

YMCA London South West

# Langdown House

## Inspection report

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30 August 2016

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### 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

The inspection took place on 23 and 30 August 2016 and was unannounced.

The last inspection took place in September 2013 when we found the service was meeting all the regulations we inspected.

Langdown House provides accommodation and support for up to 28 people living with a learning disability. Accommodation is provided in four seven-bedded houses located together in a small residential close. The service was run by YMCA London South West, a charitable organisation responsible for managing this service and another care home in the county of Surrey. However, the staff were employees of Surrey County Council. The two organisations worked in partnership with different roles and responsibilities for managing the service.

There were 24 people living at the service at the time of our inspection visits. Each house had a dedicated staff team, although staff spent time in the other houses so that they knew the people who lived there and could provide cover for other staff if required.

There was a new 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 and associated Regulations about how the service is run.

People using the service felt safe living at Langdown House and spoke positively about the support provided to them. They said staff treated them with kindness and respect. People were supported to lead active lives and maintain relationships with those who matter to them.

People received care and support from a group of staff who knew them well and understood their needs and preferences. Each person had individualised and detailed support plans to make sure they received the support they required. Assessments completed by the service identified any risks to each person and helped to safely promote their independence.

People were supported to have their health needs met. We saw that people's prescribed medicines were being stored securely and managed safely.

The staff attended training which gave them the knowledge and skills to support people effectively. Staff had received training in the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS).

Staff had also received training around safeguarding vulnerable people and knew what action to take if they had or received a concern. They were confident that any concerns raised would be taken seriously by senior

managers and acted upon.

People and their relatives felt able to speak to the registered manager or other staff to raise any issues or concerns. There were effective systems to monitor the quality of the service and obtain feedback from people and their representatives.

## 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.

There were enough staff to meet people's assessed needs

Any risks to people were assessed and action taken to minimise these.

Staff were aware of safeguarding adult's procedures and would report all concerns appropriately.

People were supported to take their medicines safely.

Appropriate pre-employment checks were completed to help ensure people's safety.

### Is the service effective?

Good ●

The service was effective.

Staff were trained and had the knowledge and skills to meet people's needs.

The service complied with the requirements of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS).

Staff supported people to access healthcare services to help make sure their physical and mental health needs were met.

People were protected from the risk of poor nutrition and hydration.

### Is the service caring?

Good ●

The service was caring.

People were treated with kindness and their privacy and dignity respected.

Relationships between staff and people using the service were

positive. Staff knew people very well and provided care and support in line with their wishes and preferences.

### Is the service responsive?

Good ●

The service was responsive.

Staff were knowledgeable about people's care and support needs.

People were supported to take part in activities and to maintain contact with family and friends.

Arrangements were in place for dealing with concerns and complaints.

### Is the service well-led?

Good ●

The service was well-led.

There was a registered manager in post. Staff felt supported in their role and said they did not have any concerns about the service provided to people.

The service worked in partnership with other agencies to help make sure people's care and support needs were met.

The service carried out regular audits to monitor the quality of the service and drive improvement.

# Langdown House

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider was 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 23 and 30 August 2016 and our first visit was unannounced. Following this we contacted some relatives of people who use the service and external professionals for their views about the service.

The inspection was carried out by one inspector. We spoke with 17 people who used the service. We also spoke with the registered manager, their deputy and five members of staff. We observed the care and support in communal areas and spoke with people in private about the support they received.

We looked at the care records for four people. We reviewed how medicines were managed and the records relating to this. We checked the records kept for staff allocation, training and supervision. We looked around the premises and at records for the management of the service including quality assurance audits, action plans and health and safety records.

Following the visit we received feedback from two external professionals who had been involved with the service and two relatives of people who lived at the service.

# Is the service safe?

## Our findings

People using the service told us they felt safe living at Langdown House. One person told us, "Yes I do feel safe, I have my own room and I can lock the door." Another person said, "No-one is rude to me, nothing bad here." A third person commented, "It's alright, it's nice, I'm happy here." One relative told us, "It's very good; we are very pleased with the care." Another relative said, "I am very very happy with the care, they are fantastic."

We asked people if there were enough staff on duty to meet their needs. 15 out of 17 people spoken with said there were sufficient numbers on duty. One person told us, "Yes there are enough around, it depends what is going on." There were enough staff on duty on the day of the inspection and people were supported to attend medical appointments and go shopping.

The staffing levels for each home reflected the needs of people living there and the majority of staff spoken with said there were enough people on duty each day. One staff member commented, "The staffing level is fine, we can get cover from another house if we need to." Another staff member said, "The staffing levels are sufficient, two is enough in this house." Two staff members said they would welcome an additional staff member at times so they could do more one to one activities with people using the service. The registered manager told us that they were continuing to review the daily staffing allocation to maximise staff availability in order to effectively support people in their daily lives.

