

Mr & Mrs Frank Silva

# Langley View Residential Home

## Inspection report

Langley View  
60 Langley Rd  
Watford  
Hertfordshire  
WD17 4PN

Tel: 01923251089

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

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

### About the service

Langley View Residential Home provides accommodation and personal care for up to six people with mental health and learning disability support needs. At the time of our inspection there were four people living at the service.

The service was a domestic style property that was similar to surrounding property. There were deliberately no identifying signs, to indicate it was a care home.

The service has been developed and designed in line with most of the principles and values that underpin Registering the Right Support and other best practice guidance. Registering the Right Support 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.

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

The outcomes for people using the service mostly reflected the principles and values of Registering the Right Support. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent. However, stimulation and interaction for those with communication needs was sometimes limited.

We have made a recommendation about engaging with people with communication needs.

People were sometimes supported to have maximum choice and control of their lives and staff but did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not always support this practice.

We have made a recommendation about how the provider applies the principles of the Mental Capacity Act

The environment was showing signs of wear and tear. However, pictures were utilised throughout the home to aid those with communication needs.

The service had quality assurance systems in place and people were encouraged to give feedback on the service received. However, relatives told us they did not consistently feel listened to and their concerns were not always responded to appropriately.

People felt safe at the service and there were enough staff to meet people's support needs. People were supported to manage their medicines safely.

The service worked well with other agencies and people were supported to ensure their health and dietary needs were met.

Staff told us they received training and support to carry out their role. They felt supported by the registered manager.

Support Plans and Risk assessments were in place, these were personalised to each person. They contained detailed information about their likes and dislikes and were reviewed regularly. Staff spoke about people in a dignified, compassionate manner.

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. (Report published 24th March 2017).

#### Why we inspected

This was a planned inspection based on the previous rating. We have found evidence that the provider needs to make improvements. Please see the effective and responsive sections of this report.

#### Follow up

We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. We will 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?

Requires Improvement ●

The service was not always 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?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

# Langley View Residential Home

## **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

Two inspectors completed the inspection.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they 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 sought feedback from the local authority and professionals who work with the service. 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 this information to plan our inspection.

#### During the inspection

We spoke with two people who used the service, the registered manager and two members of staff. We observed staff interactions with people who could not speak with us.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, compliments received and survey feedback from people, relatives and staff. We spoke with the deputy manager, two additional members of staff, one professional and two relatives.

# 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

- There were systems and processes in place to safeguard people from abuse. The service followed the Hertfordshire Safeguarding Adults Board multi-agency policy and procedure. A Whistleblowing Policy was also in place.
- Staff told us they knew how to recognise abuse and protect people from the risk of abuse. One staff member told us, "I would speak to my Team Leader or Manager. If necessary I would report to the Local Authority or CQC."
- People told us they felt safe. One person told us, "I feel safe, the staff are alright here."

Assessing risk, safety monitoring and management

- Risks relating to people's care and support were identified. This included risks relating to physical health, mobility, mental health, medication, personal care and specific activities.
- People had personal evacuation plans in place. These identified the individual physical and communication requirements, necessary for safe evacuation in the event of an emergency. One plan stated, '[Person] requires simple staff prompts to guide him out of the house accompanied by continuous "come" gestures and staff body movement or pointing to the desired location'.
- Staff carried out regular health and safety checks of the service. People and staff were involved in fire drills.

Staffing and recruitment

- There were enough staff to keep people safe. Staff told us there was a regular staff team so people living at the service had consistency of care. Throughout the inspection, staff were there to support people when needed.
- Staff were recruited safely. Each member of staff had a Disclosure and Barring Service (DBS) check and references from previous employment on file. A full employment history had also been obtained.

Using medicines safely

- People's medicines were managed safely and were stored and administered in line with good practice guidance. People received their medications as prescribed.
- Staff understood their responsibility and role in relation to medicines and had undertaken training and competency assessments.
- Some people took medicines on an 'as and when required' basis (PRN) for example, for pain relief. Guidelines were in place for staff to following in relation to their administration.
- One person required their medication to be crushed and added to food/fluids. Appropriate authorisation

had been sought from the GP and pharmacist.

#### Preventing and controlling infection

- Cleaning rotas were in place. However, we observed some instances where cleaning could be improved, such as in the toilets. A relative we spoke to also mentioned this.
- Staff had received the relevant training for infection control and food hygiene.
- Staff had access to all protective equipment, for example gloves and aprons. They were observed to use them during the inspection.

#### Learning lessons when things go wrong

- Accident and incident records were completed and reviewed by the registered manager for any follow-up action.
- Following a recent death of a person, the registered manager had completed a 'lessons learnt' review. This had led to improvements in the planning of end of life support at the service.



