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The Langleys

Inspection report

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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**

Overall summary

This was an unannounced inspection carried out by two inspectors on 2 October 2014. At the previous inspection in January 2014 the provider was meeting the required standards.

The Langleys provides accommodation and personal care for up to 15 older people. The building is divided into three floors. There were 11 people living at the home on the day we visited.

The home 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. 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. The service did not have a registered manager in post and had not had one since April 2014. A manager had been appointed in April but at the time of this inspection had not applied to register with us.

People told us they felt safe and were happy living at the home. Staff understood their responsibilities around keeping people safe and had a good awareness of what constituted abuse or poor practice. People told us there were enough care staff to meet their needs. People told

Summary of findings

us they enjoyed their meals and had enough to eat and drink during the day. There was a safe procedure for managing people's medication, this showed people received their medication as prescribed.

Care plans provided staff with the information they required to provide safe and effective care to people. There was a process in place to review and update care plans, not all the care plans we looked at had been reviewed when people's needs had changed.

Staff were knowledgeable about the care and support needs of people and understood the risks associated with people's care and welfare. Staff had completed the required training to work with people safely. The provider understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) but it was not always clear how people who needed assistance to make decisions were supported.

People had good relationships with staff. Staff took time to sit and talk with people and we saw them singing and laughing together. Staff were friendly and caring with people.

People said staff listened to them and their care was provided in the way they preferred. We saw staff responded promptly to requests from people for assistance and encouraged people to maintain their independence. People's care had been arranged around their individual needs and preferences.

Staff were kept up to date about any changes in people's needs by a handover meeting when they came on shift. The handover procedure did not support staff, who were not present at the meeting, to have up to date information about changes to people's care needs. This could result in people receiving inappropriate care.

People told us they liked living at the home. Staff enjoyed working in the home and felt supported by the manager and the provider. They said the manager was knowledgeable and always approachable.

There were systems in place to monitor the quality of the service, this was through feedback from people who used the service, their relatives, staff meetings and a programme of audits.

Summary of findings

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 safe.

People said they felt safe living at the home and staff had a good awareness of what constituted abuse or poor practice. There were processes in place to protect people and keep them safe. These included a robust staff recruitment procedure and a safe procedure for managing people's medication.

There were enough staff to meet people's needs.

Good

Is the service effective?
The service was not consistently effective.

People were supported by staff who had received appropriate training to support people effectively. People had enough to eat and drink during the day and were supported to manage their healthcare needs. Staff were knowledgeable about people's care and support needs but did not always put this into practice.

The service acted in accordance with the requirements of the Mental Capacity Act 2005 but it was not always clear how people who needed assistance to make decisions were supported.

Requires Improvement

Is the service caring?
The service was caring.

People told us staff respected their privacy and encouraged them to maintain their independence. Care staff had a kind and caring approach towards people they supported.

Staff had a good understanding of people's preferences and how they liked to spend their time.

Good

Is the service responsive?
The service was responsive.

People told us they received the care and support they needed. They told us staff listened to them and their care was provided in the way they preferred. People told us they were happy with their care and had no complaints about the service they received.

Good

Is the service well-led?
The service was not consistently well led.

The home is required to have a registered manager. A manager had been appointed but they had not applied to register with us.

Requires Improvement

Summary of findings

Records did not always provide staff with up to date information about people's care. This could result in people receiving inappropriate care.

Everyone we spoke with told us the manager was approachable and their views on the service were listened to. Staff told us they liked working at the home and felt supported by the manager and the provider.

The Langleys

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.

This inspection took place on 2 October 2014 and was unannounced. The inspection team comprised of two inspectors.

Before the inspection we reviewed the information we held about the service. We looked at information received from relatives and other agencies involved in people's care and the statutory notifications the manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

We reviewed the information the local authority commissioners shared with us and the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with the provider and the three care staff on duty. We spoke with the eleven people who lived at the home and a visitor. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who lived at the home.

We looked in detail at care records for three people to see how they were cared for and supported. We reviewed three staff files to check staff had been recruited, trained and supported appropriately. We looked at a range of records about people's care and how the home was managed. We reviewed quality checks the provider or manager had made to assure themselves people received a quality service.

Good

Is the service safe?

Our findings

All the people we spoke with told us they felt safe living at the home. People said, "I feel very safe and happy here." People said they would have no problem raising any concerns with staff in the home. We saw people had positive relationships with staff and had no hesitation approaching staff and asking for assistance.

Staff knew what they should do if they suspected abuse or had any concerns about people's safety. One staff member told us, "If I was worried about something I would go to the manager or the provider." Staff said they would have no problem raising concerns about other staff members practice. "If I saw any member of staff doing something that made me concerned I would report it." Staff were confident the manager and provider would deal appropriately with any suspicions they reported. Staff said they had completed safeguarding training and there was a safeguarding procedure that explained what to do if they identified concerns. The provider understood their responsibility for reporting safeguarding concerns to the local authority. There had been no safeguarding allegations since our last visit to the home. Staff understood how to safeguard people from abuse and poor practice.

