the home were complimentary about the service and spoke highly about the registered manager and deputy manager. One relative informed us, "Staff are brilliant". Another said, "We are happy, with the support provided, the manager is very professional." One professional involved with the home told us, "I find staff and management very reflective, and recommendations I provide are put into practice as asked".

People were supported to have a sufficient amount to eat and drink. Menus were available for people to see what was for dinner in pictorial format on notice boards in the dining room and the entrance of the kitchen area. Staff had received training and had the skills required to support people who needed a specialist diet or needed to be supported with nutrition in a specific way. People were able to access drinks and snacks when they required them.

Safe systems were in place to protect people from the risks associated with medicines. Medicines were managed in accordance with best practice. Medicines were stored, administered and recorded safely. Health professionals were routinely involved in supporting people with their health and wellbeing. Staff made sure people with sensory needs received the care they needed to remain as independent as possible. The home had sensory areas inside and outside which were easily accessible to all living at the home.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

There were sufficient numbers of staff to ensure people's safety and provide care in an unhurried manner.

Risks of abuse to people were minimised by a robust recruitment procedure.

People's medicines were safely administered by staff who had received specific training to carry out this task.

Risks were identified and managed well to ensure people were safe.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff who had the skills and knowledge to meet their needs.

People received a variety of nutritious meals which took account of their preferences and dietary needs.

People's health was monitored and they had access to appropriate healthcare professionals according to their specific needs.

### Is the service caring?

Good ●

The service was caring.

People were supported by staff who were kind and caring.

People's privacy was respected and they were able to make choices about how their care was provided and where they spent their time.

People were able to see visitors at any time and family and friends were always made welcome.

### Is the service responsive?

Good ●

The service was responsive.

The home was very much part of the local community which enabled people to stay connected to local people and events.

People were able to take part in a wide range of activities and follow their own interests and hobbies.

People said they felt comfortable to make a complaint if they needed to.

### Is the service well-led?

Good ●

The service was well led.

People benefitted from a registered manager who had the skills and experience to effectively manage the home.

There were effective quality assurance systems to monitor practice, seek people's views and plan improvements.

# Langley House

## **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 7 June 2016 and was unannounced. The inspection was carried out by one adult social care inspector. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the PIR and also looked at other information we held about the service before the inspection visit. At our last inspection of the service on 10 July 2014 we did not identify any concerns with the care provided to people at that inspection.

During the inspection, although we engaged with four people the conversation was limited due to their limited verbal communication skills, however we with relatives and professionals to better understand people's experiences. We spoke with the operational manager, registered manager and deputy manager. We spoke with five members of staff. Following the inspection we received feedback from three professionals involved in the home and three relatives. We looked at a number of records relating to individual care and the running of the home. These included medication records, four care plans and four personal files and records relating to quality assurance.

# Is the service safe?

## Our findings

Although not all people could communicate with us verbally, we observed people using non-verbal communication including different gestures, sounds and expressions, who were supported by staff who were clearly experienced at understanding these signs and responding to them appropriately.

Risk of abuse to people were minimised because the provider had robust recruitment procedures in place. Before commencing work all new staff were checked to make sure they were suitable to work at the home. Checks included ensuring staff were safe to work with vulnerable adults. One member of staff informed us, "They checked everything and I was not allowed to start working here until all the checks were complete". One professional informed us, "I find staff and management very reflective, and recommendations I provide are put into practice as asked. I feel that whilst the individuals who live in the home may become challenging in their behaviours toward others, that the level of one to one staffing works well to reduce risks and incidents from occurring".

People were protected from harm as they were supported by sufficient numbers of staff to keep them safe. Where people were funded to receive one to one staffing, this was provided, the balance between people's safety and freedom was well managed. One staff member informed us, "People's [negative] behaviours have reduced over the years and it is lovely to have been a part of positive changes for people. They [people living at the home] all do so much more now including going into the community and having a nice meal out". A relative informed us their relative's behaviours were "so much better" since moving to the home, they told us their relative only needed one to one support now where previously they had always needed two to one. They said, "The staff are amazing, they manage risks so well we know [person's name] feels safe which has resulted in their confidence being built up, it is brilliant support".

