

Langley Court Rest Home Limited

# Langley Court Rest Home

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

This inspection took place on 21 January 2016 and was unannounced. At the last inspection on 4 August 2015 we found the service was breaching the regulation relating to safe care and treatment due to issues we found regarding medicines management.

Langley Court Rest Home provides accommodation and personal care for up to 28 older people, many of whom live with the experience of dementia. On the day of our visit there were 24 people living in the home.

The home had a registered manager. 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.

At this inspection we found the provider had taken the necessary action to improve medicines management and risks to people from unsafe medicines practices were much reduced. Medicines were stored, administered, recorded and disposed of safely.

Staff were not always provided with the necessary supervision and appraisal to carry out their roles. However, staff were provided with a suitable level of induction and ongoing training to understand how to support people using the service appropriately. We found a breach of the regulation in relation to how the provider supported staff. You can see what action we have asked the provider to take at the back of this report.

A range of audits was in place for the provider to assess, monitor and improve the service. However, these audits had not identified deficiencies in the way risks relating to hot water temperatures and falling from height were managed, as well as in staff support, supervision and appraisal. The registered manager told us they would review their quality assurance processes in light of our feedback. This was a breach of the regulation in relation to good governance. You can see what action we have asked the provider to take at the back of this report.

The provider made applications to deprive people of their liberty lawfully and notified CQC of the applications and outcomes as required by law. However, staff did not all have a good understanding of their responsibilities under the Mental Capacity Act 2005 or the Deprivation of Liberty Safeguards. The provider was aware of this and had planned further training in these topics for staff to improve their understanding.

The provider monitored people's risk of malnutrition through closely monitoring their eating and drinking patterns. However, the provider did not always monitor people's weights accurately which meant their systems of identifying people who were at risk of malnutrition were not as robust as they could be. People received appropriate support with their health needs, such as accessing the healthcare professionals they needed to support them.

Generally the provider managed risks to individuals well through their risk assessment and management processes. However, risks to people from hot water temperatures and falling from height were not always managed well because the water temperature at hot water outlets was above 50 degrees centigrade and some windows did not have effective restrictors in place. The provider took prompt action to address these concerns when we informed them of our concerns. Besides these issues other aspects of the premises and equipment were managed safely with suitable checks in place.

The provider and staff understood their responsibilities to safeguard people from abuse. The provider had referred allegations to the local authority safeguarding team for investigation and had notified CQC as required by law.

There were enough staff deployed to care and support people appropriately in the service. The provider recruited staff through robust procedures to check they were suitable to work with people using the service.

Staff were kind and compassionate and treated people with dignity and respect. Staff understood the people they were working with including their preferences. People were encouraged to be involved in their own care. The provider regularly reviewed people's care to check people were satisfied and that their care package was still suitable for them. People were provided with a range of activities they were interested in.

The provider had a suitable complaints procedure in place and people and their relatives were confident that the registered manager would respond appropriately if they made a complaint.

The provider involved people using the service, their relatives and staff in the running of the service. There was clear leadership presence in the home and resources were available to improve the home.

## 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 not always safe. The risks to people from falling from height and from hot water temperatures were not always identified and managed appropriately. However the provider took prompt action to resolve these issues once we raised our concerns with them. Risks to people were generally managed well although the risks to a person of financial abuse had not been assessed and managed robustly.

Medicines management had improved since our last inspection and medicines were being managed safely.

The provider and staff understood how to keep people safe and allegations of abuse had been reported to the local authority safeguarding team for investigation appropriately. There were sufficient staff deployed to meet people's needs and the necessary checks were carried out to ensure staff were safe to work with people using the service.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective. Staff did not always receive suitable supervision and appraisal to carry out their roles. However, staff received the necessary induction and training to understand the best ways to care for the people they worked with.

The provider was meeting their responsibilities in relation to the Deprivation of Liberty Safeguards (DoLS) as they had applied to deprive people of their liberty safely when required. However, not all staff understood why the Mental Capacity Act and DoLS were important to their roles. The provider was aware of this and had arranged training to improve staff understanding.