People told us they could live their lives as they chose. One person told us, "I go out on my own, I just tell staff where I'm going so they don't worry." Staff understood risks associated with people's care. This included the support people needed to move around, to have sufficient to eat and drink, to take their medication and to go out of the home independently. We saw plans were in place that made sure staff had information about how to keep people safe. Where risks associated with people's care had been identified, instructions were available for staff about how to manage the risks. We observed staff carrying out tasks required to manage identified risk. They demonstrated safe procedures for moving and handling people and administration of medication. People received care that maintained their safety and supported their independence.

People told us there were enough staff to meet their needs. One person told us, "There is always staff around. They have time to sit and talk to me which I like". A staff member said, "Yes there is enough staff. They will put more staff on if we need it, it depends on the level of people's needs. It's not a big home and we all work together." Staff also had responsibility for cleaning, cooking and the laundry in the home. On the day of our visit three staff members and the provider supported eleven people living at the home. There were sufficient staff on duty to meet people's needs and keep people safe.

We spoke with staff about the recruitment process to see if the provider had carried out checks before they worked in the home. Records showed and staff confirmed that the required recruitment checks, including a Disclosure and Barring Service (DBS) check had been completed before the person started working in the home. The DBS is a national agency that holds information about criminal records. Care staff had been recruited appropriately to make sure they were safe to work with people who lived at the home.

We spoke with three people about how their medication was managed. The people we spoke with told us staff supported them to take their prescribed medicines. One person told us, "I know when to take them myself, but the staff remind me as I forget." We observed the administration of medicines. The staff member told us she had completed medication training and had been assessed as competent to administer medicines in a safe way. We saw medicines were safely administered to people. There was a safe procedure for storing and handling medication. This included management of controlled drugs and monitoring the medication cabinet temperature. We looked at how medicines had been dispensed by the pharmacy, all medicines were clearly labelled. The pharmacy had provided a medicines administration record (MAR) for each person. There was a photo of the person printed on the MAR and on the tray that contained their dispensed medication. This reduced the possibility of giving medication to the wrong person. We looked at a sample of MAR sheets and saw that each medicine had been administered and signed for at the appropriate time. We found people received their medication as prescribed.

Requires Improvement

Is the service effective?

Our findings

All the people we spoke with told us they liked living at the home, they said “I like living here” and “It’s a nice place, all the staff are lovely.” People told us staff understood their needs, “They know what they are doing”.

Care staff were knowledgeable about people’s care and support needs. One member of staff told us, "Some people are quite independent and only require supervision and prompting. There are others [people] who require more support due to memory loss or dementia, especially with mobilising and medication. I have had lots of training so feel competent to meet those needs".

Staff told us about the training they had attended. One member of staff told us “We have regular training. I have completed training in moving and handling, food hygiene, infection control and safeguarding”. A new member of staff told us when they started working at the home their induction programme included training, completing workbooks and shadowing experienced staff. All the staff we spoke with told us they had received regular training. Certificates in staff files showed staff completed a range of training to provide effective care including an induction based around the Common Induction Standards. This is training that has been recommended for new care workers. Staff felt well trained and supported to provide the care people required. People were supported by staff who were trained to deliver care and support to people effectively.

Staff told us they had supervision meetings with the manager which included discussions about their personal development including National Vocational training and observations of their practice. This would make sure people were supported by staff who had the knowledge and skills to carry out their role and responsibilities.

People told us staff asked for their consent and took time to explain things to them. “They always ask if it’s ok with me before they do things, like help me up from the chair.” We observed staff asked people for their consent before they carried out tasks, for example, before administering medication, supporting people to move around and assisting with personal care. Staff said they had completed training in the Mental Capacity Act and understood the need to assess people’s capacity to make decisions and for gaining people’s consent to provide care and support.

People told us there were no restrictions on their movement within the home; two people said they were able to, “Come and go” as they wished. One person told us, “They let me make my own decisions.” We were told all the people living at the home could make decisions about their daily routines. Some people needed support from family members to make more formal decisions, for example to manage their finances. We asked the provider about their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).The DoLS make sure people in care homes are looked after in a way that does not inappropriately restrict their freedom. The provider told us they had taken appropriate advice to ensure they complied with recent changes in the law. We noted that a capacity assessment had not been completed for two people who needed support to make specific decisions. The lack of a written assessment meant it was not always clear how these two people were supported to make decisions.

People told us they had a choice of meals and enough to drink during the day. One person told us, “There is always a choice at lunchtime. They ask us regularly if we want a drink.” During the morning, staff asked people for their choice of meal at lunch. One person told us they preferred to have their main meal at 5pm, “They save it for me and I have it when I want.”