Staff told us, and records seen confirmed that all staff received training in how to recognise and report abuse. Staff spoken with had a clear understanding of what may constitute abuse and how to report it. All were confident any concerns would be fully investigated and action would be taken to make sure people were safe. One member of staff said, "I would not hesitate to report any concerns I had, I know the manager and deputy would respond. I would also back this in an email to ensure I had evidence I had reported the concerns, I am aware how to whistle blow and would do so if I thought people were at risk".

Systems were in place to manage risks, safeguarding matters and medication which ensured people's safety. Where people displayed behaviour that needed additional support, behaviour support plans guided staff and helped them to manage situations in a consistent and positive way. Most people received one to one support which supported them to remain safe. On the day of the inspection one person was going on holiday, the risks had been identified and actions put in place to reduce the risk to ensure the person had a safe and enjoyable holiday. One health professional told us they felt people were kept safe due to their one to one support. They said, "Whilst some individuals may present challenges in their behaviours toward others staffing works well to reduce risks and incidents from occurring".

Care plans contained risk assessments which outlined measures in place to enable people to take part in

activities with minimum risk to themselves and others. The balance between people's safety and freedom were well managed. When people wished to spend time alone they did so safely whilst the staff member supporting them remained near. Control measures were in place to keep people safe in the environment. There were appropriate personal emergency evacuation procedures (PEEP) in place including detailed emergency plans for each person. Regular fire drills had been completed, staff were aware of the protocol to use in the event of a fire. The home was spacious and people were able to move from each home to the main building or to use the sensory garden and summerhouse within the grounds.

A health worker informed us, "When a person moved to the home through a quick transition due to risk, staff worked hard to ensure the transition was smooth". They explained a core team was put together to support the person to provide safe routines and consistency which reduced risk and anxiety quickly. They said, "They [staff team] also asked for additional training to ensure they understood the person's health needs, this was an excellent piece of transition work from the home".

People's medicines were safely administered by staff who had received the specific training and supervision to carry out the task. Good practice was seen to be followed. Medication administration records (MAR) from the pharmacy were checked alongside the medicines when received. Annual audits of stock were carried out by the pharmacy. One member of staff informed us they valued the relationship with the pharmacy team and ensured they followed their guidance in regard of keeping medicines safe and reducing wastage by not over ordering stock. There had been one medicine error at the home. The appropriate action following the error had been taken and measures put in place to ensure this did not happen again.

There was suitable secure storage facilities for medicines which included storage for medicines which needed refrigeration. Staff were able to explain how they supported people appropriately to take their medication. One person was receiving their medicines covertly, the appropriate authorisation to do this was seen in the person's records and included discussion in the person's best interests.



# Is the service effective?

## Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs. Staff and managers knew people well, they spoke warmly of the people they cared for and were able to explain people's care needs and individual personalities. The registered manager explained people living at the home needed to have a consistent approach to their support, they believed by ensuring staff had the skills and knowledge to carry out their roles in a consistent caring manner people remained happy and negative incidents had reduced.

New staff completed an induction programme which gave them the basic skills to care for people safely. New staff were also able to shadow more experienced staff. One new member of staff said they had been given time to read policies and procedures and been able to shadow other staff. They said, "It was not a case of sitting and reading we were really involved, the senior carers could not do enough to support us". Another person informed us they had received the appropriate training to make them feel confident in their role. They said, "I was not at all confident at first but it has been brilliant, this is the best manager I have ever worked for. They are always there to listen and support". A relative informed us "The staff team are very good at giving consistent supervision, without seeming to deprive people of their freedom to move around the home. If I can't get to see my relative they are great and will come and get us". Another relative said "The team is really good if they are not sure about something they will ring me".