People were positive about the food and drink they received and people had access to the healthcare professionals they needed to maintain their health.

**Requires Improvement** ●

### Is the service caring?

The service was caring. Staff knew the people they were working with including their preferences and needs. Staff treated people

**Good** ●

with kindness, dignity and respect and people were provided with the privacy they needed. The provider encouraged people to be involved in their own care.

### **Is the service responsive?**

The service was responsive. People were involved in assessing, planning and reviewing their care.

People were offered a range of activities they were interested in and they were encouraged to stay in touch with people who were important to them.

A suitable complaints procedure was actively promoted in the service to respond to any issues raised appropriately.

**Good** ●

### **Is the service well-led?**

The service was not always well led. Although a range of audits were in place these had not identified the issues we found in relation to risk assessing and managing risks from falling from height and hot water temperatures as well as supervision and appraisal.

People, their relatives and staff were involved in running the service. The provider was meeting their registration requirements to submit notifications to CQC for incidents such as allegations of abuse.

**Requires Improvement** ●

# Langley Court Rest Home

## **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, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 21 January 2016 and was unannounced. It was undertaken by an inspector and a pharmacist. This inspection was shadowed by the head of market oversight.

Before our inspection we reviewed information we held about the service such as from statutory notifications the provider submitted to us. Statutory notifications are notifications the provider must send to CQC by law to inform us of incidents such as allegations of abuse or police incidents. We also contacted the local authority to ask them about their experiences of the service provided to people.

During the inspection we observed how staff interacted with the people who used the service. We also used the Short Observational Framework for Inspection (SOFI) at lunchtime in the main dining areas. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with four people who used the service and two relatives. We also spoke with the registered manager, the deputy manager, the chef and assistant chef, four other members of care staff and a visiting chiropodist. We looked at six people's care records, five staff recruitment files, medicines records and records relating to the management of the service including quality audits.

## Is the service safe?

### Our findings

At the last inspection we found medicines management was not as safe as possible. For example, risk assessments for a person who self-administered their medicines were not in place to check they could administer these safely. Temperature monitoring of the medicines storage area was not taking place and medicines may not have been stored at the right temperatures to prevent damage. Protocols for staff to follow in administering when required (PRN) medicines and applying topical medicines such as creams were not always in place. This meant staff may not have had sufficient guidance on when medicines should be used and people may have been receiving these medicines inconsistently.

After the inspection the provider wrote to us to tell us they had taken action to improve all the issues we identified and at this inspection we were able to confirm this. When we asked a person if they got their medicines at the right time they said, "Oh yes, I get my meds when I need them." Our pharmacist checked all aspects of medicines management and found them to be safe including medicines receipt and disposal, storage, administration and recording.

At this inspection, we found that some risks to people were not always assessed and monitored effectively so action could be taken to mitigate any identified risks. People were not always safe because we found several windows without any restrictors in place, and some which had restrictors but which could be overridden easily. This meant the windows could be opened wide enough so that people could be at risk of falling from height. When we told the provider about our concerns they took immediate action and installed appropriate window restrictors during our inspection to keep people safe. The deputy manager informed us they would include checks of window restrictors on their monthly checks of environmental health and safety across the home.

We also found people were at risk of scalding from hot water. This was because the service had not identified, assessed and managed risks relating to people's health and safety satisfactorily. We tested hot water temperatures in three people's bedroom sinks and a communal bath and communal sink plus two communal showers and found them all to be above 50°C. This is above the temperature recommended by the Health and Safety Executive "Managing the risks from hot water and surfaces in health and social care". If people are exposed to hot water above 44°C for either washing, showering or bathing, they are at increased risk of serious injury or fatality. We informed the registered manager about this and the provider was able to adjust some, but not all of the water temperatures to safe levels during our inspection. The deputy manager told us they would arrange for a plumber to adjust the remaining water temperatures to safe levels.