# 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 deteriorated to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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, 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.

- DoLS applications had been made and the registered manager was regularly following up on their progress with the Local Authority.
- MCA Assessments had been completed, where relevant and best interest decisions were recorded. However, it was not always clear if the service had considered the 'least restrictive' option when making these decisions. For example, an 'excess stock' cupboard was locked in the kitchen. A best interests decision was recorded but this did not explore the proportionality of this action versus any risks identified. Since the inspection the registered manager has confirmed the cupboard is now unlocked.
- In another example, a decision had been made to display a sign on the personal noticeboards in each person's bedroom, identifying if a "Do not Attempt Resuscitation" (DNAR) order is in place. The registered manager informed us that where individuals did not have capacity to consent, this was undertaken in their best interests. However, it was not clear if other options had been considered and if this was the most proportionate and dignified decision for the people concerned.
- Signed consent forms were on file. In some cases, these had been signed by the next of kin or the registered manager. We did not see evidence that these individuals had the appropriate legal authority to consent on behalf of another. In some instances, best interest decisions had also been completed but this was not consistent.

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

- Pictures were used to identify rooms and cupboards for those with communication needs.

- The decoration was very worn, and we observed the service to smell musty. Following the inspection, the registered manager met with the provider to agree a plan for the redecoration of the premises. A six-month timescale for completion has been set.

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

- People's needs were assessed before moving into the service. Their support and risk assessments identified their immediate support needs.
- One person required specialist pressure relieving equipment. Staff used appropriate assessment tools to monitor their skin integrity.

Staff support: induction, training, skills and experience

- Staff told us, and records confirmed, that they received appropriate training to carry out their role effectively. This included both online and face-to-face training.
- Staff received regular supervision and felt comfortable to approach the registered manager if they required additional support.
- One member of staff told us they had received, "a very good induction", and the training and support given, "helped me grow in my career."
- Staff had the right skills and values when supporting people. A family member told us "what we see is great".

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

- People were supported to have their food modified where this was needed. One person required an easy to chew diet. Staff had access to multiple historic guidance documents. During the inspection, the current Speech and Language Team (SALT) guidelines could not be located. When spoken with, staff did have a good understanding of the individual's needs. The registered manager provided the current SALT guidelines following the inspection.
- A rotating four weekly menu was on offer. People were able to make suggestions about what they would like on the menu. Staff explained there were always alternatives if people did not want what was on the menu.
- A pictorial shopping list had recently been implemented. This enabled individuals to have greater choice and control over what they would like to eat and drink.
- One person told us they wanted to have a healthier diet. They said staff helped them choose healthy snacks. The registered manager informed us that a smoothie blender had been purchased by the provider to support this.

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

- People were supported to attend appointments with health care professionals to maintain good health. This included GP, Community Nurses, Optician, Dentist and Speech and Language Therapy.
- Staff monitored people's health appropriately and made necessary referrals. For example, one person had recently been referred to the local continence team.
- The service had recently supported a person with end of life care. Multiple agencies were involved. A compliment, from a healthcare professional, stated they were happy to discharge the individual in the knowledge that staff were competent and would request professional support when required.

# 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

- Staff demonstrated they knew people's needs and preferences. We saw people received support which was kind and caring. Staff spoke warmly about people living at the home.
- One person told us, "I'm very happy living here." Another person said staff were, "Very nice and polite."
- People were supported to maintain contact with their families, for example, writing letters to family who lived abroad.

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

- The service gave the people living at the home and their relatives an opportunity to express their views of the care they received. A local care provider association undertook an annual independent quality assurance survey on behalf of the provider. The feedback received was positive.
- The registered manager had recently implemented a daily meeting which provided individuals with the opportunity to discuss what they would like to do each day.
- A key worker system was in place. The provider had recently implemented a published tool called 'DIALOG +' to aid discussions between people and staff. The aim of this was to support structured conversations, focusing on the person's quality of life and satisfaction with their care. A member of staff explained this allowed people to, "Share their experiences of the care they have received, their likes and dislikes and to discuss what is working and what isn't. We may use smiley or sad faces to help [person] communicate this."

Respecting and promoting people's privacy, dignity and independence

- Records were stored securely, and staff showed a strong awareness of the need to maintain confidentiality.
- Staff were respectful when they discussed people's support needs. They were able to give examples of how they provided dignified care which respects people's privacy. One staff member told us, "I always knock on people's doors. If they need support with personal care I will make sure I shut the door and curtains. I always ask if they need help before I do anything."
- People's independence was encouraged. We observed a person being supported to make a hot drink independently, with staff prompting where required. The service had also recently stopped online food shopping. Instead, people were supported to the shops, to buy their own food, therefore encouraging independence.

