

Parcs Healthcare Limited

Langley House

Inspection report

2 Oak Road
Harold Wood
Romford
Essex
RM3 0PH
Tel: 01708 381302
Website:

Date of inspection visit: 23 and 24 July 2015
Date of publication: 19/10/2015

Ratings

Overall rating for this service	Good	
Is the service safe?	Good	
Is the service effective?	Good	
Is the service caring?	Good	
Is the service responsive?	Good	
Is the service well-led?	Good	

Overall summary

The inspection took place on 23 and 24 July 2015 and was unannounced. We last inspected the service on 8 January 2014 and found the service to be compliant in all areas inspected.

Langley House is a care home that provides accommodation and support with personal care for up to 20 older people, some of whom have dementia.

The service had 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.

People told us they liked living at Langley House and that they felt safe and the staff were caring. The service operated an open, transparent and person-centred approach to the delivery of care.

Summary of findings

We observed staff interacting with people in a kind, respectful and caring manner. Staff had a clear understanding of people's preferences, likes and dislikes.

The service demonstrated good practice with regards to medicine administration, storage and disposal.

The registered manager had implemented robust systems to ensure that people's safety was maintained at all times. Records relating to risk assessments were comprehensive and gave clear guidance to staff to ensure known risks were minimised.

At the time of the inspection the registered manager was implementing a new electronic recording system to ensure all records were stored electronically in one place.

The service had policies and procedures relating to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. These aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not deprive them of their liberty and ensures that people are supported to make decisions relating to the care they receive. Services should only deprive someone of their liberty when it is in the best interests of the person and there is no other way to look after them, and it should be done in a safe and lawful manner.

Staff received on-going comprehensive training to enable them to effectively carry out their roles. Staff told us they could request additional training if they felt this appropriate to their role and personal development.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. Staff had a clear understanding of safeguarding and their responsibility to ensure people were safeguarded against the risk of abuse.

Risk assessments were comprehensive and contained clear guidance for staff to follow at times of known risks.

Medicines were stored, administered and disposed of correctly in line with national guidance.

The service had suitable numbers of staff on shift to ensure people were safe.

Good



Is the service effective?

The service was effective. Staff received on-going comprehensive training to ensure they could effectively meet people's needs.

Staff had good knowledge of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and their responsibility within the legislation.

Staff sought people's consent with regards to the care provided.

People were provided with enough to eat and drink throughout the day. Food was nutritious and met people's dietary requirements.

Good



Is the service caring?

The service was caring. Staff were observed interacting with people in a kind, caring and respectful manner.

Staff had a clear understanding of people's preferences and history.

People's confidentiality was maintained at all times. Staff were aware of the consequences of breaching people's confidentiality.

Staff gave people explanations to people about what was going on and did so in a manner that people understood.

Good



Is the service responsive?

The service was responsive. Care plans were person centred and comprehensive.

People's individuality was respected by staff at all times.

The service had a complaints policy which was shared with people. People were aware of the process to follow when raising a complaint or concern.

Good



Is the service well-led?

The service was responsive. Care plans were person centred and comprehensive.

People's individuality was respected by staff at all times.

The service had a complaints policy which was shared with people. People were aware of the process to follow when raising a complaint or concern.

Good



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.

The inspection took place on 23 and 24 July 2015 and was unannounced. The inspection consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we gathered information we held about the service and the service provider. For example we looked at statutory notifications, concerns and complaints and registration requirements.

During the inspection we spoke with four people, two relatives, one senior care worker, three care staff, the chef, the registered manager and the registered provider. We looked at four care plans, four medicine administration recording charts (MARS), policies and procedures, health and safety records and the accident and incident book.

Is the service safe?

Our findings

People told us they felt safe living at Langley House. One person said, “Oh yes, I feel safe.” Another person told us, “I feel safe. They [staff] are very good.” Relatives also stated that people were safe living at Langley House, for example one relative told us, “Yes they are safe, the staff are on the ball”.

The service had robust systems to ensure people were protected against the risk of poor medicine management. During the inspection we looked at four people’s medicine administration recording sheets (MARS) and found that these were completed in line with company policy. We found that all medicines were kept locked in a secure cupboard, with each person’s medicine stored in a separate tin with a photograph which reduced the risk of staff administering medicines to the wrong person. We saw evidence that the dispensing pharmacy carried out a quarterly audit and the GP carried out medicine reviews yearly. In addition to this the service carried out weekly medicine audits and daily controlled drugs audits twice a day. This meant that people were protected against the risks of poor medicine management and any errors were identified quickly and acted upon.