The provider employed bank workers (temporary employees of Surrey County Council) and members of staff from an agency to cover any staff vacancies and absences so that staffing levels remained at the correct ratio. We saw the same staff were used wherever possible so that they knew the people living there well. The permanent staff at the home also had experience of working in each of the different houses so that they could cover staff absences when required.

Information about the local authority safeguarding procedures was displayed at the service for staff to reference. The staff told us, and records confirmed, that they received training in safeguarding adults and knew how to recognise abuse. Staff were able to tell us what they would do if they suspected people were being abused. The service had responded appropriately following incidents of harm and allegations of abuse. The service had access to a safeguarding advisor who could offer support and guidance to the registered manager and the staff team when required.

People received support to manage their own money and finances according to their different needs. There were systems to make sure that any money handled by staff was managed properly with full records kept. We saw that staff checked the money held for each person twice a day and the financial records were checked regularly by senior staff.

Medicines management in the service was safe. People told us that staff helped them take their prescribed medicines. One person said, "Staff help with my tablets. Yes they come at the right time." We saw medicines were kept safely and securely in locked cabinets in each person's room and in the offices. People using the

service had medicines administration records (MAR) that were accurate and up to date. These were checked twice a day and audited regularly. The staff counted medicines daily to make sure records reflected the amount of each medicine held. There were systems for the ordering, receipt and returning of medicines and records showed that staff had received training to manage medicines safely.

People using the service were supported to keep safe. Assessments identified any risks to each person and helped to safely promote their independence. For example, looking in more detail at areas such as managing money, being out independently in the community and mobility. Staff were aware of the things that may cause people to worry or become upset and were careful around managing these areas following any written guidance provided to them. An external professional told us that the service always attempted to manage any behaviour that required a response from staff through interaction techniques.

We observed staff supporting people to prepare their lunch during our inspection promoting their independence whilst helping to make sure they were safe. Other people were seen to prepare their own lunch without staff support.

Individual assessments also addressed how each person should be supported in event of a fire, including their mobility needs and understanding of a fire alarm. Copies of these were kept near the front door so that they could be shared with emergency services. There was a missing person's procedure and information was kept about each individual so the staff knew what action they needed to take if someone did not return to the service as expected.

The houses were clean and well maintained when we visited and the staff were seen attending to cleaning tasks. There were appropriate infection control procedures and the staff were aware of these and had received the training they needed. The staff carried out regular checks on the safety and cleanliness of the environment.

Any risks associated with the environment and equipment were assessed and reviewed. Regular checks took place, for example, of the fire alarms, hot water and fridge temperatures. The provider employed a maintenance worker who split their time between Langdown House and another residential service. We observed one person using the service telling the maintenance worker about a problem in their room and this was immediately attended to. Emergency call bells were available in each room and people could access these if needed.

There were appropriate procedures for the safe recruitment of staff. These included inviting the staff for a formal interview. As part of the interview the candidates were assessed supporting people who lived at the home with a task. The people living at the service were then able to contribute their thoughts and opinions about the candidate. The provider carried out checks on their suitability which included criminal record checks, checks on their identity, eligibility to work in the United Kingdom and references from previous employers.



# Is the service effective?

## Our findings

People spoken with were happy with the support provided by the staff working at Langdown House. One external care professional told us they found the service suitable for their client's needs and that they were happy with the service provided.

There was a well-established team of staff working at the service who were appropriately trained. Staff told us they had opportunities for on-going training and there was a system to make sure staff received relevant mandatory training and this was kept up to date. Records showed that staff had undertaken either online or classroom training across a number of areas including safeguarding adults, health and safety and moving and handling. Staff also received training in topics specific to the needs of people using the service, for example, around epilepsy and dementia. New staff undertook induction training and shadowed more experienced staff until they felt confident in their roles.

Staff told us they could access the training and support they required. Refresher training course took place regularly and senior managers monitored staff training to make sure staff kept up to date. One staff member said, "There is training all the time, they send you an email to remind you to sign up." Another staff commented, "I do lots of training." Staff confirmed they were supported by their line managers through regular staff meetings, one to one supervision meetings and annual appraisals. We saw records to support this. One staff member told us that senior staff were "approachable, you can get advice."

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager understood their responsibility for making sure the least restrictive options were always considered when supporting people and ensuring people were not unduly or unlawfully restricted. The manager had submitted DoLS applications for authorisation where people's liberty had been restricted in the service. Capacity assessments, best interest decisions and DoLS applications and authorisations were recorded. Records of best interest decisions were kept on file, for example, about medical treatment or finances.

