

Horizon Healthcare Homes Limited

Langley Lodge

Inspection report

136 Deighton Road
Huddersfield
West Yorkshire
HD2 1JS

Tel: 01484430320

Date of inspection visit:
08 January 2020
09 January 2020

Date of publication:
31 March 2020

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

Langley Lodge is registered to provide accommodation for persons who require nursing or personal care for up to six people. At the time of our inspection six people were living at the 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 received planned and co-ordinated person-centred support.

People's experience of using this service and what we found

The registered manager and the team provided a high standard of care. This ensured everyone received personalised support. The staff team worked in partnership to continuously improve and this achieved good outcomes for people. Everyone without exception, praised the leadership and the person-centred approach to care.

People were safe with the minimum restrictions necessary. Care plans and risk assessments were extremely detailed and helped to reduce the risk of avoidable harm. Positive risk-taking promoted people's independence. Staff empowered people to live fulfilling lives.

The staff were strong advocates for people and endeavoured to access the best possible support available. They were tireless in this respect and treated people like family. This meant people received timely care and support from health professionals and other agencies, which had a positive impact on their lives.

Staff treated people with dignity and respect. Staff treated people as individuals and used a strengths-based approach which focused on people's abilities and promoted their independence. The service followed best practice guidance to ensure a high level of care provision.

The service provided support to enable people to access a wide variety of activities. Staff continually searched for new ideas and opportunities and encouraged and reviewed. This included new activities, new sensory items and increased access to activities that people had enjoyed.

Staff supported people to have maximum choice and control of their lives and supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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. The outcomes for people using the

service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 10 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Langley Lodge

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector.

Service and service type

Langley Lodge 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.

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

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We also sought feedback from partner agencies including the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

People were unable to speak with us because of their conditions. We spoke to four relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager and a student on placement. We spoke to one visiting professional. We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at a range of evidence and quality assurance records. We contacted two professionals who regularly visit the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff protected people from the risks of abuse, discrimination and avoidable harm.
- Staff completed regular safeguarding training. They knew how to identify and report any concerns. The service had a whistleblowing policy in place and staff were confident to report to outside agencies if required.
- Good staff training helped to reduce the number of safeguarding incidents. Staff had received training and mentoring in positive behaviour support. In addition, staff had in-depth understanding of people's needs and their preferred communication methods.
- The registered manager reported safeguarding concerns to the local authority and the Care Quality Commission in line with guidance.

Assessing risk, safety monitoring and management

- Systems were in place to identify and reduce the risks involved in the delivery of care to people. Care plans and risk assessments were extremely detailed with step by step guidance on how to support people to reduce the risk of avoidable harm.
- Restrictive practices were minimised. Staff knew people extremely well and used positive communication and promoted people's preferred routines to reduce the likelihood of distress occurring.
- All staff worked in the same way to provide consistent support for people. Staff reflected and analysed behaviours to continue to learn the best way to support people and improve their feelings of wellbeing and independence.
- Staff promoted positive risk taking and people received support to take maximum control of their lives.

Staffing and recruitment

- Staffing levels and recruitment were safe.
- Recruitment was value based to help ensure the right people were employed. People were involved in the recruitment process. All the feedback we received about the staff was positive.
- People received their care when they needed it. The registered manager was available and worked hands on with people. Staff had time to engage people in meaningful interactions throughout the inspection. People were calm and relaxed in their company. Family told us, "The staff are lovely. They have regular staff and turnover is low".

Using medicines safely

- Medicines were safe. The systems in place were to a very high standard.
- Staff received training and competency assessments before they provided support to people with their

medicines. The registered manager ensured each staff member had support tailored to their needs to ensure they were confident and competent. Staff confirmed they received regular support to administer medicines safely.

- Staff kept accurate records of the medicines they administered. The registered manager carried out regular audits to ensure staff were following procedures.
- The home had applied to be involved in a Local Authority pilot scheme called STOMP. This stands for stopping over medication of people with a learning disability, autism or both.

