

Langford Park Ltd

# Langford Park

## Inspection report

Langford Road  
Langford  
Exeter  
Devon  
EX5 5AG

Tel: 01392851473

Website: [www.langfordpark.co.uk](http://www.langfordpark.co.uk)

Date of inspection visit:  
15 January 2018  
22 January 2018

Date of publication:  
07 March 2018

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Langford Park 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.

Langford Park is registered to provide accommodation, nursing and personal care support for up to 34 older people, people living with a dementia and younger people with a physical disability. At the time of this inspection there were 32 people living there.

At an inspection on 18 and 22 February 2016 the service was rated as 'requires improvement' in all key questions and 'requires improvement' overall. We found no breaches of regulation. At the inspection on 06, 07 and 23 June 2017, significant improvements had been made. The service was rated 'requires improvement' in 'safe' and 'well-led', and 'good' in the other key questions. However we found breaches of the regulations related to safe care and treatment and good governance. The service was again rated 'requires improvement' overall.

We undertook an unannounced focused inspection of Langford Park on 15 and 22 January 2018. This inspection was carried out to check that improvements to meet legal requirements planned by the provider after our inspection on 06, 07 and 23 June 2017 had been made. We inspected the service against two of the five questions we ask about services: "Is the service safe?" and "Is the service well led?" We found significant improvements had been made and these two key questions were now rated good. No risks, concerns or significant improvement were identified in the remaining key questions through our ongoing monitoring or during our inspection, so we did not inspect them. The ratings from the previous comprehensive inspection for these key questions were included in calculating the overall rating in this inspection.

There was a registered manager in post. 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 registered manager and provider promoted the ethos of honesty and admitted when things had gone wrong. They had acknowledged the areas in which the service needed to develop and improve, and had been proactive in making this happen. This had led to improvements in the quality and safety of the service. A relative confirmed, "There has been a gradual but firm process of improvement. My concerns have evaporated. It's being properly managed".

There were now effective quality assurance systems in place to help assess the safety and quality of the service, and identify any areas which might require improvement. The findings of the audits contributed to a service improvement plan, with clearly defined actions, responsibilities and timescales. The views of people, their relatives, and staff were actively sought to ensure the service was run in the way they would like it to be.

People told us they felt safe. Improvements to systems for the administration of medicines had been made, which meant people now received their medicines safely according to their individual needs and preferences. A computerised medicines administration system minimised the risk of errors and allowed the management team to monitor medicines on a daily basis. Regular medicine audits and spot checks were carried out by the provider.

There were now effective infection prevention processes in place, and a robust system to ensure that pressure relieving mattresses were at the correct setting for the person's weight, to minimise the risk of skin breakdown.

There were systems in place to ensure risk assessments were comprehensive, current, and supported staff to provide safe care while promoting independence. The computerised care planning system, accessed by staff using hand held computers, ensured that information about people's risks was shared efficiently and promptly across the staff team. This meant staff had detailed knowledge of people's individual risks and the measures necessary to minimise them. People were protected from the risk of abuse through the provision of policies, procedures and staff training, and an effective recruitment process.

People told us there were sufficient numbers of staff to keep them safe and meet their needs. Staff had time to sit down and spend quality time with people, and interacted with them in a calm, unhurried way.

## 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.

People had their medicines managed safely.

People were protected from risks posed by the environment, which included the spread of infection, because safe practices were in place to minimise any associated risks.

People were protected from skin breakdown because there were systems in place to ensure equipment was used safely and effectively.

People were protected by staff that understood and managed risk. People were supported to have as much control and independence as possible.

People were protected from avoidable harm and abuse.

### Is the service well-led?

Good ●

The service was well led.

The management team provided strong leadership and led by example.

Quality assurance systems drove improvement and raised standards of care.

Staff, were motivated and inspired to develop and provide quality care. They felt listened to.