Staff completed MCA and DoLS training that helped them to understand issues around capacity and support people effectively. Throughout our inspection staff offered people choices and supported them to make decisions about what they wanted to do. One person using the service told us, "Staff are very nice, I

say I don't want that and they sort something else for me." We observed staff working alongside people and those we spoke with were aware of the need to always work in their best interests. A staff member gave us an example about how they had worked with one person to help manage their money better whilst always respecting their decision to spend it as they wished. Records showed that people using the service had signed to show they agreed with the content of their care plan.

The service was provided across four separate houses each with their own facilities. People had their own bedrooms and these were personalised. For example, where people had particular interest these were evident in their choice of décor and furnishings. The communal areas were clean, comfortable and homely. Small garden areas were also available and we saw people sitting out on both days we visited. Adapted bathrooms were provided to support people with physical needs.

People told us they enjoyed the meals provided to them and could choose what they wanted to eat. Meals were planned on a weekly basis and one person told us, "We have a meeting, we sit round and talk about the food we want. You can ask for something different if you don't like what is being cooked." Another person said, "We go and buy the food on a Friday, I help with chopping the vegetables." A third person commented, "I just say to them and they cook me something else."

People's nutritional needs, including any allergies, preferences and special dietary needs were recorded and met. This information was easily accessible to staff and regularly reviewed and updated. One person told us they were diabetic and said that staff gave them "the right food." We saw guidelines were available for another person who had a specialised diet and staff we spoke to were aware of this.

People's health needs were met. Records showed that people had regular access to their GP, opticians, dentists and other healthcare professionals as needed. One person was supported to attend regular hospital outpatient appointments by staff. External professionals told us that staff were well informed about the health needs of people and that they would contact the GP or other health professionals when required.

## Is the service caring?

### Our findings

People told us they liked living at the service and the staff were kind and caring. One person said, "I've been here a long time. The staff here are very nice." Another person commented, "I like it here, I like the staff, they are nice and kind." Other comments included, "I really love it", "It's very nice, friendly people" and "It's lovely." A relative told us that the person was, "So contented, they always have been." They gave praise for one staff member who was always helpful, "Going the extra mile."

Many of the people using the service at Langdown House had lived there for an extended period and were supported by a consistent group of staff, some also long standing who knew them very well. Staff we spoke with were familiar with the needs and preferred daily routines of each person.

There was a relaxed and homely atmosphere in each house when we visited. Observed interactions between staff and people using the service were familiar and friendly. Jokes were shared and staff clearly knew how to work positively with people to help ensure their wellbeing.

One staff member told us, "I would recommend it." Another staff member said, "This is the best place I have worked in." A third staff member commented, "It's a very good standard, people are well looked after." Some staff reflected on how the service had improved in recent years saying, "I feel quite proud of it now" and "It's much more person centred now, people seem happier." An external health professional told us that they had been impressed by the genuine care the staff provided to the people using the service. Their observation was that staff were kind, compassionate, thoughtful and patient.

Staff gave us examples of how they supported the privacy and dignity of people using the service. For example, knocking on doors, ensuring the person had control of their space and had privacy when they wanted it. One staff member said, "I make sure that I close the doors and the blinds."

Person centred support plans gave information about what people were like, their strengths and the things that were important to them. Pictures and photographs were used to illustrate the plans and each gave good information about how people liked to be supported.

Staff encouraged people to be independent and make choices for themselves. During our inspection we observed staff support people to make choices about their breakfast and lunch and encouraged them to prepare their meals themselves.

Staff photo boards were being compiled at the time of our inspection. These were to be displayed in each house giving people information about who was working with them each day.

Information about people was stored securely and confidentially. People had been asked to consent when information had to be shared with others, for example, with healthcare professionals. The staff knocked on closed bedroom doors and waited for an answer before entering rooms. The staff did not discuss people's needs on front of others. For example, they made sure the office door was shut when sharing information

about people.

People were supported to develop independent living skills and to achieve personal goals. For some people this meant helping with household chores and cooking, whilst others were being supported to learn the skills to live more independently.

Support plans included information about people's culture, religion, sexual orientation and personal relationships. There was clear guidance for the staff on how to support people to pursue the lifestyle they had chosen in a non-discriminatory way.

## Is the service responsive?

### Our findings

People told us that the service supported them to engage in activities and be part of the wider community. One person said, "I go to the day centre every day and the pub twice a week." Another person told us, "I'm free to go out, I tell the staff that I'm going." A third person commented, "I see my friends, I go see them in the other houses." Many people told us about their annual holidays to places such as Weymouth, Cornwall, and the New Forest along with trips abroad. An external care professional said that people were encouraged to participate in the community as much as they were able or wished to.