Preventing and controlling infection

- The home was exceptionally clean. There were regular cleaning schedules, audits and deep cleans of each bedroom. A specialist contractor also attended every 3 months to carry out deep cleans of the kitchen and bathrooms. Family told us, "The standard of cleanliness is high".
- Staff had completed infection control training and were clear about their responsibilities

Learning lessons when things go wrong

- Staff told us there was an open culture. The registered manager encouraged them to report accidents and incidents.
- The registered manager took appropriate actions to investigate accidents and incidents. This reduced the likelihood of repeat incidents. Significant events and any lessons learnt were shared within the service. Regular staff meetings supported open discussion and encouraged reflective practices to embed and strengthen learning within the staff team.

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.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant 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

- Detailed care plans provided staff with guidance on how to care for people. They were person centred and established what was important to people.
- The service continually reviewed people's needs and researched best practice to obtain better outcomes for people. One person had a rare condition which was regressive and changeable and appeared to be impacting on the persons wellbeing. The registered manager pursued a referral through the GP to gain a better of understanding of the condition and how to improve support for the person.
- Staff planned and developed people's support in line with recognised best practice. For example, the home was in the process of gaining accreditation from the National Autistic Society and all staff had received autism training which had improved outcomes for people.

Staff support: induction, training, skills and experience

- Staff received the support and training required to work effectively with people. Staff told us, "The registered manager has backed me 100% with my development. She always takes the time to answer my questions".
- The training had a clear focus on person centred care and meeting people's needs. Staff told us, "They have covered everything and I am very happy with it. Every resident is treated as an individual and I have clear information about what these needs are" and "It has been really good, it is focused on supporting the residents and their needs".
- Staff received regular support to understand their roles and responsibilities through well-structured and meaningful supervisions. The registered manager was thorough and ensured each staff member had support tailored to their needs.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Care plans identified people's needs and provided staff with detailed guidance on how to support people.
- The registered manager and the team were strong advocates for people. They ensured, where possible, people could access specialist assessments, support or guidance from external agencies and professionals where required. They had successfully challenged a proposed reduction in a day centre placement. This was not in the best interests of the person and could have caused them distress and confusion.
- All the relatives we spoke with confirmed people's access to health care was excellent. Relatives told us, "They are so caring and, on the ball, and they are responsive to [family members] needs. We are happy with all aspects of care".

- Staff provided effective care oral health care. Detailed oral health care plans were in place to support this. People had access to dentists and the service was proactive in trying to access additional training locally.

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

- Good care planning identified risks to people with additional needs around eating and drinking. These were managed safely and people were supported to eat independently and received additional support where needed.
- Staff were attentive at meal times, interacted well with people and helped to make it a pleasant experience. Staff gave people choices and alternatives at every meal.
- Staff monitored people's weight and diets effectively and consulted professionals to understand how to best support people. One referral to a dietician and a gastroenterologist had resulted in one person regaining weight for example.

Adapting service, design, decoration to meet people's needs

- Langley Lodge had a fully accessible building that was adapted to meet people's needs.
- A checklist for autism friendly environments had been completed in communal areas to help increase people's confidence to use them.
- There was a sensory room and secure garden space available for people who use.
- The home was very well presented, spacious, with modern furnishings and fittings and decorated to a very high standard.

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.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service was working within the principles of the MCA. The registered manager had made appropriate applications for DoLS authorisations.
- Care plans contained step by step guidance on how to support people to make their own decisions.
- Where people were unable to make their own decisions, the registered manager ensured people's best interests were considered through best interests meetings and worked to minimise the use of restrictions.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People who used the service were unable to tell us about their experience of living at Langley Lodge due to their complex needs. We observed a dedicated and caring staff team who knew people well and treated them with respect. Relatives told us staff treated people with dignity and respect. One relative told us, "[Family member] is treated with dignity and respect. It is nice and friendly, it is like a family and a home from home".
- Health professionals told us, "Staff are absolutely fabulous. The residents here are treated as equals and are encouraged to do as much as possible for themselves. Staff speak to people respectfully and are attentive to their needs".
- Staff received equality and diversity training and were strong advocates for people's rights. This helped to ensure people received the best support available to them. Our conversations with relatives and staff and review of care records confirmed care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected when they were known.

