Metropolitan Housing Trust Limited

# Langdon Park

## Inspection report

18 Langdon Park
Teddington
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30 July 2018

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

| | |
|---|---|
| Is the service safe? | Good |
| Is the service effective? | Good |
| Is the service caring? | Good |
| Is the service responsive? | Good |
| Is the service well-led? | Good |

# Summary of findings

## Overall summary

We carried out an inspection of 18 Langdon Park on 30 July 2018. The inspection was unannounced. We previously carried out an inspection of this service on 18 January 2016 where we found the service had met all the required standards. Since 3 July 2017 the service ceased being managed by Voyage 1 Ltd. and instead was managed by their new provider, Metropolitan Housing Trust Ltd. This inspection was the first inspection of the service under the management of the new provider.

18 Langdon Park is a home for up to seven people who have learning disabilities, some of whom have additional physical disabilities. At the time of our inspection there were seven people living in the home.

There was a registered manager in place in the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who lived at the home were protected from the risk of abuse happening to them. Some people did not communicate conversationally or in other conventional ways. However, those who could told us they felt safe and well looked after, and others were able to demonstrate through their body language and interaction with staff that they felt at ease, safe and well cared for.

We saw that people's health and nutrition were regularly monitored. There were well established links with GP services and other community health services such as community learning disability teams.

Care records were individual to each person and contained information about people's life history, their likes and dislikes, and information which would be helpful to hospitals or other health support services.

Staffing levels were managed flexibly to suit people's needs so that people received their care when they needed it. Staff had access to information, support and training that they needed to do their jobs well. The provider's training programme was designed to meet the needs of people using the service so that staff had the knowledge and skills they required to care for people effectively.

There was an open and inclusive atmosphere in the service. Staff told us they enjoyed working in the home and found the changes to the service positive.

The provider carried out regular audits to monitor the quality of the service and to plan improvements. Action plans were used so the provider could monitor whether necessary changes were made.

## 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. People who lived at the home were protected from the risk of abuse happening to them, supported by clear policies and staff training. There were clear policies and procedures in place relating to safeguarding and whistleblowing.

Risk assessments of people's activities, including the premises and environment supported people to be safe.

There were sufficient numbers of staff on duty to keep people safe.

Medicines were safely and securely stored in a locked medication cupboard and staff had received up to date training. The home had facilities to ensure the safe storage and administration of controlled medicines should this be required.

### Is the service effective?

Good

The service was effective. People who lived in the home received care from staff who had had appropriate training and who were aware of good care practice. Staff received appropriate support and supervision.

Staff understood the requirements of legislation relating to the need for people to give consent and to act in their best interests when consent could not be given. People were involved in day to day decisions about their care.

People were supported to have sufficient food and drink. Staff had received training and were skilled in ensuring people with complex dietary needs were supported to enjoy their meals.

People were supported to have good access to health care, including specialist health care teams where appropriate. Staff were skilled and trained to ensure that people's day to day health was monitored and supported.

### Is the service caring?

Good

The service was caring. People had positive relationships with staff. People's needs, including their health, disability and

cultural needs were understood and supported by staff.

People were supported to express their views and make their own decisions. Staff could use a variety of approaches for those people who had difficulty communicating.

Staff respected people's privacy, dignity and human rights. People had their individual wishes respected and families and visitors could visit. People's individual support needs and how they liked to be supported were documented in up to date care records.

## Is the service responsive?

Good

The service was responsive. People received personalised care that was responsive to their needs. People's needs were assessed and support plans drawn up which included the views and contributions of people.

There was a full programme of personalised activities for people which were prominently advertised and displayed.

The home had a complaints procedure that was understood by people and visitors.

## Is the service well-led?

Good

The service was well-led.

The provider had an effective system to regularly assess and monitor the quality of service that people received.

People and staff were positive about the culture and atmosphere in the home.

The manager and staff maintained a focus on keeping up to date with best practice through participation in organisational meetings and forums for providers. Records and information were stored securely and safely.

# Langdon Park

**Detailed findings**

## Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 30 July 2018 and was unannounced.