# 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 remained the same. This meant that people's needs were met through good organisation and delivery.

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

- People's care records were personalised and there was clear information about people's likes and dislikes. Key workers informed us they had regular reviews with individuals to ensure care plans remained current.
- Staff told us people were asked for their preferences and given choice in a way appropriate to their communication needs. One staff member said, "We check as we go along, a person might like one thing one day and something different on another."
- People were supported to take part in activities both within and outside the home. For example, one person had been supported to purchase a bicycle and go on rides with staff. The registered manager said the service had recently introduced 'Teach Me Tuesday' where people could learn new skills. They had recently learnt about canvas painting and pizza making.

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.

- Throughout the service there was pictorial information to help people know what staff were on duty, what meals they were having that day and what the weather was like.
- Drawers and cupboards were labelled so people could easily find what they were looking for.
- Staff told us where verbal communication was limited, people were supported to use alternative methods. These included now and next boards and objects of reference. Communication Passports were also in place, where applicable. However, over a lunch period we observed limited interaction between staff and two people with communication needs.

Improving care quality in response to complaints or concerns

- Complaints were logged and the registered manager had responded in an appropriate manner.
- A relative told us, "We would have no problems raising concerns" but felt they were not always responded to in an adequate way. Another relative told us where they had concerns, it depended on who they spoke to as to the response, "Some of them listen, some of them don't."
- The registered manager was able to demonstrate that where concerns had been raised with the service, these had been responded to appropriately.

End of life care and support

- The service was not giving end of life support to people at the time of inspection.

- Comprehensive end of life plans had been introduced and people and their relatives had been encouraged to complete these. The registered manager sought input from advocacy services for individuals requiring assistance to express their preferences.

# 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 now deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

### Continuous learning and improving care

- The registered manager completed weekly, monthly and annual audits and appropriate action taken where issues were identified.
- Audits had been carried out by the local authority to check the quality of care received. An action plan had been produced from this. The registered manager demonstrated where changes had been made in response.
- We identified occasions where actions had been taken that did not promote people's autonomy and self-respect. This had not been identified by the manager or provider.

We recommend the provider seek advice and guidance from a reputable source, about how they apply the principles of the Mental Capacity Act. This is to ensure people's autonomy and dignity are promoted, decisions made on behalf of people have been assessed as being in their best interests and are the least restrictive option and that this approach is embedded in the culture of the service.

### Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Senior staff did not always role model positive interactions. We observed a senior staff member assisting people without offering any explanations or conversation.
- One relative told us, "We feel that [relative] receives less stimulation than he has in the past. [Person] needs encouragement to engage and it is our impression that he is paid far less attention now."
- Staff told us they had the opportunity to attend regular team meetings. These provided them with the chance to speak about the people supported and any issues relating to the service.
- People, relatives and professionals were invited to complete impartial feedback surveys. Feedback from this was collated by the registered manager. The response to the most recent survey was very positive.
- Service user meetings were held regularly. These gave people the chance to feedback on a range of issues such as: home environment, staff, activities, food and drink and seasonal activities.

We recommend the provider seek advice and guidance from a reputable source to develop staff understanding of how to meaningfully engage with people with a range of communication needs.

### Working in partnership with others

- The service worked well with a range of professionals. One professional commented, "The staff are very

friendly, approachable and chatty. I feel that the service is well-led and communication is usually good."

- Relatives experiences were mixed, and some felt communication could be improved. One relative told us, "The management is less transparent and open than in the past. Previously our involvement and interest in [relative]'s welfare was encouraged, whereas now it feels less welcome."
- The registered manager had links with various agencies which included the local authority and the local care providers association.
- The registered manager and staff team had links with other health professionals to make sure people had positive health and well-being outcomes.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff told us they were supervised regularly and could reflect on their role.
- Staff felt supported and there was a good team ethos. One staff member said, "[Registered manager] is a brilliant, supportive lady."

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

- The registered manager was open and knowledgeable about the service and the needs of the people living there. People were comfortable to approach the registered manager.
- Where things went wrong the registered manager spoke about this openly and shared the results of lessons learned with the staff team.

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

- There was a clear management and staffing structure in place with a regular staff team
- The registered manager ensured staff were up to date with their training required for their role.
- Staff were clear about their roles and responsibilities and knew that they could go to the registered manager for advice at any time.
- The registered manager completed a range of audits which provided information about any areas they needed to develop or improve.