Oasis-Care UK Group Limited

Langley Homes

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service
Langley Homes is a residential care home providing personal care to 3 at the time of the inspection. The service can support up to 5 people from ages 13 and over. The service supports people with a learning disability and autistic people.

People's experience of using this service and what we found
Right Support
Systems and processes to protect people from abuse were not robust. Incident records had not always been thoroughly reviewed to minimise the risk of reoccurrence. The records had not been analysed for trends and patterns this meant that any learning had not been shared with the wider staff team.

There were sufficient numbers of staff deployed to ensure people were supported safely. We observed staff being responsive to people's needs and choices and supporting people to go out when they wished.

People were supported to maximise their independence and to take part in activities of interest to them, we saw evidence that people had been supported to access further education and work towards seeking employment.

Right Care
Care plans in place provided staff with detailed information on how people wished to be supported in a person centred way taking into account their needs and the outcomes they wished to achieve, however care had not always been consistently provided in this way as one person's care records evidenced that staff had not followed the strategies in place to support them.

There were systems in place to ensure people received their medication safely and as prescribed, however audits of medicines had not identified when required pharmacy advice or temperature checks were not in place.

Right culture
Whilst the service promoted an inclusive culture, there remained a lack of effective governance systems to monitor and assess the quality of service people received.

Staff were passionate about providing person-centred care. People were supported to identify individual

goals and detailed plans were developed for staff to follow, these were regularly reviewed and evaluated, and people's achievements had been recognised and celebrated.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update
The last rating for this service was requires improvement (report published 28 July 2021). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations.

Why we inspected
This inspection was prompted in part due to concerns we had received about the inappropriate use of physical intervention in the service. A decision was made for us to inspect and examine this risk.

We looked at infection prevention and control 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 COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

Enforcement
We have identified breaches in relation to safeguarding people from abuse and improper treatment and governance at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up
We will request an action plan from 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?

Requires Improvement

This service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

This service was not always well-led.

Details are in our well-led findings below.

Langley Homes

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.

This was a targeted inspection to check whether the provider had met the requirements of the Warning Notice in relation to Regulation 12 Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and to examine a specific concern we had received about the use of physical interventions in the service.

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
One Inspector carried out the inspection site visit and an Expert by Experience made phone calls to the relatives of people using the service after our visit. 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 Homes is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Langley Homes is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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 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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection
We spoke with two people who used the service. We spoke with five members of staff including the nominated individual, the registered manager, care managers and support workers. 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 two 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
Our expert by experience spoke to one relative and we spoke to four staff members about their experience of the service. We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We also communicated with a professional who regularly visited the service.

Requires Improvement

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 requires improvement. At this inspection this key question has now remained the same. 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.

The purpose of this inspection was to check if the provider had met the requirements of the warning notice we previously served and a specific concern we had received about the use of physical interventions in the service. We will assess all of the key question at the next comprehensive inspection of the service.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Records of physical interventions used evidenced staff had not consistently followed one person's care plan. This meant the person was at risk of harm some of the interventions had not always been proportionate. The registered manager had taken some actions to address this.
- Incident records completed by staff when a person had experienced distress or became upset, lacked detail and the reviews of these records completed by the management team had not recorded any debriefs for the person or the staff involved.
- Lessons learnt following accidents and incidents were not effectively managed. For instance, the information gathered about these events was not analysed for trends and patterns, this meant that any learning was not shared with the wider staff team.

This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had completed safeguarding training and told us they felt confident in reporting concerns to the Registered manager and externally to relevant professionals. One staff member told us "Safeguarding was one of the first training courses I did when I joined" and another told us "I would report any concerns to the manager, the service is very open".

Using medicines safely

- The provider had systems in place to ensure people received their medication safely and as prescribed, however these had not identified that the required pharmacy advice for medication which had been authorised by a GP to be administered covertly was not in place. We raised this with the registered manager who then sought this advice.
- Temperature checks of the medicine storage area were not in place.
- Audits of medicine administration records were conducted regularly by the management team to ensure these were completed accurately and, appropriate actions had been taken to address issues in shortfalls they identified.
- Stock levels of medicines corresponded with the records in place, staff told us how they checked the stock levels daily to reduce the risk of errors.

Assessing risk, safety monitoring and management

● People had individual care plans in place which detailed information and advice that had been sought from external professionals. The care plans provided guidance for staff on how to positively support people in the event the person experienced feelings of distress.