The provider and registered manager had clear vision and values about how they wished the service to be provided. They were continuously looking at ways to improve their service, gave people a voice and supported them to live their lives in the way they chose.

# Langford Park

## **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 15 and 22 January 2018 and was unannounced on the first day. It was carried out by an adult social care inspector.

Prior to the inspection we reviewed information we held about the service, including notifications, previous inspection reports, safeguarding and quality assurance reports. A notification is information about specific events, which the service is required to send us by law.

We looked at a range of records related to the running of the service. These included staff rotas, four supervision and training records, medicine records, meeting records and quality monitoring audits. We also looked at four care records for people living at Langford Park.

We spoke with five people and one visitor to ask their views about the service. We spoke with nine staff. This included the provider, registered manager, deputy managers, senior care staff and cook. We also had feedback from three health and social care professionals who supported people at Langford Park.

# Is the service safe?

## Our findings

At the inspection in June 2017 there were concerns about people's safety because risks associated with medicines management, infection prevention and the safe use of equipment were not always being identified or managed well. We found a breach of the regulation related to safe care and treatment. This key question was rated 'requires improvement'.

At this inspection in January 2018 we looked to see whether improvements had been made and found that the service was now safe. People told us they felt safe. One person said, "They are very kind staff. I feel safe here."

Since our inspection in June 2017 the provider had made improvements to the medicine management at the service which meant people now received their medicines safely. An effective computerised system was in place for the administration of medicines. This was straightforward and minimised the risk of errors. The system enabled the registered manager to monitor the administration of medicines and alerted them if there were any issues. There were regular medicine audits carried out to monitor that medicines were being safely administered and spot checks carried out by the provider.

The service ensured people received their medicines in line with their individual needs and preferences. Advice had been sought from the GP about the most appropriate way for people to take their medicines, for example a person with difficulty swallowing tablets had their medicine given in patches placed on the skin. People assessed as needing their medicines to be given covertly had a care plan in place agreed with the GP, family members and others involved in supporting the person. This meant staff could disguise the medicines in food or drink to make sure the person took them. This decision was reviewed monthly to ensure it remained in the person's best interests. People received their medicines at a time which suited them, rather than at a set time each day. This allowed staff to sit with them and support them while the medicines were being given because they didn't have to rush off to administer medicines to the next person.

People were better protected from the spread of infections. Staff understood what action to take to minimise risks, such as the use of gloves and aprons and good hand hygiene to protect people. Clinical waste was disposed of correctly. There were separate bags in every person's room for laundry, soiled clothes and personal clothing. Following staff consultation, disposable bags had also been placed in people's rooms for staff to dispose of gloves and aprons at the point of care. The deputy manager told us, "Nothing leaves the room unless it's tied up in the relevant bag". Regular spot checks ensured standards were maintained and people were protected. Concerns were addressed with staff and prompt action was taken in response to any issues identified.

Following the inspection in June 2017, a robust system had been developed to ensure that pressure relieving mattresses were at the correct setting for the person's weight, to minimise the risk of skin breakdown. People were weighed at least monthly, or more frequently if they were at nutritional risk, which meant the correct weights were documented. Mattress settings were checked daily. The computerised care

planning system gave the registered manager daily oversight of this task. In addition they carried out a monthly audit.

Staff had a very detailed knowledge of people's individual risks and the action required to keep them safe. Risk assessments had been completed related to a range of areas including falls, nutrition, catheter care, pressure area care and behaviour which challenges. They were reviewed every month with the person. Any more immediate changes to people's level of risk were discussed at the staff handover and shared across the staff team. There was clear and up to date information in each person's care plan showing how staff should support people to manage the risks while ensuring they had as much control and independence as possible. For example, one person, living with dementia, had regular, frightening hallucinations. The care plan stated, "Staff are not to confirm or deny the hallucinations, but acknowledge how scared they must feel, and reassure them that they are safe now and that they will be helped to get better."