The service had robust risk assessments in place. We looked at risk assessments and found that identified risks had been documented and included how these were to be managed. The registered manager told us they were looking to further detail the known risks with guidelines on how to manage the risks more effectively. Risk assessments included health and safety, mobility, food and drink, medicine administration and confusion. We saw that risk assessments were reviewed regularly and updated if new risks were identified. This meant that people were protected against known risks. At the time of the inspection the service was implementing an electronic system that allowed all risk assessments to be available electronically. We found that the recently updated and completed risk assessments were more person centred and bespoke to the individual.

Staff had a good understanding of safeguarding people. We spoke with four care staff who were all able to tell us the different signs of abuse and how to recognise these. One care worker told us, “I would tell my senior immediately if the registered manager wasn’t available. I’d then write everything down and make sure the person was safe.” Staff

told us the correct procedure for reporting safeguarding concerns. Staff confirmed they had received safeguarding training, knew where the safeguarding policy was and were confident on how to keep people safe. This meant that people were protected against abuse.

Accidents and incidents were recorded and kept in the registered manager’s office. We looked at the accident and incident records and found that these had been documented and acted upon where appropriate. The registered manager told us that incidents were reviewed to ensure lessons can be learned and repeat incidents were mitigated.

Staff told us they could raise any concerns they had with the registered manager at any time. In the absence of the registered manager staff were aware that they could inform the senior care worker should they require. One staff member told us, “Staff concerns are listened to, you can call [the registered manager] and raise concerns. He won’t single you out if you raise concerns.” Staff told us that they would whistle blow should they feel their concerns were not being listened to and were aware of the company policy on whistleblowing. Staff had a clear understanding of their responsibilities to raise concerns and were confident in doing so.

People told us they felt there were sufficient numbers of staff on shift to have their needs met. The registered manager told us that staffing ratios changed due to people’s changing needs. We looked at the staff rotas and found these confirmed what people and the registered manager told us. This meant that there were adequate numbers of staff on shift at any one time.

The service had robust systems to ensure that suitable staff were recruited. For example prior to commencing employment staff would have to provide a Disclosure and Barring Services Check (DBS), two references and photo identification. A DBS is a check that enables employers to ensure only suitable staff are recruited to work with people who need support. During the inspection we looked at three staff personnel files and found that these contained the safety checks required. Staff told us they were then supported by more experienced staff to learn how to support people before working alone. This meant that people were supported by staff that were competent in carrying out their role.

Is the service safe?

The staff and registered manager carried out regular audits of the premises to ensure people's safety was maintained at all times. At the time of the inspection the service was undergoing an extension. There were warning signs around the service informing people of the work being carried out and who to contact if they had any concerns. The building work that was being undertaken did not impact on the people living at the service other than the fire exit being

moved. The service employed a maintenance person to carry out repairs; this meant that any maintenance issues were dealt with in a timely manner. We found on-going health and safety checks of the service for example fire alarms, kitchen equipment checks, mobility equipment checks and all matters relating to the safety of the premises. This meant that people were supported to live in a safe environment as far as possible

Is the service effective?

Our findings

One person told us, “I get to eat what I like; I can have more if I want”. Another person told us, “They’re [staff] are nice”.

Staff had good knowledge of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). They told us the importance of their role within the legal framework and the importance of obtaining people’s consent regarding all aspects of their care. One staff member told us, “You can’t just do things for people without asking if this is something they want to do.” Another staff member told us, “I always ask people if they want to do something, they will tell you if they don’t. I think about how would I like it if it were me.” Staff had a clear understanding of the process of what to do should they feel that someone lacked the capacity to make decisions. This meant that people’s choice and liberty were promoted.

Staff had sufficient skill and knowledge to carry out their duties effectively. Staff received on-going training to ensure they had up to date information. Staff told us, “I can request training if I feel I need it.” Another staff member told us, “There’s a lot of training to help you do your job.” We looked at staff training files and found that staff received all mandatory training, for example, safe handling of medicine, health and safety, safeguarding, MCA and DoLS, and manual handling. This meant that people were supported by knowledgeable staff.

Staff told us they received a comprehensive induction upon commencing employment. We looked at staff records which confirmed what staff told us. Staff indicated at the time of induction they were supported by more experienced staff members to shadow enabling them greater understanding of their role and get to know the people they were supporting and how to effectively meet their needs.