Staff talked knowledgeably about people's interests and how they supported people to be active and occupied. Care records reviewed documented the day to day activities of people using the service included attending centres and clubs, going out for meals, the pub and shopping trips. We saw people were supported to keep in touch with people who were important to them such as family and friends.

A relative of a person living at the service told us that the service kept in touch with them and were always very helpful when responding to any requests for information. Another relative said they would welcome more activities taking place at the weekend.

People said they helped with daily tasks such as preparing meals, shopping, laundry and cleaning. One person said, "I clean my room, do my washing and do some hoovering." Another person told us, "I help put the shopping away." We saw people being supported by staff to attend hospital appointments, to go shopping and get a haircut during our visits. Other people had visits from family members.

Each person had an allocated key worker who monitored their wellbeing and took responsibility for ensuring their care and support needs were being met. One person told us, "My key worker helps me out with my problems." Another person said, "My key worker is alright. She comes and talks to me." People were involved in setting their own goals to achieve based around their personal interests and learning life skills. The goals were regularly reviewed by the person and their key worker to make sure they were getting the support they needed.

We saw that care documentation was kept under review and updated regularly. Care support plans seen were detailed and person centred needs addressing people's abilities, routines and personal preferences. They contained guidance for staff profiling each person's care needs across a range of documents including their personal details, daily routines and health needs. Any individual issues such as behaviour that required a response from staff was documented in the support plan with guidance on how to support the person consistently. An external health professional reported that staff were aware of people's changing needs and worked collaboratively with them to help ensure these were met.

Information was shared by staff through daily notes, verbal handovers and team meetings. Daily notes were completed for each person including their activities, whether they had been unwell and if there was any change to their needs that staff needed to be aware of. Staff handovers after each shift were also used to share information about changes in people's needs. We saw team meetings were used to discuss people's

individual needs and staff signed to say they had read the minutes.

The service had a procedure in place to manage any concerns or complaints which was accessible to people using the service, their relatives and other involved stakeholders. The registered manager had ensured that the procedure was made available in the front hallway of each home responding to feedback received in recent surveys.

People told us they felt able to talk to a member of staff or the registered manager if they had a concern or complaint. One person told us, "I can talk to the boss, he listens to me." Another person said, "I would talk to the staff." A third person commented, "I go see the staff, they help me."

## Is the service well-led?

### Our findings

People using the service and their visitors spoke positively about the registered manager, saying that he was visible and approachable. They said they liked living at Langdown House and felt their needs were met. One relative told us, "The manager is very approachable, he always gets back to us promptly." They said that the service had improved 'hugely' in recent years.

Staff were confident about the quality of care provided and said that the service had improved. They felt valued and appreciated for the work they did by the management team. They said that the registered manager had an open door policy and they could talk to him or the senior staff any time they wanted to. One staff member said, "They are approachable, you can get advice." An external healthcare professional gave positive feedback about the management saying they were open and enabling. They said they felt able to recommend Langdown House to others.

Regular staff meetings were held that enabled staff to discuss issues and keep up to date with current practice. Minutes seen included discussion around areas such as safeguarding, training and supporting people with their individual needs. One staff member told us, "We discuss issues and come up with ideas to support people."

YMCA London South West was the registered provider for the service. They are a charitable organisation. They shared the management of the service with Surrey County Council, each taking on different roles. YMCA London South West were responsible for maintenance of the environment, quality monitoring and checks and Surrey County Council employed the staff. Both organisations regularly met to discuss the service and they developed and reviewed systems, policies and procedures and records together. The registered manager had the opportunity to work with and share support with managers from other Surrey County Council run services and the staff accessed the council's training.

Records were well maintained, clear and up to date. Care records reflected people's views and preferences. Information was easy to read and people's care and support needs were documented. The staff reviewed and updated these records regularly and kept an accurate and appropriately detailed record of the support they had provided.

The registered manager had systems to regularly audit and update information. Scheduled audits were carried out to monitor the quality of the service and to identify how the service could be improved. Each house had a number of daily, weekly and monthly checks the staff carried out which included checks on the medicines, environment, infection control, fire safety and of care records. Any areas for improvement were identified for action and subsequent review.

People who used the service, their relatives or representatives and staff were asked to complete annual satisfaction surveys about their experiences. Feedback seen from the 2016 survey of people using the service was very positive. Comments made by relatives or representatives included, "The staff have been very caring and supportive" and "[My relative] loves the place and the staff and is extremely happy at Langdown House."

Any actions required from the survey results had been identified with clear actions put in place.

The registered manager was in the process of compiling a newsletter that was going to be sent out to relatives and representatives of people using the service. One relative said they would welcome this to keep them up to date with any changes or planned events.

Notifications were being sent to Care Quality Commission (CQC) for any notifiable events, so we were being kept informed of the information we required.