Records showed the provider carried out monthly checks of hot water temperatures. The deputy manager told us when they found temperatures of baths and sinks to be above 44°C they arranged for them to be adjusted urgently. However, there were no records of this kept by the home which meant we were unable to verify this. The deputy manager confirmed records of action taken in respect of hot water temperatures would be recorded clearly to provide a thorough audit trail in future. After the inspection the deputy manager also confirmed they were changing showers in the service to a type which enabled the

temperatures to be regulated safely.

Other aspects of the premises were safe as a programme of health and safety checks were in place across the home. This programme included the lift and lifting equipment such as hoists, the call bells, fire-fighting equipment, electrical appliances and electrical installation, gas safety and environmental hazards.

Risks to people were generally managed well, such as those relating to individual needs around choking, pressure ulcers and diabetes. The provider had assessed the risks to people and put suitable management plans in place for staff to follow in supporting people safely. However, the risks to one person at risk of financial abuse had not been assessed sufficiently with a suitable management plan in place to reduce the risks. The registered manager agreed they would take action to assess and manage the risks as soon as possible.

People and their relatives told us they felt safe. One relative told us, "It's great here, it's nice to know when mum's here she's safe." Staff understood the signs to observe if people were being abused and how to respond to these appropriately. Staff had responded to allegations of abuse between people using the service in the right way by reporting these to the registered manager. The registered manager had checked people received the right support in relation to these allegations and had also reported them to the local authority safeguarding team for investigation, and to CQC as required by law.

The provider recruited staff through robust processes to check they were safe to work with people using the service. Recruitment records showed the provider checked staff employment histories and work references, criminal records, identification and proof of address, right to work in the UK and whether they required any reasonable adjustments to be made due to any health conditions. There were enough staff deployed to meet people's needs. People using the service, relatives and staff confirmed this and our observations during our inspection and checks of staff rotas supported this too.



## Is the service effective?

### Our findings

Records showed a lack of supervision and appraisal for staff during 2015. The registered manager had been absent from the service for around six months and the supervision of staff had not continued in their absence. On their return to the service around August 2015 they had not put in place a clear schedule to supervise all staff working at the service and records showed that only a few staff had received supervision. No staff had received an appraisal in 2015. This meant staff had not received the necessary supervision and appraisal to enable them to carry out the duties they were employed to perform. However, staff told us they felt well supported by the manager and could speak to them or the deputy manager at any time for support. The registered manager told us they would put in place a clear programme to supervise all staff on a regular basis and would arrange appraisal around March 2016.

These issues were a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A training programme was in place to train staff in key topics relevant to their roles throughout 2016. The registered manager had identified gaps in staff training and was prioritising this training for staff. Staff were supported to complete Diploma's in health and social care and several staff were taking part in an induction session for this qualification during our inspection to further their knowledge and skills. New staff were supported to complete the Care Certificate. The Care Certificate is a national induction programme designed to give all new care workers the same knowledge, skills and behaviours when they begin their roles.

The provider was meeting their obligations in relation to the Mental Capacity Act 2005 (MCA). The 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's care plans showed their mental capacity to make particular decisions was assessed in accordance with the MCA and decisions were made in their best interests where they were found to lack capacity. However, not all staff were aware of the requirements under the MCA. The registered manager told us MCA training was scheduled for early 2016 for all staff as a priority as they were aware of this gap in training.

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). The management team understood the requirements in relation to DoLS and had made the necessary applications to deprive people of their liberty as part of keeping them safe. However, our discussions with staff showed not all understood DoLS and what could constitute a deprivation of liberty. The registered manager confirmed staff would be trained in DoLS alongside MCA early in 2016.

The provider did not always ensure people's weights were monitored accurately where this was required.

Records showed wide fluctuations in some people's weight month to month. The registered manager told us she believed these variations were due to inaccuracies when weighing people, particularly those who struggled to stand on the weighing scales comfortably. This meant the provider may not identify changes in people's weight accurately which might indicate concerns about their nutritional state. However, the provider had other processes in place to monitor people's nutritional status. Staff recorded how much people ate at each meal and passed this information onto the chef. Our discussions with the chef and checks of these records showed the chef reviewed this information daily. They regularly liaised with the registered manager regarding how well people were eating and drinking so they could take the right action to support people together. These actions included referring people for specialist support such as from the dietitian, offering food in smaller quantities more often and fortifying food with extra calories. The registered manager told us they would look at obtaining a more suitable weighing scale that people could sit on instead of people having to stand to be weighed.

