

Langley House Care Home Ltd

# Langley House Care Centre

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Langley House Care Centre is a residential care home that provides accommodation and personal care for up to 30 people. At the time of our inspection there were 26 people using the service, some of whom were living with a dementia type illness. The home accommodates people in one adapted single storey building.

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

At the time of our inspection, the ownership of the registered provider had recently changed. During the same week our inspection took place, the new provider was carrying out their own audits and quality assurance checks. Staff spoke highly of the new provider and the support the home was now receiving. One member of staff told us "The new owners are a breath of fresh air and improvements are happening already."

The new provider responded to the concerns we found immediately during and after the inspection. We observed the new provider beginning to implement comprehensive new policies, procedures, care plans and risk assessments into the service. The new provider had increased staffing levels in the home.

We found safety concerns and risks to people were not consistently identified and ongoing monitoring of risks to individuals was limited. Care plans and risk assessments did not always reflect people's current needs or provide appropriate guidance for staff. We were not always assured appropriate and timely referrals to relevant professionals were made.

People were not always supported to have maximum choice and control of their lives and staff 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.

Audits had failed to identify the issues found during this inspection regarding assessing risk, monitoring safety, the requirements under the MCA, and governance records. Care plans and risk assessments were not effectively reviewed.

People said they felt safe and well cared for. There were enough staff on duty and staff were recruited safely. Staff received training and supervision to support them to carry out their roles. Staff understood their safeguarding responsibilities and medicines were managed safely.

People's likes, dislikes and preferences were recorded and staff were knowledgeable about people's needs. People had enough to eat and drink to maintain a balanced diet.

There was a person-centred culture at the home and the registered manager had an 'open door' policy. Relatives, staff and people told us that the registered manager was approachable and would take appropriate action. The home had good links with the local community,

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 4 February 2020).

#### Why we inspected

We undertook this targeted inspection to look at infection prevention and control (IPC) measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

We inspected and found concerns with the recording of capacity assessments and consent around COVID-19 testing and vaccinations. We therefore widened the scope of the inspection to become a focused inspection which included the key questions of safe, effective and well-led.

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to consent, safe care and treatment, and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Langley House Care Centre

## 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection team consisted of two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Langley House Care Centre 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.

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

We gave 24 hours' notice of the inspection on 2 March 2021 to allow the care home and us to manage the risks associated with COVID-19. We returned for a second day on 5 March 2021 and this 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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to

send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with 12 members of staff including the provider's head of care, the registered manager, the administrator, senior care workers, care workers, a domestic assistant, the cook and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at two 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 requested additional documents and policies to be sent to us electronically, including training data, safeguarding logs and audits.

We spoke with five relatives on the telephone on 8 March 2021. We spoke with four people who used the service on the telephone on 9 March 2021 about their experience of the care provided.



# 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 now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- Safety concerns and risks to people were not consistently identified. Care plans and risk assessments did not always provide appropriate guidance for staff and action was not always taken to manage known risks to people.
- Ongoing monitoring of risks to individuals was limited. Care plans and risk assessments were not always updated and did not always reflect people's current needs.
- Management of risks was not always recorded. For example, repositioning was not recorded and so we could not be assured this was taking place.

The provider had failed to robustly assess the risks relating to the health, safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They confirmed that all care plans and risk assessments would be thoroughly reviewed and replaced with the new provider's template care plans.

### Learning lessons when things go wrong

- Accidents were reviewed for overall trends but it was not always clear whether lessons had been learned and whether actions had been implemented.
- Staff understood their responsibilities to report and record accidents and incidents. Staff were supported by the registered manager to do so.

### Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems and policies in place and used local safeguarding procedures where necessary.
- People said they felt safe and well cared for. One person told us, "I am well looked after and the girls do all they can for you." One relative told us, "We're quite happy that [person] is safe, the staff are excellent."
- Staff understood their safeguarding responsibilities and had completed safeguarding training. Staff felt comfortable in raising concerns. Staff had confidence that management would deal with any safeguarding concerns appropriately.

### Staffing and recruitment

- There were sufficient numbers of staff on duty to meet people's needs. Staff spoke positively about staffing levels having increased under the new provider. One member of staff told us, "We now have a

laundry assistant and an activities assistant which we didn't have before."

- Staff were recruited safely. Appropriate recruitment checks were carried out and recorded as standard practice.

#### Using medicines safely

- Medicines were managed safely and people received their medicines as prescribed. There was a clear system in place for recording medicine administration.
- Protocols and people specific plans were in place for 'when required' medicines. Staff were knowledgeable about when these medicines should be administered for individual people.
- Medicines were stored correctly. Room and fridge temperatures were recorded daily and were in line with national guidelines.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.