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

- People had extremely complex communication needs. Staff constantly explored how to understand people's communication styles to maximise their involvement in their care and support. Individual sensory profiles supported by national autism standards were in place and assessed people's responses to taste, smell, visual, auditory, touch and emotional stimulus.
- People were able to express and communicate in their preferred way as far as possible. Staff had quality time with people to explore their communication styles. This gave people the space to express themselves and opportunity to further develop their own communication style which staff noted and recorded.
- Health and social care professionals and families were routinely involved in people's care where necessary. A relative told us, "The manager is lovely, she keeps us informed and up to date and asks us if we want to attend appointments, with the dentist for example" and "Yes we feel involved. No concerns. It is like a family environment here".
- Excellent care planning followed best practice. Clear guidelines enabled staff to support people to make their own decisions in all areas of their lives.
- The registered manager had involved people in staff recruitment. Staff supported people to ask interview questions and staff observed interactions between potential new staff and people being supported.

Respecting and promoting people's privacy, dignity and independence

- Staff clearly explained how they promoted people's independence with examples given around mobility,

personal care, food and drink. People were encouraged to do as much as possible themselves, Staff told us, "You treat them as you would treat family or how you would want to be treated. We try and get them to do things themselves. When we paint, for example, even if they only hold the brush for a few seconds then we give it a go".

- Staff always treated people with the utmost respect. They were attentive to their physical appearance and supported people to spend time where they chose such as in their bedrooms or in communal areas such as the kitchen. People chose what they would like to do and led staff to places within the service they liked to go. Staff immediately responded and supported them.
- Care plans demonstrated people's abilities, choices and preferences were always considered alongside the support they needed to help ensure independence and control was maximised.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care to maximise their quality of life. A student on placement told us, "They treat people as individuals and they are always exploring how to improve things for people". A professional told us, "All my experiences with Langley Lodge have been very positive. They follow guidance from health care professionals well and adapt their service to provide person centred care".
- Staff had an excellent understanding and knowledge of people's needs from working closely with them and through effective care planning. The depth of detail available in care records to make sure people's needs and preferences were met demonstrated a high level of commitment. Step by step guides were available for each area of care and supported staff to carry out their roles effectively.
- People's likes, dislikes and preferences were known and respected and staff were committed to providing personalised care. One person's care plan stated that they liked to listen to music whilst getting ready and that they liked to be told that their perfume smelt nice.
- A strengths-based approach to care planning focused on people's abilities and areas to develop with clear goals in place.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service approach to people's communication needs was excellent. Detailed communication passports provided guidance on how to communicate effectively with each person. This included information on how people used body language and aids to communicate and prompts to help staff understand if people were happy, sad or in pain for example.
- Keyworkers formally reviewed people's care plans monthly. People were involved as much as possible in this process and supported decision-making enabled people to make their own decisions where possible.
- The home used a tool called the, 'Hang out Programme: Interaction for people at risk of isolation'. The tool provided staff with a structured approach to communication and focused on each individual to maximise staff understanding of each persons' communication style and abilities. The values which underpinned this approach were excellent and increased people's participation in their care.
- New autism training since the last inspection and had improved outcomes for people. One person has received improved communication as a result and had started to access the community more which had been a huge success. The home had also applied for a National Autistic Society accreditation award and was on target to achieve it this year.

- Staff undertook an annual competency check on the importance of communication within the service.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported people to follow their interests and take part in activities both in the home and in the community. Detailed care planning involved completion of a leisure and activities questionnaire covering thirty different activities that rated people's level of interest and set goals.
- Staff supported people to take positive risks and empowered people to participate in new activities such as ice skating and cycling. Family had stated in a survey, "I am often surprised when my daughter takes part in activities I would not have considered".
- A relative told us, "[Family member] is given opportunities to pursue activities both in the home in the community" and "The activities are varied such as horse riding, cinema and hydrotherapy and they are always looking for new opportunities and are always trying new things and always discuss it with us". Staff told us, "The registered manager are always looking for more things for people to do. In supervision we are always being asked for new ideas about activities."
- Staff completed 'Heads, Hands and Hearts' documents to identify their interests, gifts and talents to enable them to match these with the activities people enjoyed or would like to try. Shared interests promoted people's enjoyment and interest in hobbies and activities.

