

YMCA London South West

Langdown House

Inspection report

1-4 Yeend Close
West Molesey
Surrey
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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 ●

Summary of findings

Overall summary

About the service:

Langdown House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. At the time of our inspection 26 people were living in four individual houses in the cul de sac. Langdown House consists of four separate houses, each containing seven bedrooms. Langdown House supports people with different needs and backgrounds, including people with learning disabilities, mental health needs, autism spectrum disorders and people who display behaviours that challenge others.

The service is run by YMCA London South West, a charitable organisation responsible for managing this service and another care home in the county of Surrey. However, the staff were employees of Surrey County Council. The two organisations worked in partnership with different roles and responsibilities for managing the service.

People's experience of using this service:

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

Langdown House was made up of four small houses. Each of these had a staff team led by a senior support worker. The service was overseen by a deputy manager and a registered manager.

People and relatives spoke highly of the service they received from Langdown House. The service had strong person-centred values and placed people's wellbeing at the heart of their work. People received personalised support which met their needs and preferences.

During our inspection we identified a restriction was in place for people surrounding the access to the fridge and freezer at night time. This was discussed with the registered manager and the restriction was lifted immediately after the inspection where this restriction was not specifically necessary. The registered manager's understanding of the Mental Capacity Act 2005 was thorough and other than this, people were supported in the least restrictive way possible.

Staff knew people well and worked hard to enable them to share their views, make choices and live active lives as independently as possible. The outcomes for people using the service reflected the principles and

values of Registering the Right Support in the following ways; people's support was focused on them having as many opportunities and choices as possible.

People were fully involved in the planning and delivery of their care and this was done in a way which encouraged independence. People's care plans contained personalised information which detailed how they wanted their care to be delivered.

Risks to people's health, safety and wellbeing were assessed and acted upon. We found a risk assessment for one person had not been completed to give staff clear direction on how to minimise the risk to this person. However, staff knew people's needs well and were taking action to protect people. Following our inspection the registered manager sent us copies of the updated risk assessment they had put in place for this person.

People were protected from potential abuse by staff who had received training and were confident in raising concerns. There was a thorough recruitment process in place that checked potential staff were safe to work with people who may be vulnerable.

People were supported by kind and caring staff who worked hard to promote their independence and sense of wellbeing. Staff were provided with the training, supervision and support they needed to care for people well.

There was strong leadership at the service. People and staff spoke highly of the management team and there was a positive culture at the service with people and staff feeling their voices were listened to.

There were effective quality assurance systems in place to assess, monitor and improve the quality and safety of the service provided.

More information is in the full report

Rating at last inspection: This service was last inspected on 23 and 30 August 2016 and was rated good overall and in every key question. The report was published 12 October 2016.

Why we inspected: This inspection was scheduled based on the registration date of the service.

Follow up: We will continue to monitor the intelligence we receive about the service. If any concerning information is received 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?

The service was safe

Details are in our Safe findings below.

Good 

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good 

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good 

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good 

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good 

Langdown House

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

The inspection team consisted of one adult social care inspector.

Service and service type: This service is a care home. It provides accommodation and personal care to people living in the service on one site.

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: We visited the service on 17 April 2019 and our inspection was unannounced.

What we did:

The registered manager sent us a provider information return (PIR). This is a document completed by the registered manager which contains information on how the service is developing and any planned improvements.

As part of the inspection we spoke with eight people who used the service and one relative. We also spoke with the registered manager, who became registered with CQC on the day of our inspection, the previous registered manager, the quality assurance advisor for Surrey County Council and three members of support staff. We sought feedback from a number of healthcare professionals and spoke with one. We looked at three people's care records and looked at three staff files including training and recruitment. We reviewed the service's accidents and incidents, audits and complaints policies.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse; Staffing and recruitment

- The service was managed in a way that protected people from abuse. People made comments including; "I'm happy and safe yes" and "I'm safe. They would help if I needed it." One relative told us they were very happy with their relative's care and how safe they were.
- Staff and the registered manager were aware of their responsibilities to protect people and to report concerns over people's safety and wellbeing. We saw evidence of the staff and management having done this in the past to ensure people were safe.
- Surrey County Council employed a safeguarding advisor who reviewed all safeguarding concerns to ensure proper processes were followed in order to keep people safe.
- Recruitment practices were safe and included pre-employment checks from the Disclosure and Barring Service before starting work.
- There were enough staff to ensure people had access to the care that met their needs and protected them from risks.