The inspection was undertaken by one inspector. Before the inspection we looked at information about the home that we had. This included previous inspection reports, information provided by the home, the provider information return (PIR) form, correspondence and notifications.

During the inspection we spoke with six people living in the home. We also spoke to the registered manager and five members of staff. We offered relatives and others the opportunity of contacting us to provide their own feedback.

We looked at the home's policies and procedures, five care records, three staffing records and a sample of medicines administration records.

We observed the care practice at the home, tracked the care provided to people by reviewing their records and interviewing staff.

Good

# Is the service safe?

## Our findings

The service was safe. Some people did not communicate conversationally or in other conventional ways. However, throughout the inspection visit they demonstrated through their body language and interaction with staff that they felt safe and well cared for. Other people told us that they liked the home and that they felt safe with the staff team.

Staff were supported with information and training to guide them in the event of a safeguarding concern being identified and all staff spoken with could describe the sort of issues that would require raising a safeguarding alert. One staff member told us, "We are their voice. We cannot allow things to happen to them and not speak up. Although we are a close team, we all would do the same if we were concerned."

We looked at the home's safeguarding policies and procedures and saw that they were reviewed and updated regularly.

Staff were knowledgeable about the different types of abuse and the signs which indicate abuse may have occurred.  Staff told us they had completed up to date training in safeguarding and records confirmed this.

Risks to people's health, safety and welfare had been assessed and where appropriate a risk management plan had been put in place for aspects of people's care and support. Risk management plans covered aspects of care such as, nutrition, mobility, the use of hoists and slings and medicine management. These assessments were then used to develop the individual's care plan.

Risks to people's safety during day to day activities, or outdoor activities had also been assessed and a support plan put in place. Staff were aware of the risks associated with individual activities and these were also clearly documented in people's support plans.

The provider had a staff recruitment and selection policy and procedure. Recruitment procedures ensured that people were protected from having unsuitable staff working at the service. Recruitment checks included reference checks and details of previous employment as well as checks made under the Disclosure and Barring Scheme (DBS). This ensured staff were fit and suitable to work in a care setting.

There were enough staff on duty to care for people, with six staff on duty at each shift during the day in addition to the manager and two waking staff on night duty.

Medicines were safely and securely stored in a locked medication cupboard. The medicines cabinet was locked and could only be accessed by a key which was held by the senior staff member on duty. There was a system in place for ordering and delivery of medicines in blister packs on a four-weekly basis by a local pharmacy. Medicines were disposed of safely with a system in place for counting, returning to the pharmacy and signing where medication needed to be disposed of. The home had facilities to ensure the safe storage and administration of controlled medicines.
We observed medicines being administered and saw that staff had a good knowledge of procedures and

took care to ensure people felt comfortable. We saw that people's medicines administration records (MAR) were correctly completed and provided a clear audit trail that enabled the provider to monitor medicines and their safe use.

We saw that the home was clean, free from odours and well maintained. The layout and décor was that of an ordinary domestic home, although care had been taken to ensure that areas were free from hazards and that people could have access to all areas of the home in a safe way. Surfaces were clean and areas such as kitchen and toilets had suitable hand-washing and infection control equipment and materials. The kitchen was clean and safely maintained, and there were plans for a refurbishment which would improve the décor, replace the dishwasher and lower work surfaces to be more accessible to people who used wheelchairs.

Good

# Is the service effective?

## Our findings

The service was effective. People who lived in the home received care from staff who had had appropriate training and who were aware of good care practice.

People's needs were assessed and support plans were put in place which considered people's wishes, their support needs and their lifestyle and culture. Some staff acted as a key worker for people and ensured that people's views were included when reviewing their support needs.

Staff told us they received sufficient training and felt supported by the manager and the new provider. Training records showed staff were appropriately skilled and experienced to care for people safely. The provider ensured all staff received "Pathway" training, which was mandatory training covered by the 15 standards contained in the Care Certificate. In addition to this some staff were developing their training further and had taken national vocational qualifications.

