

Nestlings Care Ltd

# Lang Riggs House

## Inspection report

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### Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Good 

# Summary of findings

## Overall summary

### About the service

Lang Riggs House is a residential care home providing personal and nursing care to four people aged 16 to 25 years old at the time of the inspection. The service can accommodate a maximum of four people in one adapted building.

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 receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

People received an exemplary standard of effective mental health rehabilitation because they were supported by an in house, highly skilled staff team. Staff received bespoke training which focused on how best to support people in an individualised way. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People experienced positive outcomes because of the excellent standard of person-centred support staff provided. People had exceeded expectations and goals set by clinical professionals. People engaged in education, volunteer work and community projects. Staff understood the importance of positive risk taking and how to develop people's confidence and life skills.

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.

People received safe care. Staff protected them from the risk of abuse and avoidable harm. People's medicines were managed in a safe way. Staff monitored, analysed and learnt from accidents and incidents. Staff maintained accurate records. There was a very high standard of effective communication with people, staff and other stakeholders.

People told us they felt involved in decisions made about their care and treatment. Staff supported people in a kind and respectful way. Staff had built trusting relationships with people and understood the best way to communicate with them. The service effectively used Positive Behaviour Support (PBS), this approach is a person-centred framework for providing long-term support to people with a learning disability, and/or autism, including those with mental health conditions, who have, or may be at risk of developing, behaviours that challenge.

The service was well-led. The registered manager had left their role before the inspection and an interim manager was deployed by the provider immediately. The interim manager had a good understanding of the service and people they supported. Governance systems were robust and all staff were involved in the running of the service. The provider and senior management team had identified some shortfalls before the inspection and had an improvement plan which showed clear timelines and action planning.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 18 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?

Outstanding ☆

The service was exceptionally 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?

Outstanding ☆

The service was exceptionally 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.

# Lang Riggs House

## 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

This inspection was conducted by one inspector. A social work professional attended with the inspector to gain experience of the inspection process.

#### Service and service type

Lang Riggs House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

At the time of the inspection the manager registered with the Care Quality Commission had recently resigned. The provider was interviewing for a new registered manager on the day of the inspection. The registered manager 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 used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with eight members of staff including the company director who was also a resident consultant psychiatrist, a resident counselling psychologist, consultant nurse manager, quality and commissioning manager, mental health nurse, interim manager and two support workers.

We spoke with three people who lived at the service and a visiting social worker. We reviewed a range of records. These included two people's care records, medication records and a variety of records relating to the management of the service; including audits, staff training and policies.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# 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

- People were protected from the risks of abuse.
- Staff were knowledgeable about safeguarding procedures and understood the importance of whistleblowing.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People's safety was well managed and risk assessments were person-centred. People told us, "I feel safe here" and "I feel safe and I am able to approach staff for support".
- Staff completed in-depth risk assessments for people, the environment and staff which ensured safety throughout all aspects of service provision.
- Staff understood the importance of positive risk management and supported people to challenge their limits to enable mental health recovery. We found evidence of person-centred risk management which meant people's lives had significantly improved because they were able to be more independent.
- Staff were committed to learning from accidents and incidents. Staff completed comprehensive analysis when things went wrong and a whole team approach to reviewing incidents meant people were supported in the best way possible with specialist advice from members of the in-house multi-disciplinary team.

Staffing and recruitment

- Staff were safely recruited.
- The provider had robust processes in place to ensure safe staffing levels, they accounted for extra staffing levels when people needed increased support in the community.

Using medicines safely

- Medicines were managed in a safe way.
- Staff were trained and competent in safe handling of medicines. There was a strong emphasis on mental health recovery which incorporated enabling people to develop skills to self-administer their own medicines.

Preventing and controlling infection

- The environment was clean and infection prevention systems were robust.
- Staff were trained in infection prevention and demonstrated good understanding of best practice.

# 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 improved to outstanding. This meant people's outcomes were consistently better than expected compared to similar services.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's physical, mental and social needs were holistically assessed to a very high standard. Their care and treatment was delivered in line with legislation, standards and evidence-based guidance.
- We saw people received an exemplary standard of mental health rehabilitation because they were supported by an in house, highly skilled staff team which constituted of a consultant psychiatrist, psychologist, registered mental health nurses and trained mental health support workers.
- Staff maintained comprehensive assessments of people's needs and choices, these included best practice standards for example, the use of the Star Recovery model. This model is an outcomes measure which enables people using services to measure their own recovery progress, with the help of mental health workers. One person had exceeded professionals' expectations in relation to what they could achieve and was working towards more independent living, their social worker told us about housing plans and how they would continue to be supported by staff from Lang Riggs House. Another person because of the successful recovery work was independently accessing the community to attend college.

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

- Staff were committed to working collaboratively and had found innovative and efficient ways to deliver more joined-up care and support to people. We received positive feedback from a visiting social worker who told us, "This service and Nestlings as an organisation are amazing. They are responsive, experienced and I have never come across any other services as good as this."
- People's care records held clear directions about their needs, preferences and associated risk in readily accessible documents should they need to be transferred to hospital.
- There was an in house occupational therapist who supported people to engage in education, to build life-skills and access employment. People's care records showed they had achieved positive outcomes through effective occupational therapy.
- Staff worked in line with the Mental Health Act Code of Practice to ensure people's rights and access to the mental health review processes were upheld. Staff maintained good communication with other agencies who were involved in people's care and support.