Staff were supported to receive regular supervisions. Supervisions were an opportunity for staff to spend time with a more senior member of staff to discuss their work and highlight any training or development needs. They were also a chance for any poor practice or concerns to be addressed in a confidential manner. Discussions were recorded and detailed and included discussions around training needs, personal issues and competency. The registered manager stated in the PIR, 'There is an open door policy within the home for staff to discuss issues arising or reflect concerns which is supported by supervision processes. A staff member informed us they enjoyed their supervisions as they were about "you" and not all about work.

The training matrix showed staff had completed a range of training including safeguarding and the Mental Capacity Act. Some staff had nationally recognised qualifications in care which helped to ensure they were competent in their roles, others were studying towards a qualification. The deputy manager told us and records showed they had completed 94% of training for all staff and were monitored by the provider to ensure all staff received the relevant skills and knowledge to be able to support people with complex needs. One member of staff informed us, "I have done lots of training, I would recommend some of the training it has been good and helped me to develop my understanding of some behaviours people display and how best to support them". They gave an example of even though they are supporting someone on one to one support, if the person wants some time alone to remain near enough to keep them safe but also respect their wishes.

Staff had received training and had the skills required to support people who required a specialist diet or needed to be supported with nutrition in a specific way. Lunchtime experiences were seen as positive for people. For example, one person who ate before everyone else was heard inviting another person to join

them for lunch. The home employed a chef who knew people well and knew their dietary needs. Fruit drinks and snacks were available in the dining room or the kitchen. Menus were on the notice board in the dining room with pictorial evidence to enable people to see what was for lunch. The chef and staff confirmed if people did not like what was on the menu they could choose alternative meals. The deputy manager was currently reviewing the menus to look at their nutritional value.

Most people in the home were unable to make decisions about what care or treatment they received. Records showed where a person lacked capacity to make a decision relating to their health, a best interest meeting had been held which included an Independent Mental Capacity Assessor (IMCA). The records showed how a decision was made to support the person to have a medical procedure with the least restrictive options available. The procedure had been a success for the person.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 a person lacks the mental capacity to make a particular decision, any made on their behalf must be in their best interests and the least restrictive option available. A healthcare professional told us they thought staff always acted in people's best interests.

People can only be deprived of their liberty to receive care and treatment which is in their best interest and legally authorised under the MCA. The authorisation procedure for this in care homes and hospitals is called the Deprivation of Liberty Safeguards (DoLS). Each person living at the home required this level of protection. Some restrictions were in place such as door alarms, applications had been submitted by the registered manager and the appropriate legal processes had been followed.

Each person had a key working team. Keyworkers were responsible for ensuring parental contact and the planning of care was carried out in accordance with the person's care plan. The registered manager and deputy manager informed us they observed people's care with the core team who supported them on a regular basis and this was also added to people's care reviews.

People had access to healthcare as required. Records demonstrated the service had worked effectively with other health and social care services to help ensure people's care needs were met. Managers had made appropriate referrals to health professionals including GPs and members of the multi-disciplinary team as required. A health professional linked to the home told us staff were engaged and open to support from professionals. They said, "They want to provide the best service to people so they follow our guidance and keep us informed of any changes".

Health action plans were in place. Anyone who required an external appointment to visit the hospital or other health professionals were supported by a member of staff to prevent anxieties.

## Is the service caring?

### Our findings

There was a consistent staff team which enabled people to build relationships with the staff who were supporting them. The interaction between staff and people they supported was inclusive in regard the respect they had for each other. People were asked their opinions options and were involved in many different ways in making decisions including having advocacy support. It was clear from how people approached staff they were happy and confident in their company. We witnessed numerous examples of staff providing support with compassion and kindness. Staff were seen chatting easily, laughing and joking with people.

