

Langston Care Limited

Langston Care Limited - 37 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:
23 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.

37 Hill Top View is registered to provide personal care for up to three people who present with varying levels of learning disabilities. There were three 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.

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 and received support when they needed specific nutritional assistance.

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 suitable recruitment practices 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.

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. People's medicines were managed to ensure they received their prescribed treatments. There were a sufficient number of suitably recruited staff.

Is the service effective?

Good ●

The service was effective. Staff knew how to support people. 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 effective. 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. Relatives and health care professionals were encouraged to share their views about the service. Staff felt supported by the management arrangements.

Langston Care Limited - 37 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 one person who used the service, two relatives, two members of staff, the registered manager and the deputy manager.

We looked at two care plans to check that people were receiving the care planned for them, four 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. A relative we spoke with told us, "My relation is definitely safe there. The staff watch them all the time".

Staff were aware of the categories of abuse people could be at risk from and the action they should take if they had any concerns about people. One member of staff told us, "I'd go straight to the manager, they'd do an investigation straight away". Staff told us that they could raise concerns anonymously via the providers whistleblowing policy if they felt inadequate action had been taken. One member of staff told us, "I would use it; it's about the care of people".

There were assessments in place to reduce people's risk of harm. Staff we spoke with confirmed how they would support people and we saw that this reflected the care that was planned for them. We saw assessments for the use of the hoist which included specific guidance for staff to ensure the correct equipment was used and the procedure was completed safely. There were also assessments in place for risks associated with people's safety when they were in the company vehicle and to ensure they were safe when walking outside.

Some people when they were anxious presented with behaviours that challenged their safety and that of others. Staff told us that they tried to identify what triggered the behaviour, how they would identify that people were becoming anxious and the support they would offer to calm the person. One member of staff said, "We can tell when people aren't happy, we know the signs. We keep people apart; take action before there's any conflict". We read in people's care plans that staff recorded each incident of challenging behaviour, the circumstance which led up to it, how they supported the person and the outcome. We saw that there was uniformity in the way staff supported people to provide them with a consistent response.

People were supported to take their prescribed medicines. We saw staff administering a person's medicines and saw they remained with them to ensure they had taken the medicine before moving away. The medicine administration records were completed correctly to maintain an accurate record. Some people were receiving some of their medicines on an 'as and when required' basis. These are known as PRN medicines and include medicines for example, used for occasional pain relief. There was guidance in place to ensure staff understood how people might present when they were uncomfortable and the maximum dosage of medicines they could receive in one day. We saw there were arrangements in place to store medicines securely and there were checks in place to ensure they were maintained at the correct temperature to preserve their condition.

The arrangements for staffing were dependent on people's needs. Staff told us people's needs were always met. If there was staff sickness to cover this was arranged internally. One member of staff told us, "We don't use agency, it wouldn't be appropriate for people here. Most of the staff are happy to come in and do extra to cover".

There were management checks in place to ensure that the environment and the equipment in use

remained safe for people. We saw there were regular fire drills. One person told us that, if there was a fire, they would 'go next door'. Each person had a personal evacuation plan which provided information on the level of support they would need to leave the building safely and quickly should an emergency, such as a fire, occur.

Is the service effective?

Our findings

Staff told us they were given opportunities to enhance their skills and knowledge. One member of staff told us, "We get loads of training". We saw that staff received regular support and opportunities to meet with a senior member of staff to discuss their performance and development. Another member of staff said, "We can talk about whatever we want at supervision".

Staff understood the importance of giving people choices. One member of staff told us, "We support people to make choices for themselves. Sometimes it's just a case of putting a tin of beans or spaghetti in front of them to see which they go for". 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. A member of staff told us, "It's about making choices for people when they wouldn't be safe".

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 applications to deprive people of their liberty had been made to ensure the deprivation was legally agreed as is required.

People were supported to eat healthily and staff ensured they had frequent drinks to maintain their health and wellbeing. Staff sat with people to eat their meal to provide them with a sociable mealtime experience. People were involved in setting the table and if they were unable to contribute to the preparation they were able to sit with staff and observe what was going on. There were frequent checks on people's weight. We saw that staff recognised when people's nutritional needs changed and they sought specialist advice to ensure people maintained a diet that was appropriate for them.

People's health was monitored and we saw they had access to other health care professionals to support their physical, mental and psychological wellbeing. Care plans we looked at contained appointments for a range of health care professionals including the doctor, dentist and dietician.

Is the service caring?

Our findings

Relatives we spoke with told us that their relations were well cared for. One relative told us, "The staff are very good to [Name of person]. My relation looks happy and is always happy to go back when they've been to visit". Staff spent time with people and chatted to them about their plans for the day. We saw that when people were in their bedrooms staff popped into them regularly to ensure they were alright and they did not feel isolated or lonely. We saw that people looked relaxed, happy and comfortable and enjoyed the company of staff. One person put their feet on the lap of the member of staff they were sitting with and stroked their hands. We heard people laughing with staff and joining them in saying rhymes. One relative said, "They laugh a lot".

Staff knew people well and understood how to communicate with them to ensure they supported their choices. We saw that staff provided non-verbal support and made good eye contact with people. People were involved

People were supported to maintain their privacy. One person had a lock on their bedroom door to ensure no one could go in and touch their personal items when they were out of their room. Staff promoted people's dignity by supporting them to maintain their appearance. We saw people were dressed in clean clothing and their hair was styled by staff. A relative told us, "They are always spotlessly clean". When staff noticed that a person needed personal support to maintain their cleanliness and appearance this was provided in a timely manner.

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. Relatives told us they could visit whenever they wanted and felt welcomed by staff. One relative said, "It's difficult for me to travel so staff bring [Name of person] to me. It's never a problem. I can ring anytime and they'll put my relation on the phone so I can hear them".

Is the service responsive?

Our findings

People received the care they needed because staff knew how to support them in the way they preferred. One member of staff told us, "We know what time people like to go to bed. [Name of person] is an early riser". Staff told us one person would have hot chocolate when they went to bed and the person told us they did. 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.

People were supported to spend their time doing what they liked. We saw that each person had an activity plan which included taking part in their favourite activities within the home and trips out to places they enjoyed visiting. Staff told us that the use of the activity plan was not rigid and they would adapt what they did to fit the person's mood and preference on the day. We saw one person completing a jigsaw and practising their writing skills. Other people were watching their favourite television programme and staff supported one person to take some exercise on a walk around the local area. We saw that people attended a social club regularly and had the opportunity to go to the theatre and on holiday.

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 would tell them if I wasn't happy". 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

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 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. We saw that any accidents or incidents which occurred in the home were recorded by staff. There was no process in place to monitor and identify any incident trends or patterns. For example if incidents occurred at the same time of day which could indicate a risk or provide information about people's behaviours at certain times of the day.

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.

People benefitted from receiving a service from staff who worked in an open and friendly culture. 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".