● Risks to people's health had been assessed and individualised health action plans and risk assessments were in place which detailed how staff could safely support people. For example, one person who was at risk of becoming unwell due to their health condition had clear information in place for staff to support the person's health from deteriorating. We reviewed the care records for this person and found that staff consistently followed the care plans and risk assessment in place.

● The registered manager and provider had created an action plans to address risks they had identified, we reviewed this and found progress had been made in a timely manner.

● Environmental risks were well managed, regular checks had been carried out which included water checks and fire safety.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

● We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

● People had individualised mental capacity assessments in place, it was clear what decisions people could make for themselves. Where people were unable to make a specific decision we saw evidence that best interest decisions had been made with the involvement of the relevant people.

● Staff had received training in MCA, we observed staff supporting people to make decisions and staff also told us the actions they would take if a person was unable to make a decision.

● People were supported and encouraged to use advocacy services to promote their rights and choices.

Staffing and recruitment

● Staff were recruited safely. The service followed safe recruitment processes to ensure the staff recruited were suitable for their roles. This included undertaking appropriate checks with the Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

● There were sufficient numbers of staff deployed to ensure people were supported safely. We observed staff being responsive to people's needs and choices and supporting people to go out when they wished.

● Staff we observed and spoke to demonstrated skills and competence in how to support people positively.

Preventing and controlling infection

At our last inspection, the provider failed to ensure care and treatment was always provided in a safe way. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At this inspection enough improvement had been made and the provider was no longer in breach of

Regulation 12.

● 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.
● The registered manager ensured visiting was facilitated safely and in line with people's preference and choice. This had been risk assessed and appropriate safety control measures were found to be in place.

Requires Improvement

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 requires improvement. At this inspection this key question has remained the same.

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

At our last inspection, the provider did not demonstrate governance systems were not suitably managed to identify when people were at risk of harm. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection not enough improvement had been made and the provider remained in breach of Regulation 17.

- Systems and processes were not robust in ensuring documentation regarding physical interventions, accidents and incidents had been fully completed. The records did not record any investigation or follow up actions taken by the management of the service.
- The provider had not always ensured they had adequate oversight of the service, we found that staff had not always followed one person's care plan, the provider had taken some actions to address this however these had not been recorded.
- Audits of medicines management had not been recorded. The checks carried out by staff had not identified the medicine issues we found during this inspection. We raised this with the provider who sent us an action plan to address this.

This was a continued breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Staff were passionate about providing person-centred care. People were supported to identify individual goals and detailed plans were developed for staff to follow, these were regularly reviewed and evaluated, and people's achievements had been recognised and celebrated.
- People were supported to maximise their independence and to take part in activities of interest to them, we saw evidence that people had been supported to access further education and work towards seeking employment.

● People told us about how staff supported them to plan their day to day lives, one person told us "Staff help me budget I don't like to waste money, I like to get out walking, staff know this and we always go" and another person told us "The staff here are good, they are always about to talk to and are helping me to get in to college."
● The service had developed a comprehensive pathway plan which had been created to aid support planning for people's future and transition into becoming an adult and gaining independence. We saw evidence that staff had supported people with understanding money and building on their numeracy skills.
● The provider and registered manager celebrated staff success and had developed strategies which boosted team morale. One staff member told us "They go above and beyond, we receive awards, prizes and certificates at staff meetings."

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; Continuous learning and improving care
●The management team understood their responsibility to keep people informed when incidents happened in line with the duty of candour. People's records evidenced that relatives had been informed when incidents had occurred.
● We asked a range of stakeholders which included social workers and commissioners to feedback on their experience of the service. One social care professional told us "[Person] has made significant improvements since living at Langley Homes".
● The registered manager had made improvements to the systems in place for infection, prevention and control. We found the issues identified at our previous inspection in this area had been addressed.
● The service had a quality action plan in place which detailed the areas they had identified for improvement, however the action plan had not identified the actions we found required improvement.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● The registered manager gathered feedback from people, relatives and staff about the quality of the service through discussions and surveys. The provider had analysed the feedback received and had an action plan in place to address points that had been raised.
● Staff meetings took place regularly. We reviewed the minutes of these meetings and could see key topics such as COVID-19 had been discussed. Staff told us "Staff meetings are good, the management team listen to staff, they want to achieve good things for the residents."

Working in partnership with others
● The service worked in partnership with other professionals such as dieticians and learning disabilities services to support people to access healthcare when they needed it which had improved people's outcomes.
● The service shared monthly updates to commissioners to inform them of people's progress and achievements.

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	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Systems and processes to protect people from abuse were not robust.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not demonstrate governance systems were not suitably managed to identify when people were at risk of harm.

The enforcement action we took:

We issued a warning notice.