The registered manager was qualified and was currently preparing to undertake further training to achieve Qualification and Credit Frame (QCF) level 7. Other staff had followed courses in their area of interest such as Food hygiene at a more advanced level than the basic awareness training.
In addition the service had good links with specialist support services which provided guidance and training to staff in the areas of using hoists, diet and nutrition and speech and language.

Care staff received regular supervision and annual appraisals. Personal supervision was carried out at least every 12 weeks and often more frequently and staff could arrange to speak with the manager at any time on an ad hoc basis. This allowed the opportunity for staff to discuss any work-related issues and to receive feedback about their performance. Staff confirmed that team meetings took place which allowed them to raise any issues of interest and to ensure that everyone was aware of any changes to people's care needs.

The registered person had suitable arrangements in place for obtaining, and acting in accordance with, the consent of service users in relation to the care and treatment provided for them in accordance with the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. Relevant documentation was on file and dates for review were clearly set.

The Mental Capacity Act (MCA) 2005 sets out what must be done to ensure the human rights of people who lack capacity to make decisions are protected. Deprivation of Liberty Safeguards (DoLS) requires providers to submit applications to a "Supervisory Body" if they consider a person should be deprived of their liberty in order to get the care and treatment they need.

Staff understood the requirements of legislation relating to the need for people to give consent and to act in their best interests when consent could not be given. People were involved in day to day decisions about their care. Staff told us that they were aware of their responsibilities on a day to day basis when working with people who use the service to help them understand their care and treatment including gaining their consent.

Staff could describe examples where they supported people to make their own decisions as far as they were able. Examples included choice of clothing, places to visit, what to eat and giving consent for receiving care at particular times.

Staff were knowledgeable about people's dietary needs and preferences. People were encouraged and supported to prepare their own meals as far as they were able and a kitchen refurbishment was planned to support people further. There was a five-day menu on display and in a format that people could understand and make choices from. Staff had taken care to ensure that individual preferences were included in the menu.

Staff were responsible for the meals and took care to ensure that any particular dietary need was met in accordance with the care plan. This included people who required their food to be prepared in a certain way, for example soft diets or blended food. Two members of the staff team took a lead in the area of Nutrition and diet and were able to speak with confidence and enthusiasm about their role.

We saw that people had access to the kitchen and could have snacks and drinks whenever they wished, unless their health support needs meant they required more supervision. Where people were unable to make drinks or snacks these were provided by the care staff.

We saw that people's health and nutrition were regularly monitored. These were discussed at staff handover sessions and recorded in care plans and daily notes.

Good

# Is the service caring?

## Our findings

The service provided a caring environment for people. Some people were able to tell us and others expressed this through their body language and interaction with staff.

One person told us, "I like the staff. I like it here." Another person told us they were happy because they were about to go on holiday.

We observed staff interaction with people and people interacting with each other. People were treated with respect and kindness. We saw that people were comfortable around the staff and that staff spoke to them in a friendly but respectful way. Staff demonstrated a good knowledge about the people they supported and could tell us about people's individual needs, preferences and interests. These details were included in the care plans.
Care plans contained sections such as "My Plan" and "This is me", which enabled staff to know more about the person rather than simply a list of care needs and these sections were written in an informal and respectful style.

People were supported to maintain relationships with their families and friends. Families would either visit or staff would support people to visit their family home.

We observed staff always knocked on doors before entering people's rooms. Staff respected people's private space and always made sure they spoke to people in a respectful manner, for example, by ensuring that they faced someone who was in a wheelchair rather than speaking from behind.
Staff were supportive of people who expressed themselves differently and who might be considered "challenging" by people who didn't know them. Staff took care to explain to visitors the various styles of communication that people used; for example, if someone was shouting it did not necessarily mean the person was angry or distressed.

People were involved in decisions about the running of the home as well as their own care. This happened mainly through daily contact with people as well as regular group meetings.

Good

# Is the service responsive?

## Our findings

We saw that staff attended promptly when people needed their support and responded to people's individual needs and circumstances. At the time of our inspection people were engaged in separate activities, for example one person was quite actively interested in spending time with staff, another was preparing to have a trip out, another person was resting in their room and others were in the lounge.