Staff had a good understanding of what was important to people and provided support in line with people's social and cultural values. Staff told us they knew their roles were to be as supportive and caring as possible but discussed on numerous occasion they were keen not to disempower people even though they had complex needs. The registered manager said, "We try to make people as independent as possible". For example, one person liked to attend church. The registered manager described how they had found a church that met people's different needs including parts of the service being delivered in sign language. The registered manager told us, "I always had to stay with [person's name] due to the person's anxieties, now they love the service so much I can walk away and leave them to enjoy it with the rest of the congregation".

Staff made sure people with sensory needs received the care they needed to remain as independent as possible. A sensory room was available for people to use. Bedrooms had been adapted to meet people's sensory needs. The garden had sensory areas and objects that staff could support people to engage with. One professional spoke with us regarding the outdoor space for individuals. They explained it supported people to be able to move around freely and safely, in a calm relaxing way. They said, "The garden is lovely area for people to come to. I often see some lovely interactions out here".

The service had a stable staff team, the majority of whom had worked at the service for a long time and knew the needs of the people well. The continuity of staff had led to people developing meaningful relationships with staff. One relative told us, "It is a very caring team, they are also caring and kind to people's families, we work together to support [person's name]. It a partnership, it is all down to the manager it is so well run". Another relative said, "It is so good they just get it right, when [person's name] comes home we can see their happy and they never mind going back".

People were supported with dignity and respect. Throughout the inspection we saw that staff and other people were not rushed in their interactions with people. For example, one member of staff was seen sitting with a person, giving them gentle prompts and encouragement regarding their support. When staff gave support they spoke kindly to people. One professional involved in the home told us they felt people they worked with had shown a reduction in negative behaviours. One of the reasons for this was they felt the staff team had a good understanding of people's needs, talking with people respectfully and ensuring their privacy and dignity was maintained.

People's privacy was respected and all personal care was provided in private. Bedrooms had been

personalised in line with people's interests and tastes. Staff respected people's privacy and did not enter bedrooms without the person's permission. Communication methods were used in a variety of ways and relevant to the individuals own communication needs. People were seen to move around the home and gardens freely. One professional told us, "Overall I feel the home provides good care to individuals they support, always going the extra mile."

## Is the service responsive?

### Our findings

People's care plans were detailed and informative. They included records of initial assessments prior to individuals moving into the home. The care plans had been developed from the information people provided during the assessment process and had been updated regularly to help ensure the information remained accurate. Staff told us the care plans gave them clear guidance on what support each person needed and enabled them to carry out the support effectively.

Staff informed the registered manager if people's abilities or needs changed so that risk could be re-assessed. The registered manager explained in their PIR that each person had a review on a yearly basis with their local authority representatives which then generated an action plan. The action plan was used to monitor progress at monthly reviews. The registered manager explained the annual reviews generated feedback for the home from families, professionals and staff. Information was collated and an action plan made and reviewed within the wider quarterly audit process with the operations managers. One professional informed us they were working closely with the staff around positive behaviour support, creating and updating care plans. They explained, "I find staff and management very reflective, and recommendations I provide are put into practice as asked". Daily records showed that staff had carried out the care and support in line with the person's care plans.

People's care was delivered in a way that met their needs. A professional involved in the home told us, "I have seen a significant improvement in the responsiveness of the staff team in recommendations regarding people's occupational and sensory processing needs." They went on to explain they had been shown documented evidence of activities being carried out. They said, "Staff are more likely to phone to seek advice if they have a query". They felt the questions the staff asked showed a better understanding of their role and what they were trying to achieve for people to give them more positive life experiences. The registered manager sought people's feedback and took action to address issues raised. All people we spoke with felt confident any concerns raised would be acted upon by the provider and registered manager.

People participated in a range of activities to suit their interests and needs. People were seen being involved in a variety of different activities around the home throughout the day. Staff were knowledgeable about people's life history and they used this knowledge to assist people with day to day activities which were meaningful to them. One person was going on holiday on the day of the inspection, the staff going on the holiday explained to us, how they had planned the holiday down to the last details to prevent the person becoming anxious due to a change in their normal routines. A new timetable was being explored to offer more variety. All people were encouraged to participate in activities. For example, a painted picture hung in the main hall of the home which had been the home's Christmas card. Everyone had participated in painting the picture. People had also participated in a national art competition, submitting a piece of work called 'Langley House Boat'. Staff and people living at Langley House were proud to have received a recommendation for this piece of work.