Staff told us, “You’re not just left to get on with it; they help you get to know your job.” This meant that people were supported by staff who were knowledgeable about their needs.

Personnel files showed that staff received on-going supervision and appraisals. Staff confirmed they received supervisions and felt these were helpful should they wish to raise anything with their line manager, however could also approach the registered manager outside of their agreed supervision. Staff also told us and records confirmed that supervisions covered any identified training needs staff may have, work performance, roles and responsibilities and support required. This meant that people were supported by staff who reflected on their working practices to improve the care delivered.

During the inspection we observed staff interacting with people using differing communication tools, which best suited the needs of the person. For example we observed one staff member talking to people in a very calm, quiet and relaxed manner, however when conversing with another person spoke more loudly and in a very upbeat jovial manner. It was clear from our observations that staff had a clear understanding of people’s different communication needs and were able to effectively adapt and communicate based on the person.

The service had a cook who provided people with homemade nutritious meals. During the inspection we observed people having lunch and found that they were offered a range of choices to ensure they received a meal they enjoyed. We saw one person requested something that was not on the menu. The service had a visual menu for those who find reading difficult. This meant that people were able to see what food was available. We spoke with the chef who had good knowledge about people’s dietary requirements and how these were met, for example those with diabetes would be provided with a similar pudding but with sugar replacement products. People told us they liked the food and that they could access more if they wished.

The registered manager supported partnership working with other health care professionals to gain further guidance and enhance the quality of care provided at Langley House. We saw evidence that the service had requested involvement with external health care professionals regularly.

Is the service caring?

Our findings

People told us staff were caring. One person told us, “They [staff] are very kind, they help me with everything. They’re good girls.” Another person told us, “I like them [staff] they do right by us.”

Throughout the inspection we observed staff treating people with kindness and respect. Staff had a clear understanding of maintaining people’s privacy and dignity and told us they ensured this was respected at all times. For example, we observed staff knocking on people’s door and awaiting authorisation to enter. We also observed staff speaking quietly to one person who need assistance to use the bathroom, so that no one in close proximity could overhear their conversation. This meant that people had their privacy and dignity respected.

Staff had sufficient knowledge of the people they supported and when asked were able to share information about people’s history with ease. Staff clearly had a vested interest in people’s well-being and acted as advocates to ensure people’s needs were met. All staff during the inspection acted in an inclusive and respectful manner to those they supported and it was evident from our observations that staff had encouraged and maintained meaningful relationships with people.

We spoke with staff who told us the importance of maintaining people’s confidentiality and the consequences for not doing so. Staff were able to explain why people have the right to have their personal details kept securely and confidentially. We found staff respectful of people’s private information and did not leave information in places other than authorised to do so.

Staff were observed on numerous occasions throughout the inspection providing people with explanations

regarding what was happening and taking place. Staff told us, “It’s their home and they need to know what’s happening.” Staff used their communication skills to effectively share explanations with people to ensure they understood what was being said. This meant that people were informed and included in things that concerned them and were encouraged to share their views.

Staff were passionate when discussing people’s wellbeing and how this was promoted throughout the service. A staff member told us, “People are like our family and we want the best for them.” Staff regularly assessed people’s wellbeing to ensure that their needs were being met.

We observed numerous occasions of staff encouraging people’s independence throughout the inspection. For example one person was being encouraged to eat independently while staff were on hand giving reassurance and guidance when needed. We also saw another person who was able to mobilise independently however required staff giving encouragement and reassurance. Staff told us, “We help support people but we help them to do things for themselves too.” Another staff told us, “It’s important to make sure people do things and staying active.” People told us, “I like to do everything myself but they [staff] help if I need them.” This meant that people were actively encouraged to maintain their independence and were not deskilled.

At the time of the inspection one person was receiving end of life care. Staff told us they saw the end of life care as a vital area of their role and that they had a duty of care to ensure people’s needs were met at all times, regardless of their ability or stage in their life. Staff exhibited much respect and ability to maintain people’s dignity through the last stages of life. Staff were compassionate and respectful of end of life care and had a clear understanding on how to best support someone throughout the process.

Is the service responsive?

Our findings

Care plans were person-centred and contained information specific to the person. Care plans were reviewed regularly to include the person's changing needs which was then shared with staff. At the time of the inspection the service was introducing an electronic system where people's information was stored securely. Despite the system not being fully functional we saw evidence that care plans were bespoke and contained information such as the person's history, people who were important to them, their likes and dislikes, health care needs, support needs, risk assessments and diagnosis. The deputy manager told us, "People are involved in the care planning as much as they want to be or are able to be." This meant that people were included in decisions about the delivery of care they received.