Assessing risk, safety monitoring and management

- People were protected from risks associated with their care needs. Risks had been identified and action had been taken to minimise these. During our inspection we identified staff did not have clear guidance on how to minimise risks relating to one person's diabetes. However, we found staff were knowledgeable about people's needs and knew how to keep them safe. Following our inspection the registered manager sent us evidence plans had been put in place to ensure staff had the information they needed to keep this person safe and well.
- Staff were knowledgeable about identifying risks to people and knew to raise this with the management and healthcare professionals.
- Where necessary, specialist advice from healthcare professionals was sought.

Using medicines safely

- Where possible people were encouraged to participate in and take control of their medicine management.
- Medicines were managed safely and people received their medicines as prescribed.
- Staff conducted audits and reviews of people's medicines and medication administration records (MAR) and responded to any issues identified.
- Only staff who had been trained in the safe management of medicines administered medicines to people. Staff undertook regular competency checks, tests and spot checks.
- A recent internal audit had identified some improvement areas with regards to medicine management and these were being implemented.
- The registered manager and staff were clear about certain medicines being used as a last resort and told us about following STOMP (Stop the Over-Medication of People with a Learning Disability).

Preventing and controlling infection

- People and relatives did not have any concerns with regards to staff following good infection control practices. Staff training and regular audits took place in relation to infection control.

Learning lessons when things go wrong

- Where incidents had occurred, action had been taken immediately to minimise the risks of reoccurrence. For example, where an incident had taken place involving one person's behaviours, staff had involved external professionals and had created a specific plan to follow to ensure re-occurrence was minimised. This was done with the person's involvement and agreement.

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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.
- People's care needs had been assessed and support plans had been created to guide staff on how best to meet people's needs. We found one person did not have a written plan in place with regards to their diagnosed mental health condition. However, staff were confident in how best to support this person and following our inspection the registered manager confirmed a detailed support plan was put in place.
- People spoke highly of the care they received and made comments including; "It's nice" and "I really like it here."
- People's needs were regularly reviewed and where changes had occurred their care plans were updated. For example, one person's dietary needs were changed and updated following a speech and language assessment.
- People had been involved in the planning of their care and their wishes were respected. One person said; "I get to do what I want. They listen."
- Best practice was sought and communicated to staff in order to ensure people's care was high quality.
- The service was focused on achieving best outcomes for people and improving their independence. For example, people were encouraged to learn how to use public transport in order to be more involved in the local community and others were supported to be more independent with their cooking or personal care. We saw people had experienced good outcomes at the service and had gained independence. One relative said, "His health has got a lot better since being here. They've got his insulin down and he's lost a lot of weight. So the care is absolutely great here."

Staff support: induction, training, skills and experience

- Staff undertook a thorough induction to the organisation and staff new to care work completed the Care Certificate, which is a nationally recognised course in Induction for care workers. There was a comprehensive training programme to ensure staff had the necessary skills to meet people's individual needs.
- Staff knew people and their needs well and were skilled in caring for people. People told us they had confidence the staff were skilled in supporting them.
- Staff had the opportunity to discuss their training and development needs at regular supervision and appraisals. Staff felt supported and made comments including; "I love it here. We get all the training and supervisions we need."

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

- Where people needed help with cooking and eating, this was provided.
- People were able to take part in choosing, buying and preparing their meals where they wanted to. During our inspection we saw people making their own breakfast and hot drinks.
- Where people had specific needs and preferences relating to food this was provided.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- We identified an issue relating to people's access to the fridge and freezer within each home being restricted at night. We discussed this with the registered manager and immediate action was taken to only restrict this where specifically necessary within one of the houses because of people's individual needs.
- We found that in all other areas the service was acting within the principles of the MCA and appropriate recording of whether people had capacity to make decisions and power of attorney details were evidenced.
- People had been fully involved in completing their care plans where possible and where people had an interest in doing so.
- Staff and the management had good knowledge of the MCA framework and encouraged people to make choices wherever possible. One member of staff said; "It's all their choice."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People were supported by staff who knew people's needs, personalities, likes and dislikes well.
- Staff spoke about people in ways which demonstrated they cared for them on an individual level and enjoyed their company in personalities. Comments from staff we heard included; "He's absolutely great" and "I love the people I work with, I love the residents."
- Staff and the registered manager were passionate about people's happiness and wellbeing. We were provided with examples demonstrated how the service and staff had gone above and beyond for people. For example, one person was unable to verbalise where they wanted to go on holiday. Staff worked with them and identified the person wanted to travel in a plane. Staff supported this person to organise a trip to Scotland in a plane where they were given the opportunity to meet the pilot. A member of staff said, "He absolutely loved it."
- During our inspection we heard lots of laughter and positive interactions. Staff joked and chatted to people who were enjoying these interactions.

