

Langston Care Limited

# Langston Care Limited - 35 Hill Top View

## Inspection report

35 Hill Top View  
Handsacre  
Rugeley  
Staffordshire  
WS15 4DG

Tel: 01543302067

Date of inspection visit:  
18 May 2016

Date of publication:  
22 June 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?	Requires Improvement ●

# Summary of findings

## Overall summary

We inspected this service on 18 May 2016. The inspection was unannounced and undertaken by one inspector. At our last inspection on 9 July 2014 the provider was meeting the legal requirements we inspected.

35 Hill Top View is registered to provide personal care for up to four people who present with varying levels of learning disabilities. There were four people living in the home when we inspected.

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 provider did not have an audit programme in place to monitor the quality of care they provided to bring about improvements when necessary. Accidents and incidents were recorded but the information was not analysed to identify trends and patterns.

Staff knew how to recognise abuse and the actions they should take to report their concerns. People risks had been assessed and there were plans in place to ensure risks were managed. Medicines were stored and managed safely and people were supported to take their prescribed treatments.

Staff understood and respected people's needs and provided kind and supportive care in their home environment. Staff reflected people's wishes and preferences in the way they delivered care. Staff understood how to support people who did not have the capacity to make their own decisions. People were offered a varied and nutritious diet.

People were encouraged and supported to engage in activities and outings that gave them an opportunity to socialise. Staff ensured people obtained advice and support from other health professionals to maintain and improve their health and wellbeing whenever necessary. People were supported to maintain the relationships which were important to them.

There were recruitment practices in place to ensure that the staff employed were suitable to work with people. Staff received training and support to deliver a good quality of care to people and a training programme was in place to address identified training needs.

Relatives and healthcare professionals were given opportunities to share their views of the service. Staff felt well supported.

You can see what action we told the provider to take at the back of the full version of the report.

## 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's risk of avoidable harm was assessed and actions were taken to mitigate their identified risks. Medicines were managed safely and people received their medicines at the correct time and dose. There were a sufficient number of suitably recruited staff to support people.

### Is the service effective?

Good ●

The service was effective. Staff knew people well and how to support them. People were given choices and received support when they were unable to make their own decisions. People were offered a varied diet and plentiful drinks to support their health and wellbeing.

### Is the service caring?

Good ●

The service was caring. People received kind and supportive care from staff who knew them well. People were encouraged to maintain the relationships which were important to them.

### Is the service responsive?

Good ●

The service was responsive. People's care was planned to meet their needs and preferences. People were supported to pass their time, inside and outside of the home, as they wished. There was a complaints procedure in place.

### Is the service well-led?

Requires Improvement ●

The service was not consistently well-led. The provider was not assessing and monitoring the quality of the service to bring about improvements when required. Incidents were not analysed to ensure patterns and trends were identified. Relatives and health care professionals were encouraged to share their views about the service. Staff felt supported by the management arrangements.

# Langston Care Limited - 35 Hill Top View

## **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 visit took place on 18 May 2016 and was unannounced. The inspection was undertaken by one inspector. Prior to the inspection we looked at the information we held about the service and the provider, including notifications the provider is required to send us by law about significant events at the home. We had asked the provider to complete a provider information return but they had not finished completing this before our inspection. 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. However we offered the provider the opportunity to share information they felt relevant with us.

Some of the people who used the service were unable to tell us about their experience of care so we observed care in the communal areas to understand their experience of care.

We spoke with two relatives, three members of staff, the registered manager and the deputy manager.

We looked at three care plans to check that people were receiving the care planned for them, three recruitment files and other information related to the management of the home.

# Is the service safe?

## Our findings

People who used the service were unable to tell us if they felt safe and secure living in the home. A relative we spoke with said, "They definitely keep [Name of person] safe. Another relative told us, "They understand my relations risks and keep them safe". We saw that risks to people when they were in the home and spending time taking part in their activities outside of the home had been assessed. Staff were provided with guidance on the best way to manage people's risks to reduce the potential for harm. We saw that one person had specific risks associated with road safety and there were management plans for staff to follow. Staff explained to us how they would protect the person from harm which meant they were still able to enjoy walks. A relative told us, "My relation can walk for miles but without the support of staff they wouldn't be safe".