Staff support: induction, training, skills and experience

- Staff received an exceptional standard of personalised training to ensure they could support people effectively. The psychologist trained staff to enable their understanding about people they supported. Staff told us they received a good standard of training which enabled them to provide exemplary care.



- We saw staff really understood mental illness, people's battles and had great empathy because they had received specialist training.
- Staff told us they were supported and encouraged to professionally develop. Staff underwent a thorough induction programme which included two weeks of observed practice.
- Staff received regular supervisions and post incident analysis records showed how staff were supported and de-briefed. The senior management team were committed to supporting staff to ensure they understood how best to reduce risk to themselves and others.

#### 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.

- There was a high standard of record keeping in relation to assessment of people's capacity, consent and DoLS. Staff demonstrated good understanding of the MCA and restrictions in place to keep people safe. Staff told us about the use of Positive Behaviour Support (PBS) and how they understood the importance of supporting people in the least restrictive way.
- People's records showed how staff engaged with them during review of their care and explained to them what restrictions were in place and why. Care records also demonstrated a high standard of record keeping in relation to goal setting, to reduce restrictions and aid rehabilitation.

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

- Staff supported people to plan and cook nutritious meals. People's nutritional needs and preferences were assessed and monitored. People had access to community professionals such as the dietitian and speech and language team if needed.

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

- The environment had been adapted to meet people's needs. People had personalised their bedrooms and the communal lounge had people's art work displayed. The senior management team told us about plans to redecorate the house, we saw some areas were in need of redecoration.

## 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; Respecting and promoting people's privacy, dignity and independence

- Staff supported people in a kind and respectful way. People told us staff treated them well, respected their privacy and they had built trusting relationships.
- Staff encouraged people to express themselves as they desired. Staff embraced equality and diversity and supported people to be educated around life style decisions such as exploring their sexuality and gender. Staff told us they were treated with respect by the senior management team.
- There was a defined culture based on mental health recovery which meant staff promoted people's independence. Staff understood people's goals and how best to support them to achieve. Staff told us about how they supported people when in the community to ensure they were not identified as 'support workers', they allowed people to be as independent as possible and they understood how to continually assess risk.

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

- The psychologist held weekly one to one therapy sessions with people which were comprehensively documented. People were encouraged and supported to be involved in making decisions about their care. One person told us, "I have learnt loads about myself through the therapy I get here."
- House meetings were held monthly and people were encouraged to have their say. Records showed people were asked for their feedback on a regular basis and staff listened to them.

# 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 improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- People's care was exceptionally planned in a person-centred way. Staff provided a bespoke mental health recovery and rehabilitation service based around best practice guidance for younger people.
- People's care records showed an excellent standard of person-centred care planning with extensive evidence of collaborative involvement from the in-house specialist team, external professionals and relatives. We found examples of significant improvements in people's well-being, coping skills and resilience which had been promoted by staff through effective person-centred care and support.
- Staff passionately embraced person-centred care, they demonstrated in-depth knowledge about people they supported. Staff supported people to make good choices through education and goal setting. We saw examples of momentous improvement in people's abilities to decision make and become more independent.

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

- People received exceptional support from staff to engage in activities, hobbies, community contact, employment and educational support. One person attended college independently and another had undertaken an online course in psychology. Detailed risk assessments were undertaken to ensure people could access activities and interests within the community in a safe way. People's care plans showed discussions about their achievements to date and planned goals.
- Staff supported people to have contact with their families, friends and others in the community. People had access to technology to allow them to keep in touch with friends and family by means of video call and social media.
- Staff understood and respected people's cultural choices and supported them to fulfil these objectives. People received a substantial amount of psychological support which allowed them to explore their person-centred needs in regards to culture and sexuality.
- People's care records showed very good standards of communication and involvement from people's families or others involved in their care.

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.

- There were systems in place to support people to maximise effective communication. People's care plans held information about how best to communicate with them and PBS plans showed clear directions for staff to follow when communicating with people in a distressed state.

Improving care quality in response to complaints or concerns

- The provider was very responsive to people's complaints and concerns. They worked in partnership with all stakeholders and demonstrated understanding of the importance to listen to and act on people's experience.

# 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; Continuous learning and improving care

- There was a positive culture that focused on providing a high standard of person-centred care. People achieved exceptional outcomes because of the support they received.
- A visiting professional told us, "This service has done amazing work with the person I support, staff understand what person-centred care is."
- Staff received substantial support to ensure continuous learning to improve care. The psychologist worked with people and staff to learn from incidents and prevent further occurrences through PBS. There was a very high standard of incident analysis which was undertaken by the in-house multi-disciplinary team. We saw how this standard of continuous learning had created positive outcomes for people.
- Senior staff undertook audits and overall governance was robust. The provider and senior management team had identified some shortfalls before the inspection and had an improvement plan which showed clear timelines and action planning.

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

- There were clear lines of responsibility throughout the staff team. Staff understood their legal responsibility and the importance of being open and honest when things go wrong. Staff recorded accurately after a significant incident and had been trained in 'defensible documentation'.
- The registered manager had resigned before this inspection however, we were assured by the provider's actions to deploy an interim manager and increased senior management oversight. Recruitment for a new registered manager had commenced.
- The provider acted in line with their duty of candour responsibilities and understood regulatory requirements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Partnership working was embedded throughout the service. People's care plans showed how a multi-disciplinary approach to people's care ensured improved outcomes.
- Staff told us they felt involved in the running of the service and listened to. Staff meetings were held on a regular basis and staff told us these were positive and effective. Weekly meetings were held to discuss each person and best ways to support them.