We observed the lunchtime meal. People were served the meals they had previously chosen. People told us they liked the food, one person said “They give us a good meal; the girls cook it in the kitchen.” People were seen to enjoy their meal and the atmosphere was sociable and unhurried. Staff offered some people assistance to cut up their food and accepted people’s decisions if they wanted to do this themselves. We noted the recommendation in one person’s nutrition support plan to serve food on bright coloured crockery had not been followed. A new member of staff had served the food and was not aware of this recommendation. There was no risk to the person for not following the recommendation, but it would have made it easier for them to eat independently. Other staff knew about the recommendation and said they would ensure new staff were given this information.

We saw people’s food preferences, likes and dislikes had been recorded in the three care plans we looked at. Care plans contained risk assessments for people’s nutrition. Where risks had been identified, a care plan was in place to

Requires Improvement

Is the service effective?

minimise the risk. For example where people were at risk of dehydration or poor nutrition, their food and drink input was monitored to make sure they had sufficient to eat and drink.

People told us they were supported to see the doctor and other health professionals. One person said, "The doctor is next door so no problem getting there. They [the care staff] would take me to other appointments." We saw staff recorded when other health professionals, such as opticians, dentists and their General Practitioner (GPs) had visited the person to review their care. Care records showed care staff followed the advice of health professionals. This meant people received appropriate healthcare support, according to their needs.

We recommend that how people make decisions about their care is assessed and recorded.

Good

Is the service caring?

Our findings

People we spoke with said they were happy with the care they received. One person told us, “I am very happy with the care, the girls are great.” Another person told us, “I wouldn’t change anything.” A visitor told us staff were “kind and considerate” to their relative.

We saw people had good relationships with staff. Staff took time to sit and talk with people and we saw them singing and laughing together. Staff had a kind and caring approach towards people they supported. We observed a member of staff comforting a person who had become distressed, they sat beside the person holding and stroking the person’s hand until they became calm. People received care from staff who were attentive, caring and compassionate towards people’s individual needs.

People told us they were able to continue to do things for themselves. One person told us, “I am able to do most things for myself but others here need more support. Staff are always asking if you are ok or if you need anything.” People appeared comfortable in their home. People chose where they spent their time, some people sat in the lounge, one person preferred to sit in their bedroom and three people who smoked, chose to spend some of the time in the garden. People told us they felt listened to and what they said was seen as important. We saw staff were aware of people's communication needs and interacted with people accordingly. We saw staff asked people about their choices. For example, if they wanted to join in with the morning activity, where they would like to spend their time and what they would like to eat and drink. Staff had a good understanding of people’s preferences and choices.

Staff told us they were able to spend time talking to people to find out about their past lives and how they like to live their lives. Care plans we looked at showed people were involved in planning their care and that relatives supported people to make decisions if needed. We were told one person had an advocate from Age Concern to help them with decision making. We saw information in this person’s care plan about advocacy involvement and that information about advocacy services was available in the dining room for people to read.

People told us staff respected their privacy and encouraged them to maintain their independence. We observed staff support people in maintaining as much independence as possible. For example, we saw tea and coffee making equipment was available in the dining room for people to make themselves a hot drink when they wanted. We saw two people make themselves a drink and take it into the garden. People’s privacy and dignity was respected. People were able to spend time on their own in the garden or their bedrooms. We heard staff address people by their preferred names. Staff spoke discreetly with people when they offered assistance with personal care and ensured tasks were undertaken in privacy.

People told us their relatives and friends could visit when they liked. One person’s visitor told us they were able to visit at any time and often ‘popped’ in when they were passing the home. There were no restrictions on visiting times and visitors were made to feel welcome.

Good

Is the service responsive?

Our findings

People told us staff responded to their needs and that they received the support they required. People said staff listened to them and their care was provided in the way they preferred. One person said, “Staff know how I like things done, especially in the mornings, they do things in the way I like.”

People told us they were involved in their care and had contributed to their care plans. People said their views and opinions had been taken into consideration and staff provided care and support in the way they preferred. Staff had a good understanding of the care needs of people and were able to tell us about the individual needs of each person that lived at the home. Care plans we looked at contained people’s life histories, likes and dislikes and their hobbies and interests. This would support staff to meet people's individual needs and to understand how people preferred to receive their care.

Staff responded to people’s needs in a timely way. Staff answered call bells promptly and responded to requests for assistance. For example one person asked for a cup of tea, the staff member said “Okay” and went and made one. We saw care staff had time to sit and talk with people both in the home and in the garden.