Some people were preparing for a holiday. Holidays were carried out in small groups to ensure that individual care could be provided.
People's needs were fully assessed prior to becoming resident in the home and at monthly intervals thereafter with a full review taking place annually. We looked at care records and saw that they contained assessments relating to mobility, healthcare including medicines, eating and drinking, behaviour and independence.

People's diverse needs were understood and supported. These included food preferences, interests and cultural background. We saw that people had the equipment they needed for meeting their physical needs, such as wheelchairs, hoists, adapted baths and showers. All staff had undertaken training on equality and diversity which enabled them to respond to people's needs in a way that was most appropriate to the person.

People had individualised care plans which highlighted their various interests and this was reflected in the variety of activities which they took part in. Some people attended clubs, while others participated in the activities programme in the home. People could rise and go to bed as they wished and arrange their day as they pleased. The home had its own transport for group outings and staffing levels were such that they could respond to people's individual support needs.

The registered manager was able to describe various examples where the service provided care that was responsive to people's needs and wishes. We saw that one person had a recent deterioration in mobility with an increase in their anxiety levels which meant that having a bath could take a much longer time. However, the staff had planned for this and responded to this change to ensure this could still happen in a way that did not make the person feel rushed.

For people who were limited in speech communication plans were developed by those who knew the individuals well. These included descriptions of people's body language and what certain types of vocalising meant. In order to help people make their own choices staff used objects of reference to support people, for example showing someone a cup or a picture.

Where it was necessary for staff to be present during any visits by family or friends this was arranged and done in a way that both allowed for the person to have their visit as well as being available to help when needed.

This allowed people to maintain their relationships with family, relatives and friends and the home had an

open policy for visitors. We saw in people's care records that the views of family and significant people were welcomed while planning or reviewing people's care.

In order to listen to and learn from people's experiences the home had regular keyworker meetings and staff meetings where people's experiences and views were discussed.

The service had a complaints policy and procedure which was easily available to staff, people and visitors.

Good

# Is the service well-led?

## Our findings

The service promoted a positive culture that was person-centred, open, inclusive and empowering for people. We saw that people were supported to have as much independence and autonomy as they could, or wished and that this support was underpinned by good practice and clear policies and procedures.

The policies and procedures of the home described a vision and a set of values that included the importance of involvement, compassion, dignity, independence, respect, equality and safety. Staff we spoke with understood these and we saw that staff promoted these values in their work. The registered manager kept these under review through regular supervision,  and ensuring that staff training was kept up to date.

The registered manager described how the use of agency staff had been reduced and how this had had a positive impact on the management of the home. The registered manager said, "By making sure we use our own staff, I feel the number of incidents has been reduced and the standard of care has improved." The improvements in keeping to appointments, understanding people's behaviour and communication and staff being able to feel ownership with the outcomes of audits were used as examples.

The registered manager described how the service development lead for learning disabilities services had spent 70% of their working week concentrating on supporting the service and the service users through the transition since July 2017 from the previous to current provider, to support people as required changes were implemented. The current provider, Metropolitan Housing Trust Ltd. had an internal risk and quality team that carried out regular internal audits of services to ensure compliance with National guidance. A lead person was in place for safeguarding within the trust who was available for all staff to liaise with and receive support from.

We spent time observing the interaction between staff and the people living in the home. There was an atmosphere of openness in the home, where people felt able to approach staff directly and have free access to all areas of the home. At the same time, staff could speak freely with people, advise and support them appropriately and safeguard them from harm if necessary.
Staff we spoke with told us they felt positive about the recent change to being employed by a new provider and spoke confidently about their role. One staff member told us, "It is very good here. We can talk to each other and share ideas with the manager."

The registered manager and staff maintained a focus on keeping up to date with best practice through participation with groups such meetings or forums for providers. The service also received support from specialists in the areas of nutrition, speech and language and physiotherapy from the community learning disabilities team.

Records in the home were held securely and confidentially.