People enjoyed the food they were provided. One person told us after their lunchtime meal, "It was really nice." People confirmed the food was served at the right temperature for them and the quantities were sufficient. People had been referred for speech and language therapy (SLT) support when they struggled to chew or were at risk of choking. Guidelines for people, developed by SLT, were in place which staff followed. People were provided food prepared in accordance with these guidelines. Where people needed support from staff to eat and drink we observed this was provided in a safe way.

Staff supported people to access the healthcare services they needed. When we asked a relative about this they told us, "Yes, she gets her healthcare needs met." These healthcare services included the GP, dentist, optician and chiropodist. Staff also referred people to, and liaised closely with, other specialist health services such as district nurse services, mental health teams and occupational therapists.

## Is the service caring?

### Our findings

People using the service and their relatives told us staff were kind and compassionate. One person said, "[My family member] is a different person [since moving into the service], she is content and all the staff are very friendly". A relative told us, "They are caring and [my family member] likes the companionship here". Our observations were in line with these comments. During our inspection we observed staff sitting and talking with people in a relaxed, non-rushed manner. The registered manager led by example by spending much of their time interacting with people using the service in a caring manner. Staff made eye-contact with people as they passed them and smiled to let people know they mattered. When people approached staff with queries staff took the time to stop what they were doing and engage with them respectfully while answering their query. When staff supported a person to eat and drink during a mealtime we observed staff supported them in a caring way. They talked with them throughout, explaining what they were doing and allowed the person to eat at their own pace. Staff respected people's personal preferences, for example as staff knew a person became upset if they were not the first person to be administered their medicines staff followed the person's wish.

Staff provided people with the privacy they needed and treated people with dignity and respect. We observed staff knocked on people's doors before entering. Staff offered personal care to people discreetly when in communal areas and made sure to close people's doors when providing personal care. Staff supported people well with their personal appearance where this was part of their care package, taking care so that people appeared well presented with clean, ironed clothes and co-ordinated outfits. Staff painted the nails of those who wanted and people had access to a hairdresser. One person told us, "I get my nails done by one of the [staff]. They keep my clothes clean."

Staff knew the people they were working with. Our discussion with staff showed they knew people's preferences, including their food preferences, the people who were important to them and their backgrounds. Many of the staff had worked in the home for several years and had built good relationships and had a good rapport with people using the service.

Staff involved people in their care and encouraged them to make decisions. The provider asked people if they preferred male or female staff to provide their personal care and their wishes were respected. People were encouraged to spend their day in their preferred parts of the home and engaged in activities of their choice. The service had a keyworker system in place as part of encouraging people to be involved in their own care. A keyworker is a member of staff who works closely with a particular person(s) to see that they had the things they needed and were satisfied with their care.

## Is the service responsive?

### Our findings

The registered manager encouraged people to be involved in assessing, planning and reviewing their care which helped people stay in control of their care. The management team met with people and their relatives before they came to live at the home to find out about them and what care package they required. A relative told us, "They asked all the right questions [when they assessed my family member before they moved in]." They also reviewed information from social services and various health services where relevant as part of checking they could meet their needs. The registered manager told us how they offered people visits to the home before they committed to moving in, including overnight stays if people wished. All people were offered a six week trial so they could see whether they liked living at the home and the management team could check they were able to meet their needs. Information about people's preferences and choices for their care were recorded in their care plans for staff to refer to in understanding them better. People's care was reviewed regularly involving them and their relatives in the process. These reviews included annual meetings where people, their relatives, the management team and key staff involved in their care, as well as key healthcare professionals met to check their care package was suitable for them. People's care plans and risk assessments were reviewed regularly by the provider, incorporating any changes to people's needs or wishes.