The provider had the appropriate policy and procedures in place for managing complaints about the service. This included agreed timescales for responding to people's concerns. The registered manager

sought people's feedback and took action to address issues raised. The registered manager stated they had not received any complaints but had received concerns which were acted upon.

People living at the home, visiting professionals and relatives had completed an annual satisfaction survey. The results of the survey were collated and analysed and formed the basis of the homes action plan for the forthcoming year. An example of changes being made following the survey was for the staff to take forward a newly implemented activity plan into 2016 enabling more opportunities for people.

## Is the service well-led?

### Our findings

There was a staffing structure in the home which provided clear lines of accountability and responsibility. The registered manager was appropriately qualified and experienced to manage the home. They kept themselves up to date with good support from the provider and by attending regular external training. The registered manager promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

The registered manager had a clear vision for the home which was to ensure people received a high quality service. They believed one to one funding supported people to have maximum experiences which kept them safe and stimulated. The registered manager and deputy manager felt they achieved this by ensuring people had meaningful engagement throughout the day. The deputy manager informed us, "There is still development work taking place as a team. We have staff meeting every six weeks, where we share our values and visions for the home". One member of staff told us, "Staff meeting are good, we know when they are taking place and can talk openly and honestly to the managers". The registered manager informed us staff rotas were arranged so there was always a manager or senior member of staff present at the weekends. The PIR stated the registered manager planned to take forward and embed quality and purposeful activities and structures for all people within the home, and improve audit trails on personalised day to day records whilst embedding the importance of paperwork to evidence the delivery of service.

Staff told us the provider's management team were very accessible, approachable and supportive. Staff comments included, "Best manager I have ever had", "Very well led" "Senior team are very helpful can always ask for advice and support, never made to feel stupid" and "The company are genuinely interested in the people that work for them". A professional visiting the home told us, "Staff really know people well, the managers are excellent. I enjoy coming to see people here, they are so well treated and from what I can see they manage risks well".

Staff knew their roles well, there were dignity at work champions to support staff or anyone using the service if they felt they were being bullied. The registered manager spoke of an open door policy and staff confirmed they always felt they were able to speak to any member of the management team. The provider ensured regular checks took place to ensure sufficient staffing levels were in place and responsibilities were being carried out, this included night checks.

People were supported to keep in touch with friends and family and visitors were always made welcome. Staff felt this. Relatives were actively encouraged to visit regularly. A monthly newsletter was sent out to family and friends or available in the hall of the home for visitors to read. The newsletter gave updates and information about forthcoming events such as garden parties, or other events or changes happening in the home. There were many photos around the home of people and their family and friends.

Within the organisation there were continuing changes being implemented to support and ensure the management and service was being well led at all levels of responsibility. One professional informed us,

"When staff move on, particularly those who progress to management roles in other homes, they take their knowledge and skills with them which can sometimes leave the staff team 'weaker' than it was before. However, through support and training others in the home, new employees do bring with them knowledge from previous roles which then adds strength to the team".

There were effective quality assurance systems in place to monitor care and plan on going improvements. Audits and checks were in place to monitor the safety and quality of care. Quality assurance visits by providers had been effective in identifying shortfalls in the service, and ensuring on going improvements for people. For example, senior managers checked the service was compliant with the Care Quality Commissions requirements, by monthly audits. The registered manager explained, "We are notified if there are any shortfalls and have a small time scale to implement improvements, it works well". The registered manager discussed the company's complaint procedures. They said, "As a company we have a robust complaints procedure, alongside accident and incident reporting processes that are monitored and inform feedback as to traits or issues that need addressing. In daily work there is continuous reflection as to what is or is not working for people in the service or how we can do things better or avoid situations arising again".

The home had notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.