Supporting people to express their views and be involved in making decisions about their care; equality and diversity

- People were fully involved in their care.
- Where people had difficulties with verbal communication they were provided with alternative methods of communication in order to gain their views and involve them in decision making. For example, picture boards were created for some people. We saw pictures had been placed on cupboards in the kitchen to assist people to prepare their drinks and meals independently if they wished.
- Care plans included information about people's personal, cultural and religious beliefs. The service respected people's diversity and was open to people of all faiths and belief systems. There was no indication people protected under the characteristics of the Equality Act would be discriminated against. The Equality Act is legislation that protects people from discrimination, for example on the grounds of disability, sexual orientation, race or gender.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and confidentiality was respected.
- People were treated with dignity and respect. One relative said; "Yes they always respect him."
- People's independence was encouraged and promoted. Care plans highlighted what people could do for themselves and how staff should assist with this. Where people undertook tasks staff praised them for their

achievements. For example, during our inspection we saw one person preparing their breakfast and a hot drink. The member of staff praised them. The person was very proud of their achievement and smiled widely.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received care and support in a way that was flexible and responsive to their needs.
- People's care plans contained detailed routines for staff to follow in order to ensure people had the personalised support they needed.
- Care plans provided staff with descriptions of people's abilities and how they should provide support in line with people's preferences. Care plans were regularly reviewed with people and their relatives to ensure they remained current and provided accurate information about how to meet people's needs.
- People's communication needs were identified and guidance for staff was provided to ensure they could understand people and be understood. The service was able to provide information in different formats, such as easy read, and were aware of their responsibility to meet the Accessible Information Standard.
- People were supported to take part in a wide range of activities to provide them with stimulation, entertainment, socialisation and ensure they were part of the community. During our inspection we saw people being supported to go to day centres, to go to the shops, to go to the bank, to visit the hairdressers. People enjoyed activities in and outside of the home. People took part in bingo, bowling, cinema outings, visited local pubs and went clubbing. One person said, "I like gardening but I'm so busy it's hard to find the time."
- People were involved in the local community. One person told us they were very interested in politics and said, "They help me go and vote. They know it's important."

Improving care quality in response to complaints or concerns

- People felt comfortable raising complaints and were confident these would be listened to and acted on. Comments included; "Oh yes I would feel comfortable complaining. I would be happy to see the manager."
- People were encouraged and enabled to share their views where possible in order to improve on their care. Regular meetings took place where people were asked for their opinions.
- Systems were in place to address any concerns raised. The service had acted to address any concerns. Learning took place as a result to avoid any repetition.

End of life care and support

- People's care wishes at the end of their lives were recorded in their care files.
- Staff received training on how to support people at the end of their lives.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People told us the service was well managed and spoke highly of the registered manager. One relative said, "She's very nice."
- The service informed relatives of any concerns if an accident had happened, and fulfilled their duty of candour.
- The service had a clear, positive and open culture that was shared both amongst the management team and care staff. Staff told us how passionate they were about providing a high quality and personalised service to people, and people were very much at the heart of the service.
- Each staff member we spoke with told us how positive they felt working for an organisation that shared their personal values about delivering high quality personalised care. One member of staff said, "If I had a relative with a learning disability I would be very happy with them living here."

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

- Langdown House had a newly registered manager who had been working in the service for about a month at the time of our inspection. They were responsible for overseeing the management of two services in the local area. The previous registered manager still worked in the organisation and visited on the day of inspection. Each of the four houses within Langdown House had a senior support worker and an assistant manager also oversaw the management of the service.
- Staff spoke highly of the registered manager and the wider management team.
- Quality assurance processes, such as audits, were in place and ensured the registered manager had the information they needed to monitor the safety and quality of the care provided.
- The registered manager was aware of their responsibilities to provide CQC with important information.
- Senior managers from Surrey County Council were involved in the running of the service and completed regular visits and provided support and learning.

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

- Staff said the service's management were caring and supportive and that everyone worked well as a team. Comments included; "We're a very close team."

- The registered manager was committed to involving people in service. They regularly sought views from people, their relatives, staff and external healthcare professionals.
- Regular staff meetings took place in order to ensure information was shared and expected standards were clear.
- Staff told us they felt listened to, were supported by the management, and had an input into the service. Comments included, "They're very supportive. They're great. They want our opinions and ask us for our views."

Continuous learning and improving care

- The registered manager attended quarterly management meetings through Surrey County Council where learning was shared and development opportunities were provided. The organisation also had a dedicated quality assurance team who regularly visited the service, conducted audits and inspections and ensured practices followed best up to date guidance.