People and their relatives told us there was enough to keep them occupied at the home and they were happy with the range and frequency of activities provided. A relative told us, "They do exercises and games, mum played bingo the other night. She chats to other people here." Staff supported people to do activities they were interested in. The service had an activities officer who led the activities programme while all staff helped the activity programme run smoothly. We observed several activities take place during our inspection including reminiscence sessions where staff encouraged people to reflect on times gone by. Exercise sessions were also provided each week to help people maintain their mobility and flexibility. Other regular activities included bingo, quizzes and painting. A musician often visited to entertain people and local choirs sometimes visited. The service organised some day trips to local places and events such as Christmas, Easter and birthdays were celebrated in the home. People told us their religious and spiritual needs were met as religious ministers visited the home often.

Staff supported people to keep in contact with people who mattered to them. Relatives told us they could visit at any time and did not need to make an appointment. One relative said, "I can visit any time." Some relatives told us they spent several hours visiting their relatives some days and were always made to feel welcome and were invited to be involved in activities being offered that day. During our inspection we observed staff supporting a person to use the telephone to contact a relative who was unable to visit them to help them keep in contact. Relatives also confirmed they were kept up to date with their family member's progress such as any accidents, injuries or health concerns.

The provider had a suitable complaints procedure in place. A relative told us, "I haven't got any complaints but I'd see [the management team] if I did, they are understanding." This procedure was made accessible to people and their relatives with each person being provided a copy. It was also on display in a communal area of the home. People and their relatives told us they had confidence in how the management team

would handle any complaints if they had reason to complain. People told us the managers were open to feedback.

## Is the service well-led?

### Our findings

At this inspection we found that there were some audits in place to monitor and improve the home. These included a range of health and safety audits, medicines audits as well as checks of care plans and other documentation within the service. However, these audits had not identified the deficiencies in the way risks relating to hot water temperatures and falling from height were managed, systems to monitor people's weights, as well as in staff support, supervision and appraisal. When the registered manager was absent for a lengthy period suitable arrangements were not made to ensure staff received the necessary support and supervision. Therefore the audits were not very effective as they had not identified areas for improvements so the provider was aware of these and they could address them. The registered manager told us they would review their quality assurance processes in light of our feedback.

These issues were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People using the service, their relatives and staff felt involved in the running of the home. This was because the provider gathered feedback from people through 'residents' and staff meetings. In addition the service carried out annual surveys of people using the service and their relatives and the provider was in the process of organising the next survey.

The registered manager had managed the service for many years and people using the service, their relatives and staff told us she was a good manager who was always supportive and compassionate, and that she listened to others. A relative said, "It's well run, definitely". The registered manager was aware of their role and responsibility. We observed they were a 'hands-on' manager, spending much of their time interacting with people using the service and staff, helping to make sure shifts ran smoothly. They were supported by a deputy manager and a team of senior care workers and care workers, who our discussions showed were also aware of their roles and responsibilities. The care staff echoed the registered manager in reflecting values of kindness and compassion for the people they cared for and supported during our conversations with them.

Leadership was visible in the service given the clear presence of the registered manager, deputy and senior staff on each shift. Senior staff planned each shift and ensured tasks were delegated and carried out properly, working closely with care workers in the process. The director was also closely involved in the running of the home, attending staff meetings and supporting staff through training related to their specialist background in medicines.

Resources were in place to develop the service. A renovation programme was in place which included upgrading windows, extending the lounge area, replacing flooring and redecoration across the home. Security had been upgraded in the home as fire doors had been upgraded to include automatic locks which would be deactivated in case of a fire. This meant the safety of people was promoted because people who required staff supervision were unable to leave the home through the fire doors without staff being aware.

The provider was meeting the requirements of their registration with CQC as they submitted statutory

notifications relating to allegations of abuse, police incidents and outcomes of applications to deprive people of their liberty.

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	Regulation 17 HSCA RA Regulations 2014 Good governance  The registered person did not have effective systems to assess, monitor and improve the quality and safety of the services and risks relating to the health, safety and welfare of people, including mitigating these risks. Regulation 17(1)(2)(a)(b)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  The provider did not ensure that staff employed received appropriate supervision and appraisal as is necessary to enable them to carry out the duties they were employed to perform. Regulation 18(2)(a)