

Mrs R D Jeeawon

Langley House

Inspection report

Langley House
47 Collington Avenue
Bexhill On Sea
East Sussex
TN39 3NB

Tel: 01424272579

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16 March 2017

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Summary of findings

Overall summary

Langley House is a large family home located in a residential area of Bexhill-on-Sea, within walking distance of the town centre. A large entrance area and lounge/dining room on the ground floor are used as communal rooms and people living there have access to the gardens to the side and front of the building.

The home is registered for eight people with mental health needs, but actually provides support for three people who are independent and require only minor prompting or reminding with personal care and medication.

This home is not required to have a registered manager as part of its conditions of registration. The provider is the registered person and they have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the home is run.

At the last inspection on 5 October 2016 we carried out an unannounced comprehensive inspection and found the provider was not meeting the regulation with regard to medication under the 'safe' question. The provider told us they would address the concern immediately.

We undertook this focused inspection on the 16 March 2017 to check that they now met legal requirements. This report only covers our findings in relation to that requirement. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Langley House on our website at www.cqc.org.uk.

We found the provider had reviewed the management of medicines to ensure it supported people safely. There was a process in place for ordering, checking, receiving and storing medicines. Risk had been assessed to enable people to be responsible for their own medicines and records were kept to ensure they had taken them.

Langley House was a family environment with the provider living in the home with the three people they supported, although in a separate part of the building. The provider had been responsible for the home for over 25 years and their family had grown up within the care environment and were now working as staff. There had been no new staff employed at the home for several years and the provider had no plans to change the current staffing level.

People said they had the support they wanted. One person told us they were very happy living in the home and had been involved in decisions about the services provided. They said, "I have lived here for 21 years and am very happy. I will be going out later after dinner."

Risk assessments had been completed to ensure people were supported safely to be independent and people said they felt safe and received the support they needed. Staff had attended safeguarding training. They demonstrated a good understanding of their responsibilities with regard to supporting people and the

action they should take if they had any concerns.

A considerable amount of refurbishment had taken place. New lighting had been installed in the communal areas; improvements had been made to the kitchen people used and a separate dining room would be available to them when the work was completed.

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.

There were systems in place for the safe management of medicines.

Risk assessments provided clear guidance for staff to reduce risk and support people safely.

Staff had attended safeguarding training and had an understanding of abuse and how to protect people.

The provider had a clear understanding of safe recruitment, but did not plan to employ new staff.

Langley House

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 checked 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.

We undertook an unannounced focused inspection on 16 March 2017. This inspection was done to check that improvements to meet legal requirements, planned by the provider after our comprehensive inspection on 5 October 2016, had been made. We inspected the service against one of the five questions we ask about services: Is the service safe? This is because the service was not meeting some legal requirements.

The inspection was undertaken by one inspector. During our inspection we spoke with one of the three people living in the home and two staff including the provider. We observed interaction between staff and people and reviewed documents; we looked at one person's care plan in detail, medicine records, training information and policies and procedures in relation to the running of the home.

Before the inspection we looked at information provided by the local authority, contracts and purchasing (quality monitoring team). We also looked at information we hold about the service including previous reports, notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. We looked at the provider information return (PIR), which is a form that asks the provider to give some key information about the service, what they do well and any improvements they plan to make.

Is the service safe?

Our findings

At our last inspection on 5 October 2016 we found the provider was not meeting Regulation 12 of the HSCA regulations 2014 with regard to medicines, as records for receiving medicines into the home or that people had taken prescribed medicines were not accurate. The provider told us they had dealt with these issues immediately and had not sent in an action plan. At this inspection we found the provider was meeting the regulation and medicines were effectively managed.

People told us that Langley House was their home and they felt very safe living there. One person said, "I am happy here. I have everything I want and I am safe." They showed us their room, which had been decorated with ornaments and pictures they liked, with a door out to the garden that they could access when they wanted to.