Staff told us they knew the importance of protecting people from the risk of abuse. Staff we spoke with said they had attended training in safeguarding and outlined the processes in place for reporting concerns. One relative we spoke with told us, "My relation is always happy to go back after visiting us and isn't anxious". Some people presented with behaviours that challenged their safety and that of others. We saw that staff observed people closely. Staff understood the way people would behave if they were becoming anxious and took action to ensure they were supported appropriately and other people were protected from harm. A member of staff told us, "We know what would upset people. For instance one person likes their own space and it would wind them up if we followed them around too closely".

Staffing was planned depending on people's individual needs and planned activities. Some people were receiving care on a 'one to one' basis whilst they were at home with an increase in staff support to keep them safe when they were out. We saw that the number of staff available was flexible to ensure people were able to spend time doing what they enjoyed. The provider had a recruitment process in place to ensure staff were suitable to work with people living in the home. We looked at three recruitment files and saw that all recruitment processes were complete before new staff were able to start working.

People's medicines were managed to ensure they received their prescribed treatments at the correct time and dose to maintain their health and wellbeing. People were supported and encouraged to take their medicines regularly. A member of staff told us, "Sometimes [Name of person] will refuse their medicine but we just leave them for a while and then try again. That works".

# Is the service effective?

## Our findings

A relative we spoke with told us, "They know how to care for my relation". Staff told us they received training to enhance their skills and care for people living in the home. A member of staff told us, "We get the full spectrum of training every year, usually done over a two week period. In this job we're always learning". There were arrangements in place to support staff and give them opportunities to discuss their performance and future development. Another member of staff told us, "We have regular supervision. I'm happy to discuss whatever I want".

We heard staff giving people simple choices throughout the day. People living in the home were unable to make important choices and decisions for themselves. 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 saw that people's capacity to make their own decisions had been assessed. When people needed decisions made for them we saw the reasoning for this was demonstrated to ensure it was in their best interest.

Staff told us that as some people living in the home were not able to protect their own safety when they were out, they had applied for permission to restrict their freedom. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw that approvals to deprive people of their liberty were in place or applications had been made to ensure the deprivation was legally agreed as is required.

People were supported to eat a varied diet to cater for their specific needs and had access to plentiful drinks of their choice. Staff sat and ate their own meal with people and we heard them chatting with people during lunch. This provided people with company and social interaction as they ate their meal. People were encouraged to be involved in their mealtime and we saw staff prompted people to help clear the table after eating.

People were supported to access health care services such as GPs, dentists and opticians. Relatives told us that the staff always contacted them to provide updates on people's health and wellbeing. One relative told us, "The staff always let us know if [Name of person] isn't well". A healthcare professional we spoke with told us, "If there are any health concerns they contact us and listen to our advice". Care plans we looked at confirmed people received specialist support whenever additional advice and care were required. This showed people were supported to maintain good health.

## Is the service caring?

### Our findings

Relatives we spoke with told us that the staff were kind and provided caring support to people. One relative said, "The staff are kind. My relation has everything they need and the staff make it their home". Another relative told us, "I am totally happy with the care. My relation is happy here". As people were unable to tell us about their experience of care we observed the care in the communal areas of the home. We saw that people received respectful care from staff. People looked happy and relaxed in the company of staff. The staff were patient with people when they provided support and were seen speaking and engaging with people in a positive manner. Staff knew people well and understood the most effective way to communicate with them as individuals.

People's independence was promoted by staff and we saw they were praised when they participated with household chores. We saw a person tidying up after their meal and making themselves a drink. The person was congratulated by a member of staff who said, "Good lad, well done". Another person who wiped the table after the meal received praise from staff for doing so. This demonstrated that staff offered people positive comments to encourage their participation.