Information about people's individual risks was accessible to all staff, who used hand held computers to access the computerised care planning system. The system also prompted staff to undertake the tasks required to minimise the risks and ensure people's needs were met, for example supporting people with fluids or repositioning them to prevent skin breakdown. Hand held radios enabled staff to call for additional assistance at any time. A member of staff said, The care plan system is brilliant. I'm not technical, but everything is there. You do it as you go and can go through all the care plans at any time. The walkie talkies mean everybody is always in contact with everybody."

Risk assessments enabled staff to support people's decisions so they had as much control and independence as possible while ensuring their safety at all times. Capacity assessments had been completed under the Mental Capacity Act 2005 where required, which clarified whether the person was able to understand and make an informed decision about any risks, or needed a decision to be made 'in their best interests'. It was important to one person that they were able to go into town independently. A risk assessment and capacity assessment had been carried out with the person around this activity, and measures agreed which would help them to do this safely. This included giving them a 'help card' to carry, with the address and telephone number of Langford Park to show to people if they were lost or worried. The deputy manager told us, "We are trying to support people to be as "recovery focussed" as we can. They should be living life."

Any accidents or incidents that took place were recorded by the staff on the computerised care planning system. The system prompted staff to describe the incident and explain what they had done to resolve the issue. This information was reviewed and analysed by the registered manager and action taken where required to prevent reoccurrence.

The service protected people from the risk of abuse through the provision of policies, procedures and staff training. Safeguarding training was provided to new staff during their first week at the service. Staff knew about the different forms of abuse, how to recognise the signs of abuse and how to report any concerns. Safeguarding concerns were managed appropriately, and the service worked effectively with the local authority and other agencies to ensure concerns were fully investigated and action taken to keep people safe. There was a whistleblowing policy in place. Staff meeting minutes showed that the importance of this policy had been reinforced by the managers, and staff had been encouraged to use it where appropriate.

Risks of abuse to people were minimised because the registered manager ensured all new staff were thoroughly checked to make sure they were suitable to work at the home. Staff recruitment records showed appropriate checks were undertaken before staff began work. Disclosure and Barring Service checks (DBS) had been requested and were present in all records. The DBS checks people's criminal history and their

suitability to work with vulnerable people.

People were kept safe by sufficient numbers of staff. Staffing numbers were calculated in line with the assessed dependency levels of the people being supported at the service. An efficient staff rota system enabled any gaps to be identified in advance, which meant agency staff could be requested if required. There were consistent agency staff working at the service, who knew people well and had a good understanding of their needs. Staff had time to sit down and spend quality time with people, and interacted with them in a calm, unhurried way. People told us staff responded promptly to requests for help and when they rang the call bell. One person who experienced seizures said, "It makes me feel more relaxed."

People were protected from risks associated with fire. Staff had received training, and fire checks and drills were carried out in accordance with fire regulations. People's needs were considered in the event of an emergency situation such as a fire, for example their mobility and the number of staff they would need to support them to exit the building safely. People were protected from risks posed by the environment. Regular health and safety checks were undertaken, electrical equipment was tested for safety, and legionella and temperature checks were undertaken on the water and water outlets.



## Is the service well-led?

### Our findings

At the inspection in June 2017 we found improvement was required to auditing systems to help ensure people's safety with regard to medicines administration, infection control and the use of pressure relieving mattresses. We found a breach of the regulation related to good governance and the service was rated 'requires improvement' in this key question.

At this inspection in January 2018 we found improvements had been made. Relatives, staff and external health and social care professionals confirmed this was now a well led service. A relative told us, "There has been a gradual but firm process of improvement. My concerns have evaporated. It's being properly managed". A member of staff commented, "It's amazing how much it's changed. We have a really good team now. The managers are more approachable, their transparency is brilliant. I feel valued. There hasn't been a day when I've woken up and said, 'I don't want to go to work.'"