The provider had completed a review of how medicines were managed in the home. There were records to show medicines were ordered on a 28 day cycle, that they had been checked when they were delivered to the home and were kept in a locked cupboard. People were given a week's supply of their medicines; they kept them in a small safe in their own room and staff recorded in individual diaries if people had taken their medicines in line with their prescriptions. Each person had been assessed as competent to take responsibility for their own medicines and agreements had been signed by them and the provider. One person spent time with relatives and friends away from the home, sometimes for several days and staff gave them their prescribed medicine to take with them. Records showed that staff asked the person when they returned to the home if they had taken their medicine, as requested by the commissioning authority for this person and the provider said no concerns had been identified.

As part of their mental health care package people's needs and the support provided at Langley House had been reviewed yearly by the relevant authority; with the involvement of health and social care professionals, staff and representatives if required. The provider said they could access the community mental health team if people's needs changed; this had not been necessary and people had regular health checks with their GP.

Risk had been assessed depending on people's needs, although staff told us people were very independent and they went into town or visited relatives or friends each day. The provider said, "I am often sitting here on my own while everyone else is out doing things." Two people had gone into town during the inspection and one person visited the vets to collect treatment for the two dogs living in the home. They told us, "I don't walk them, but I feed them and I like them being here." Risk assessments included areas that people needed to be prompted or reminded about. For example, one person was prompted to change their clothes and another was reminded to have a shower.

Staff were aware of infection control procedures and the provider had reviewed the use of paper towels in the shower room on the ground floor. They had introduced them as suggested at the last inspection and found they had not been used, but were strewn around the room. People preferred to live in a homely environment; they had their own towels and clean towels were kept in the shower room, in addition to the hand towels, which were replaced regularly.

There was a system in place for the recording of accidents and incidents and any concerns were addressed through discussion and involvement of people and staff. One person said, "There is nothing to worry about here." Staff understood triggers that might make people apprehensive and offered support at these times. For example, one person had to visit their bank to get a new card and staff went with them to reduce the risk of stress and make sure they communicated effectively with bank staff. Staff told us, "We only need to offer additional support if we notice that they have become anxious about something or when we expect them to be more anxious as we know what they don't like to do" and, "One person stays in more when they have to go for blood tests. It is because they are anxious and we make sure they know we are here to help them if they want us to."

As far as possible people were protected from the risks of abuse or harm. Staff had received safeguarding training, they had a good understanding of different types of abuse and were aware of who to contact if they had any concerns. People said they were happy living in the home and that the staff understood their needs and that they needed very little support.

People said there were enough staff working in the home. One person told us, "They are always here, we all live together." The provider said the staff team consisted of the owners and two members of their family. They said, "We have lived here since we opened over 25 years ago. The local authority asked people living here some time ago if they wanted to move into supported living and some did. But our current residents said they did not want to move and preferred to live here." The provider told us they had no plans to make any changes to the support provided. "We don't plan to admit anyone else into the home. We will keep the service running as long as people want to live here and although our cleaner has retired we don't need any additional staff. We all live and sleep in the same building, like a family, and it works very well."

Environmental risk assessments had been completed to ensure the home was safe for people living there. There was on going refurbishment and decoration during the inspection, with people and staff living in the home while the improvements were made. People were relaxed and comfortable with this. One said, "It will be very nice when it is done and I don't mind, I like to sit in the lounge to watch TV." The provider told us they expected to complete all the work in the next couple of months and they would be discussing what decoration and colours people wanted in the communal rooms.

There were records to show relevant checks had been completed, including lighting, hot water and electrical equipment. The fire alarms system was checked weekly and fire training was provided for all staff and the records showed they had attended. The provider said the fire consultant would visit the home now the structural work had been completed; to check the new safety systems they had installed and advise where fire exit signs were needed as some walls had been removed. They told us a copy of the report would be sent to the CQC.

There were systems in place to deal with unforeseen emergencies. People knew what to do if the fire alarm went off. One person pointed out they could go into the garden from their bedroom and staff said people could access external doors without putting themselves at risk. The person living on the first floor was able to get to the ground floor using either staircase, so could leave the home safely and another person's room was at the front of the building next to one of the front doors.