One person told us, "There aren't many activities here, but I wouldn't join in anyway". Another person told us, "They [staff] have bingo sessions and sometimes we look at pictures and say what they were." The service provided activities for people however this appeared to be infrequent. We spoke to one relative who told us, "There aren't that many activities for people to engage in." Another relative told us, "[My relative] is hard of hearing and has poor vision so activities would be hard but does like to reminisce about the past." People we spoke with did not raise any concerns regarding the level of activities available and told us, "I like watching television and reading." This meant that people were given choices as to what activity they wished to engage in.

Staff told us they were aware of the people who enjoyed the company of others and those who preferred to spend

time alone. Staff told us, "People can choose if they want to spend time in their room or in the main lounge with others." During the inspection we observed staff asking people if they wanted to spend time alone or not and enabling people to make their own choice. Staff told us that they were aware people could become isolated if they always spent time alone, however would always monitor this and report to the registered manager should this become a concern.

Throughout the inspection we observed staff offering people choices and encouraging people to make decisions regarding the care they received. For example, we observed staff asking people what they wanted to do, where they wanted to sit and if they wanted company. This meant that people were supported by staff that encouraged them to make choices about the care they received and respected the choices they made.

The service had a comprehensive complaints procedure. In the main hallway of the service there was a large poster which indicated clear steps for people to follow should they wish to raise a concern or complaint. People told us they were happy living at Langley House and should they need to raise any concerns or complaints were comfortable speaking to the registered manager. One person told us, "I would mention it first to my sons and they would take it up with the registered manager on my behalf." Concerns and complaints were dealt with in a timely manner and where appropriate action was taken to minimise the risk of repeat complaints. The registered manager told us learning from complaints was vital to continually improving the quality of service. This meant that people's concerns and complaints were listened to and acted upon.

Is the service well-led?

Our findings

People told us, “[The registered manager] is a nice man, effective. Always here.” Another person told us, “He’s quite nice – makes sure everything works well. I’m happy here.” A relative told us, “I’m pretty pleased with the place. Mum has done brilliantly since she’s been here because of good care.”

People and their relatives were positive about the registered manager and were pleased with the level of care provided by the team. During the inspection we observed the registered manager working on shift personally delivering care to people. Staff confirmed that the registered manager was always available to lend a hand to the staff and would not ask staff to perform a task they would not carry out themselves. For example during the inspection we observed the registered manager providing support to people throughout meal times and supporting people to access the bathroom. We spoke with the registered manager who told us that they worked on shift covering for care staff so that they could gain first-hand knowledge of people’s needs and be aware of what was taking place. This meant that people were supported by a hands-on registered manager, who had developed meaningful relationships with those in their care.

The registered manager told us that they operated an open door policy where people, their relatives and staff could contact them at any time should they need. This was confirmed by both staff and relatives. Staff told us the registered manager was approachable and supportive. Staff and the registered manager had built a working relationship based on respect and openness, where everyone was valued as a team member. The culture within the service was positive and inclusive. People told us the

registered manager listened to their ideas and were made to feel valued. This meant that people were supported by a team whose positive culture had a positive impact on the delivery of care provided.

The registered manager told us, “We are always willing to learn and improve, feedback is always welcome.” The service actively sought feedback from people, their relatives and staff. The registered manager carried out regular quality assurance checks to ensure that people’s views were obtained on the quality of service, staffing levels, delivery of service and other aspects relating to the service. The registered manager told us that where feedback made suggestions for change, this was then implemented if possible. This meant that people were encouraged to share their views which were acted upon in a timely manner where appropriate.

Audits relating to the health and safety of the premises, kitchen, food hygiene, fire safety, medicine and maintenance were carried out by staff on a daily, weekly or monthly basis in line with company policy. These audits were completed by staff who shared the results with the line manager who took appropriate action if required. The in-house audits were a continuation of questioning the quality of service provided at Langley House. This meant that people were living in a service in which quality was regularly monitored.

We reviewed files the service was legally obliged to maintain and found that these were kept up to date and reviewed regularly, such as care plans, risk assessments and support plans. We noted that at the time of the inspection the care plans were not all in the same format however this was due to the new electronic system that was being implemented. Once completed this would enable staff to access people’s details electronically in one location.