Staff promoted people's dignity by supporting them to maintain their appearance. We heard staff remind people to adjust their clothing whenever necessary to ensure they were covered appropriately. People's right to privacy was respected by staff and when people chose to they were supported to return to their bedrooms to spend time alone.

Staff understood the relationships which were important to people. No relatives visited on the day of our inspection so we spoke with two relatives by telephone. The relatives told us they could visit whenever they wanted and received support to have their relation home to visit regularly. One relative told us, "My relation is really settled".

## Is the service responsive?

### Our findings

Staff understood how people wanted to be cared for because they knew their likes, dislikes and preferences. One member of staff told us, "A lot of the staff have been here a long time. We know people very well". People's care plans provided staff with information about the person including what was important to them and their family relationships. We saw that people's care was reviewed regularly to ensure it was current and continued to meet their needs. We heard staff sharing information about people as they changed shifts. The handover included an update on how people had spent their day so far including, their mood and wellbeing. This meant staff had the up to date information they needed to care for people.

We saw that people could choose how they spent their time and were supported to do so inside and outside of the home. We saw some people liked to watch their DVD's and others preferred to listen to their music. A relative told us, "My relation enjoys listening to music and watching television". Another relative said, "They go out a lot. To the shops, pub meals, whatever they enjoy". A healthcare professional told us, "People are supported to take part in appropriate activities and spend time outside of the home". On the day of our inspection some people went swimming and enjoyed a meal out and shopping afterwards. We saw in people's daily records that there were outings arranged for them which included socialising at a local club, going to sports centres to take part in exercise activities including the trampoline and to celebrate birthdays with other people living in the home.

People were able to go on holiday with support from staff. A relative told us, "My relation has been on holiday twice in a year". Staff told us they had recently returned from a holiday with another person and said, "We went to Devon and they were able to take part in basketball. We also went to the beach".

People were provided with information about raising concerns and complaints. We saw that there was a pictorial guide available to them which gave step by step guidance on who they could contact to help them sort out any problems they had. Relatives we spoke with told us they would be happy to speak with the management staff to discuss anything they were unhappy about. One relative told us, "I'd be happy to raise a concern. They would be happy for you to do that". We saw that when complaints were received an investigation was undertaken and a suitable and timely response was provided to the complainant.



## Is the service well-led?

### Our findings

When we were planning the inspection we had noted that the level of safeguarding reporting from the provider was low. We saw that any accidents or incidents which occurred in the home were recorded by staff. We identified that some incidents could be described as abuse but had not and been reported externally as required. There was no process in place to monitor, identify and analyse any incident trends or patterns to prevent harm to people. The registered manager told us that no one had been harmed but they had not considered that there was a pattern of behaviour which could potentially put people at risk.

The provider did not have an audit programme in place to monitor the quality of the service they provided. The registered manager told us that the management of people's medicines was audited by the pharmacy which supplied them but they did not see the reports they compiled after their visits. The registered manager said that whilst they looked at people's medicine administration records themselves they did not record if they were accurately completed or any actions they took if shortfalls were identified. There were no audits in place to ensure people's care plans and daily records were completed appropriately to drive improvements if they were required.

This evidence demonstrates a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Relatives and professional visitors were provided with opportunities to share their views of the service which was provided. We saw that one person had been supported by staff to complete a pictorial survey. The responses we saw provided positive feedback about the care people received. Relatives we spoke with said they felt the home was well-managed. One relative told us, "The home is running well. They have everything in place". Another relative said, "It's well managed. It's a home from home".

People benefitted from receiving a service from staff who worked in an open and friendly culture. A healthcare professional we spoke with said, "I have always found them to be open and honest". Staff told us they got on well together and they felt supported. Staff said there were regular meetings for them to receive updates about the service. We looked at the staff meeting minutes and saw that topics discussed including updates about people and new staff joining the team. There were arrangements in place for staff to contact a senior member of staff if they needed support 'out of hours'. One member of staff told us, "I cover the on call but if I'm concerned I can contact the [registered] manager or deputy for support".

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have processes in place to assess, monitor and improve the quality and safety of the service.</p>