We found that in two care plans we looked at, regular evaluations and reviews had taken place to ensure staff had up to date information about meeting people’s needs . The third plan was a respite care plan. This plan was not as detailed as care plans for people who lived at the home permanently. For example there was limited information about identified risks associated with this persons’ care and no life history. The person had decided to remain at the home but their care plan had not been updated since this decision had been made. Care staff did not have all the information required to respond appropriately to this person’s needs.

We observed a member of staff support a person who had restricted mobility to move from a lounge chair into a wheelchair. The person was able to stand but was unable to walk. The staff member told us the person’s mobility had deteriorated recently. We looked at the person’s moving and handling care plan. The care plan had not been updated when the person’s mobility needs had changed. Staff did not have up to date information about how to assist this person to mobilise as changes in their care needs had not been reviewed or recorded.

Staff told us they had a handover meeting at the start of their shift. Staff said the information provided during the handover was important because this was where they were updated about changes in people's care needs and any incidents since they were last on shift. Staff we spoke with had received a verbal handover and knew about changes in people’s care. Staff told us they read the handover records for the days they had been off duty, to find out what had been discussed. We looked at a sample of completed handover records. We found the records of handovers were not sufficiently detailed to inform staff who were not present at the meeting about changes to people’s care needs. We asked the provider to improve this.

People told us there was no structured activity programme but staff engaged with people to do the things they liked. One person told us, "There are things going on if you want to join in. I prefer to watch the television." People told us about the hobbies and interests they enjoyed. Staff knew about people’s interests and people had opportunity to follow their hobbies as well as engage in other social activities. During our visit we observed people playing dominoes, and a game of connect, taking part in a sing along, watching television and one person was helping to tidy the garden.

People told us they were happy with their care and had no complaints about the service they received. We were told, “I have no complaints but would speak with the manager if I did.” Staff understood their responsibilities around listening to people’s concerns and dealing with them appropriately. The provider told us they had not had any formal complaints in the past 12 months.

Requires Improvement

Is the service well-led?

Our findings

On the day of our inspection the manager was unavailable, the provider was managing the home.

All the people we spoke with told us there was an "open atmosphere" in the home and that both the manager and the provider were approachable and available if they wanted to speak with them. One person said, "You can speak to the manager or [the provider] when you want, there is usually one of them here."

Staff felt supported by the manager and the provider. They said the manager was knowledgeable and always approachable. Staff told us the manager worked alongside them and observed their practice to make sure they worked in line with policies and procedures. All the staff we spoke with demonstrated a good understanding of their role and responsibilities.

Staff were confident they could speak to the manager or the provider if they felt they needed. One staff member said, "I feel confident in raising any issues." Staff told us they had confidence to question the practice of other staff and would have no hesitation reporting poor practice to the manager. Staff said they felt confident concerns would be thoroughly investigated.

Staff told us they liked working at the home and enjoyed working with the people who lived there. Staff told us, "I love it here. I've only been here a short while but I think it's a good home and looks after people well," and "I really enjoy working here. I prefer a small home like this, it's so homely."

The home has a condition of registration that it must have a registered manager, but it does not have one. The registered manager left in April 2014 another manager was appointed in April 2014, but at the time of this inspection had not applied to register with us. The provider told us the manager would be of applying to register with the Care Quality Commission (CQC).

The provider submitted the Provider Information Return as requested prior to our visit. The information in the return informed us about how the service operates and how they provide the required standard of care. The provider was aware of his responsibility for submitting notification to the CQC. There had been no notifiable incidents in the past 12 months.

People told us there were good methods of communication within the home. In addition to day to day contact with people, the manager held meetings for people who live at the home and for staff. Staff told us meetings at the home were an opportunity to share information and ideas.

There were systems in place to monitor the quality of the service and to consider what improvements were required. This was through feedback from people who lived at the home, their relatives, staff meetings and a programme of audits. The manager's audits had identified the shortfalls we found in the recording, reviewing and updating of people's care plans and had started to review these, but this had not been completed.

We also found improvements were needed in recording the staff handover as there was no record of what had been discussed, or any decisions that had been made. This meant staff who had not attended the handover meeting, may not be up to date with changes to people's care needs and the care they required. The provider was unaware of this. We asked the provider to improve how the handover was recorded to make sure people received appropriate care.

Staff had recorded when an accident or incident occurred. The manager had reviewed these to identify patterns or trends, decide the actions to take to minimise further risk and to learn from incidents to avoid re occurrence. For example appropriate action had been taken following. someone falling. Sensors had been put in their rooms to alert staff if the person got out of bed, so they could provide prompt assistance if needed.

We saw records of checks for maintenance of the building, infection control procedures and medication checks.

The provider worked in partnership with other professionals to ensure people received appropriate care and support. This included the local authority contracts team and the district nurse team.

We recommend care plans and assessments are reviewed and updated as people's needs change. This would ensure staff have up to date and accurate information to provide appropriate care to people.