Improving care quality in response to complaints or concerns

- Effective systems were in place to manage complaints or concerns. The service had a detailed policy and procedure which told people how they could complain and what to expect in response to a complaint, including timescales. The service had only received one complaint in twelve months and this had been resolved.
- People and their relatives received information on how to make a complaint if they wished to do so. The registered manager had strong relationships with the relatives we spoke with and they held the registered manager in high regard and felt able to approach her if they needed to. The registered manager and staff welcomed any complaints or suggestions for improvement.
- Staff were adept at identifying when an individual was unhappy or distressed and would investigate the reason. This helped to improve people's experience of the service.

End of life care and support

- There was no one in receipt of end of life care at the time of the inspection.
- The service was carrying out a piece of work to support people and their relatives or representatives to explore and record their wishes about end of life care. Completed care plans were detailed and covered all areas appropriately.
- End of life training was available for staff and the service had the support of a local hospice if required.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider promoted a person-centred approach towards supporting people. Staff had recently been involved in reviewing the values of the service and this underpinned the team's approach.
- Staff demonstrated extensive knowledge of individual's needs, excellent communication skills and a passion for their work.
- The registered manager was experienced and committed to providing high-quality, person-centred care and had recruited and retained staff who shared that goal. They had a wealth of knowledge and strived to support the team to provide continuous improvements to people's lives.
- There was an established team that reported good staff morale and staff were positive about the registered managers leadership of the home. They told us, "We are like a family. The culture is very good" and "It is a very supportive team. We are happy in our jobs".
- Relatives were consistent in describing a high level of satisfaction with the service. People told us, "[Registered manager] is lovely she will do whatever she can to help. The operations manager is also very approachable and caring. I would recommend it to anybody it is a wonderful place".

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of and understood their responsibilities in relation to the duty of candour. There was an open, inclusive and transparent culture in place with the registered manager operating an open-door policy where families and staff felt comfortable to raise concerns.

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

- There was an excellent quality assurance process in place. Regular auditing and action plans were in place to ensure the service was always improving. This included a clear structure aligned with regulatory requirements and clear goals were in place.
- All staff received effective support. Staff knew their roles and responsibilities and told us people were at the heart of everything the service did.
- The provider complied with all regulatory requirements. This included the submission of notifications which they are required to send to us by law.

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

characteristics; Working in partnership with others

- There was good communication in place to engage staff. Regular team meetings and staff supervisions fully involved staff in the development of the service and in people's care. Staff told us, "Yes the meetings are really good. I was surprised when I first started because each staff member had a say on what could be better".
- The home carried out an annual survey with families and the feedback was overwhelmingly positive and highlighted good communication, involvement, person-centred care and good outcomes for people. One response stated, "Decisions are always taken with much thought to what my [family member] may like or not". A relative told us, "This home for [family member] has been absolutely fantastic. We couldn't ask for anything better. The staff are brilliant. [family member] is so happy here. They know [family member] very well. We are happy with all aspects of care and they are responsive to her needs".
- Regular best interest meetings involved all health and social care professionals in people's care.

Continuous learning and improving care

- The home has been in receipt of Investors in People (IIP) accreditation since 2008; this demonstrated a continual commitment to maintaining this accreditation. The IIP accreditation programme looks at the leadership, support and management of employees and identifies good practice or areas for improvement. In their most recent accreditation report, the service had been commended for a clear philosophy, that was reflected by all staff, who described how they continuously strived to achieve the best possible standards for people.
- The service had demonstrated a transparent and open culture. Staff were encouraged to talk about any incidents and to share their experiences. Everyone learnt from this process. Lessons learned and outcomes were cascaded through out the team to promote shared learning. Systems were in place to review accidents and incidents for wider learning and to reduce the risk of the same accident or incident occurring again.