The registered manager and provider had openly acknowledged the areas in which the service needed to develop and improve, and had been proactive in making this happen. 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 provider told us, "We've got to get to a position of being open, honest and transparent. We are working towards bringing that more to the forefront...There is no blame, even if someone has made a mistake. It's about what we learn from it."

There were now effective quality assurance systems in place which included a comprehensive programme of audits to assess the quality and safety of the service. The audits looked at areas such as infection control, the safety of the environment, medicine, risk assessments, care plans, accidents and incidents and complaints and compliments. Frequent 'spot checks' were carried out. These included regular spot checks carried out by the provider, focussed on topic areas in line with the CQC's 'key lines of enquiry'. The lead nurse who came on duty also completed a walk around the home with the lead nurse from the previous shift so that any issues could be identified and remedied immediately.

The views of people, their relatives, and staff were actively sought to ensure the service was run in the way they would like it to be. The minutes of residents meetings stated, "We are always striving to improve at Langford Park and we are looking for support from everyone to ensure this continues. If you have any feedback then please speak to any staff member that you feel comfortable with." Feedback from people and their relatives, and the findings of the audits and spot checks allowed the provider and registered manager to identify any gaps or areas for improvement. Any action necessary to improve the quality and safety of the service was detailed in the service improvement plan, with clarity around responsibility, and timescales to measure progress. Meeting minutes showed that information about actions taken at the service was shared with people, relatives and staff.

The staffing structure promoted effective monitoring and accountability and meant staff received regular recorded supervision and support. The staff team included the registered manager, two deputy managers, nurses, team leaders, senior support staff and care staff. Regular staff meetings provided an opportunity for

all staff to be updated about any changes or developments at the service and to put forward their ideas about how things might be improved or done differently. A member of staff said, "We had two meetings last week about the general running of the home and issues that need sorting out. We were thanked for all our hard work." The provider told us, "We are getting staff more involved in key decisions and involving them in how to resolve problems. Ideas about how to improve infection control came from the team".

The management team were working to help staff feel valued and appreciated and to build their confidence. Staff were supported to continue their professional development and progress their careers. A new staff room had recently been created following a suggestion by staff, where they could take a break, watch television or play a game of pool on a pool table donated by a relative. The minutes of a nurses meeting stated, "As nurses the carers will look up to you and we need to look at the way that we approach them and understand how we can make them feel. We as nurses are not here to make carers feel anything other than valued, they work extremely hard every day and they keep coming back to do exactly that."

The registered manager and two deputy managers were available throughout our inspection. They were very visible in the home and they knew the people who lived there very well. Health and social care professionals told us they worked in partnership with other agencies when required, for example the primary healthcare service, older people's mental health specialists, the local hospital and social workers. People and staff spoke highly of them. One member of staff told us, "[Manager's name] is a really good manager. They are very thorough and very fair. Always reachable and happy to be contacted."

The provider was taking steps to further improve the quality of the service by enabling people and their relatives to play a greater role in the running of Langford Park. We spoke to one relative who was a volunteer driver for the service, transporting people to hospital and collecting medicines. Relatives were invited to access the computerised care planning system, with their family members consent, which would allow them to observe how their loved ones needs were being met on a day to day basis. People were being consulted about the stock they would like to see in the new mobile shop. In addition the provider planned to invite people living at Langford Park to sit on the board of the provider's organisation and play an active role in the wider decision making processes about the service.

The service had a clear policy on equality and diversity and staff received training on this topic. The registered manager gave us examples of how the service had provided support to meet the diverse needs of people using the service, and staff working there, including those related to disability, faith and sexual orientation. People's individual preferences were identified through discussion with them or their relatives if appropriate. Their preferences were documented in care plans and understood and respected by staff.

The provider and registered manager attended forums where best practice was discussed. For example, the local authority provider engagement network, for independent sector providers of adult health and social care services in Devon. They also participated in the 'proud to care' campaign which aims to raise the profile of the caring profession and collaborates with other services to share their experiences and knowledge of service improvement.