

Langley Court Rest Home Limited

Langley Court Rest Home

Inspection report

9 Langley Avenue
Surbiton
Surrey
KT6 6QH

Tel: 02083996766

Date of inspection visit:
05 May 2017

Date of publication:
21 June 2017

Ratings

Overall rating for this service

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

This inspection took place on 5 May 2017 and was unannounced.

At our last inspection on 18 and 19 August 2016 we found a breach of the regulation in relation to person centred care. Care plans did not always take into account people's long-term care needs and did not always take into account the ways in which people's needs changed over time. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to person centred care. We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. This report covers our findings in relation to those requirements and to one area in respect of quality assurance that required improvement. The provider sent us an action plan and told us they had already made the necessary improvements by 3 October 2016. We undertook this inspection to check they had followed their plan, to confirm that they now met legal requirements.

Langley Court Rest Home provides residential care for up to 28 people. At the time of our inspection there were 23 people using the service and 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.

At this inspection we found that the provider had introduced a new care planning system, which was designed to draw attention to any missing or out of date information. Care plans now contained detailed information about people's care needs, health conditions and preferences about their care. People were involved in planning their care and in regular reviews that took place to ensure that care plans were up to date with people's changing needs and preferences.

The provider consulted appropriate guidance on care planning and had also introduced systems to help ensure new information relating to people's care needs was communicated efficiently between staff and added promptly to care plans.

We found the provider had made the necessary improvements to rectify the breach of regulations we found at our last inspection and had also improved their quality assurance systems and we are changing the ratings for the relevant key questions as a result. However, according to our guidance, where a focused inspection takes place more than six months after the last comprehensive inspection, we are not able to change the service's overall rating. This is because we need to review all of the key questions in order to do so. We will review the service's overall rating at our next comprehensive inspection.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service responsive?

The service was responsive.

Care plans were personalised. They took into account people's current and long-term needs, preferences and views and were regularly reviewed. Care was planned to enable people to work towards their goals.

Good 

Is the service well-led?

The service was well-led.

The provider had systems in place to ensure records were up to date and contained all the information they needed to. There were also systems to monitor and improve the quality of the service on an ongoing basis.

Good 

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, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 5 May 2017 and was unannounced. It was carried out by one inspector.

Before the inspection we reviewed the information we held about the service. This included previous inspection reports, feedback from people and their relatives submitted via our website and notifications the provider is required by law to send to us about significant events that happen at the service. We also reviewed the provider information return (PIR). The PIR is a document we ask providers to submit before our inspection about how they are meeting the requirements of the five key questions and what improvements they intend to make.

During the inspection, we observed staff providing care to people and we looked at six people's care plans and other documentation such as daily notes staff made about the care they provided. We spoke with the registered manager and deputy manager.

Is the service responsive?

Our findings

At our last inspection on 18 and 19 August 2016 we found a breach of the regulation in relation to person centred care. Care plans did not always take into account people's long-term care needs such as mental health conditions and incontinence. We also found that care plan updates did not always take into account the ways in which people's needs changed over time.

At this inspection we found the provider had introduced a new computerised care planning system. Care plans were based on an assessment of needs and had an index to make information easier to find. These highlighted areas where people had higher needs and required more support. The care plans covered a wide variety of needs including medicines, mental capacity, health, nutrition and hydration, skin care, personal care and continence. There were descriptions of how people's mobility and health conditions impacted on them and their ability to do things with or without support. All of the care plans we viewed had been reviewed within the last three months to ensure they were up to date with people's needs.

Where assessments indicated a high level of need, such as prevention of pressure ulcers in people who were at risk or helping people move around using hoists and other equipment, care plans contained detailed information about the care and support people needed. They also took into account how people's needs were likely to change in future, for instance one person was having medical investigations to see whether they were developing dementia and their care plan set out what staff may need to take into account when planning for the person's future. This helped to ensure staff consistently provided people with care that met their needs and considered how these were likely to change.

We saw evidence that people were involved in care planning and that their views were taken into account. Care plans included information about people's life history and interests to help staff build a clear picture of who each person was and how to care for them. Care plans were personalised and took into account people's own views, usual routines and preferences as to how they wanted their care to be delivered. For example, nutrition and hydration care plans included information about people's favourite foods and what they disliked, how often they liked to eat snacks and what support, if any, they required to eat and drink. One person's care plan described signs they might use to indicate they wanted to be left alone. This helped staff to provide people with the care they wanted.

Additionally, care plans were designed to help people work towards their goals. For example, one person was at risk of falls and often experienced anxiety as a result but wished to increase their independence. Their care plan instructed staff about how to provide support and reassurance in a way that helped the person remain as independent as possible, in line with their stated goal.

Is the service well-led?

Our findings

At our last inspection on 18 and 19 August 2016 we found that although the service was not in breach of the regulations in relation to good governance, improvements were required because the provider's quality assurance systems were not sufficiently robust to identify information that was missing from care plans or was out of date. We also found the provider was not displaying our rating of the service conspicuously at the home or on their website, as they are required to do.

At this inspection we found the provider had consulted appropriate guidance on care planning. As a result of this, they had introduced systems to help them monitor the quality of care more effectively. The new computerised care plan system contained prompts for information about a wide variety of different topics and flagged up any area that was not completed. The system also sent a prompt to managers when any care plan was due or overdue for review. The deputy manager told us they checked for these daily.

Staff had access to tablet computers that they were able to use to access care plans and add notes. The deputy manager told us only managers had authorisation on the system to change the care plans themselves and this was to minimise the risk of errors or accidental deletion of information. However, because staff were able to add notes they could put new information on the system that could later be added to care plans. This meant records could be updated in real time and reduced the risk of information being forgotten or missed.

We noted that the service's ratings were on display on a noticeboard at the home and there was also a link on the provider's website to our latest report and ratings.