# 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 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, 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.

- People's capacity and ability to consent to particular decisions was not always assessed or recorded. All service users were tested monthly for COVID-19 and we were informed all had consented. However, not all people had capacity to give informed consent.
- DoLS were not always in place when required and were not always renewed when they expired.
- When best interests decisions were made on behalf of people who lacked capacity, these decisions were not documented. There were no records of best interests decisions made in relation to COVID-19 vaccinations or the use of bed rails. We could not be assured that these decisions had been made in line with the principles of the MCA.
- The provider did not have copies of legal documents authorising relatives to make decisions on behalf of a person. Where people had appointed attorneys to manage their health and welfare and/or finances, there was no evidence of the document granting power of attorney. We could not be assured that the relevant legal authority was in place.

The provider had failed to comply with the requirements set out in the MCA regarding capacity, consent and deprivation of liberty. This was a breach of regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They confirmed that capacity, DoLS and best interest decisions would be reviewed for all people and recorded clearly in the new template care plans.

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

- The home had a designated GP surgery and weekly video ward rounds had been maintained throughout the pandemic. One relative told us, "If [person] is ill, a nurse or doctor is called without delay."
- The provider had not always made appropriate and timely referrals to relevant professionals and specialist services.
- Care records did not always reflect if concerns had been followed up and acted upon.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Adapting service, design, decoration to meet people's needs

- People's likes, dislikes and preferences were recorded in their pre-admission assessments and care plans. Staff were knowledgeable about individuals' needs. Relatives were consulted where appropriate.
- The new provider was in the process of decorating, updating and adapting the building so that the environment will be more suitable for people suffering from a dementia type illness.

Staff support: induction, training, skills and experience

- Staff had the right skills and knowledge to carry out their roles. Staff had received training to enable them to carry out their duties and support people appropriately. One relative told us, "We have always found staff helpful and knowledgeable."
- Staff had regular supervisions and appraisals. Staff received feedback on their performance and any career development opportunities were identified.

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

- People had enough to eat and drink to maintain a balanced diet. People spoke positively about the food and said they were always offered plenty throughout the day. One person told us, "The food is great and I am putting on weight."
- Staff had a clear understanding of people's individual dietary needs and the support they needed. The dining environment was pleasant and relaxed, and there was sufficient staff available to provide personal support.

# 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.

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

- The previous registered provider had not effectively monitored the quality of the service or provided sufficient support.
- Quality assurance within the service was ineffective. The provider's internal audits had failed to identify the issues found during this inspection regarding assessing risk, monitoring safety, the requirements under the MCA, and governance records.
- Care plans and risk assessments were not effectively reviewed. Some people's care plans had not been amended for significant periods of time, yet their health and capabilities had deteriorated.
- There was no clear evidence of actions taken and lessons learned when issues had been identified. For example, a number of issues were identified following a health and safety audit. There was no evidence of recommendations, actions taken, and lessons learned being recorded and we therefore could not be assured that these issues were followed up.

Whilst we found no evidence that people had been harmed, we could not be assured that the governance and quality monitoring of the service was robust enough to ensure people were being protected from the risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. The new provider was carrying out their own comprehensive audits and, where issues were identified, action plans were implemented. All care plans and risk assessments were being reviewed and updated.

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

- There was a person-centred culture at the home. Staff were knowledgeable about the service users and their individual preferences. One member of staff told us that, "The residents are always top of the priority list."
- The registered manager had an 'open door' policy. Staff felt comfortable and confident in approaching the registered manager. One staff member told us, "I would have no hesitation going to the manager and [the registered manager] would act upon it."

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 honest and submitted notifications to CQC and the local authority when required. One relative told us, "They proactively phone us for example to let us know when someone had COVID-19 or when [resident] woke up feeling confused."

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

- The provider had good links with local community. The service had received donations from local supermarkets and the local youth club had made gifts for each person who used the service.
- The provider did not always engage and involve people, relatives and staff in an effective way. There were limited opportunities for people, relatives and staff to provide meaningful feedback.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care  Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent  The provider had failed to comply with the requirements set out in the Mental Capacity Act 2005 regarding capacity, consent and deprivation of liberty.  Regulation 11 (1) - (5)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care  Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider had failed to robustly assess the risks relating to the health, safety and welfare of people.  Regulation 12 (1) and (2)(a), (b) and (i)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care  Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The governance and quality monitoring of the service was not robust enough to ensure people were being protected from the risk of harm.  Regulation 17(1) and (2)(a), (b), (c), (e) and (f)