

Langley Lodge Residential Home

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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 Lodge Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

At the time of our inspection there were 20 people using the service. Langley Lodge Residential Home can accommodate up to 20 people in individual or double bedrooms in one adapted building. It is a two-storey building with a stair lift to access the first floor.

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

Staff took action to keep people safe from possible harm. However, actions taken were not always done in the least restrictive way. This included measures to restrict some people's movement around the service. This meant that 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 support this practice. The registered manager took action immediately to make the necessary improvements.

Fire policies and risk assessments had not considered all the necessary information to ensure that the risks to people's safety had been reduced as much as possible in the event of a fire. We informed the fire service of our concerns and they completed a full audit and issued a Notice of Deficiencies.

The governance system had failed to identify the areas for improvement that we found during the inspection. Potential new staff to the service underwent checks to make sure they were suitable to work with people. However, a lack of auditing of these records showed there were gaps in some staffs' employment history that had not been explored. Not all staff had completed their refresher training when due. The registered manager had not always completed notification of certain events to the CQC as required. The manager had not reviewed the tool they used to determine staffing levels to ensure that the number of staff working was appropriate to meet the needs of people in a timely and safe manner. Feedback was mixed about if the staffing levels were adequate.

Staff were following current government guidance around good infection control procedures. Medicines were being administered as prescribed. Written procedures were in place to advise staff when to administer "When required" medications. Accidents and incidents were being analysed to ensure that themes and trends were identified and the necessary action taken to prevent a recurrence.

Staff used their training knowledge to safeguard people wherever possible and support people to keep safe from poor care and abuse. If staff had any concerns about people, they knew where to report this both internally and outside of the service. Staff spoke favourably of the management team and stated that they felt supported in their roles.

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

Rating at last inspection

The last rating for this service was good (report published November 2018).

Why we inspected

We received concerns in relation to restricting people's movements and choices in the home and the quality of the service being provided. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

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

You can see what action we have asked the provider to take at the end of this full report.

As a result of our findings the registered manager has taken immediate actions to implement the required improvements and mitigate risks to people's safety.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Langley Lodge residential home on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified breaches in relation to reducing risks to people, restricting people's liberty and quality assurance. 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 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 continue to monitor information we receive about the service, which will help inform when we next inspect.

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 Lodge Residential Home

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 Health and Social Care Act 2008.

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 this inspection.

Service and service type

Langley Lodge Residential Home 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 Lodge 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection 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. 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 this information to plan our inspection.

During the inspection

We spoke with six people who lived at Langley Lodge Residential Home, we also observed the care and support people received in communal areas of the home. We spoke with the registered manager, deputy manager, one senior carer and three carers. We also looked at three people's care records, recruitment records and management records including audits.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained 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

- Not all risks to people had been reduced where possible. This put their health and safety at risk.
- Action had not been taken in a timely manner to ensure risks to people in the event of a fire had been reduced. The fire risk assessment did not contain all of the required information. Fire drills had not been completed to ensure staff knew what action to take in the event of a fire. The intumescent strips on fire doors had been painted over so may not be effective in the event of a fire. Improvements to the fire alarm were required.
- People's risk assessments had not always been effectively reviewed to ensure that they held the current information when their needs changed.

The provider had failed to mitigate risks to people where possible. This was a breach of Regulation 12 Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Learning lessons when things go wrong

- Analysis, review and action in response to accidents and incidents had been carried out for each person.
- Learning from the analysis of accidents had identified a pattern regarding the time of day someone was having falls. This had meant that preventative measures could be taken to reduce the number of falls the person was having.
- The registered manager stated they would also be looking at themes and trends across the home rather than on just an individual basis.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding policies were being followed to ensure people were protected from the risk of harm.
- Staff gave comprehensive responses about what action they would take if they suspected someone had been harmed. They felt confident that any concerns would be dealt with appropriately by the management team.
- Information was displayed throughout the home about what action people could take if they thought someone was at risk of abuse or had been abused. People told us that they felt safe living in the home.

Staffing and recruitment

- Staff were recruited safely. Appropriate checks including Disclosure and Barring checks (DBS) had been

made to ensure staff were safe to work with people. (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

- Staff records contained application forms, references and interview notes. Gaps in employment history were discussed during interviews but had not always been recorded.
- Feedback about staffing levels varied. People told us that they thought staffing levels were sufficient and that they didn't have to wait an unreasonable time for assistance when needed. Some staff comments included that they felt that staffing levels were safe but they sometimes felt rushed when working in the afternoon/evenings as there were only two members of staff due to be on shift from 4.30pm until the following morning. Other staff felt that staffing levels were sufficient at all times. The registered manager stated that they would review staffing levels to ensure they were appropriate to meet people's needs.

Using medicines safely

- People received safe support with their medicines provided by trained staff.
- Staff recorded what support they provided on medicines administration records (MAR) for each individual. They also ensured information about prescriber's directions, was available in people's care documentation and adhered to. Medicines were regularly checked and stored safely.

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 supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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 provider's approach to visiting aligned with government guidance. People were able to have visits from their friends and families.

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 our last inspection we rated this key question Good. At this inspection the rating has changed 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 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 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- We found the service was not working within the principles of the MCA and when needed, appropriate legal authorisations were not always in place to deprive a person of their liberty.
- Mental capacity assessments and Deprivation of Liberty safeguard requests had not always been completed when decisions were made on people's behalf and where they were not allowed to move freely either inside or outside the home. Although the restrictions were in place to keep people safe the correct procedures had not always been followed to ensure they were lawful.

The provider had failed to follow the correct procedures to ensure restrictions to people's liberty are legally authorised. This was a breach of Regulation 11 Need for consent of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to joining the service, this helped to create a care plan which included people's choices and preference for care.
- Staff knew people well and gave examples of the care they provided to people who used the service.

Staff support: induction, training, skills and experience

- People were supported by staff who had the appropriate training and skills. Staff completed mandatory training in various areas, such as, food and hygiene, manual handling and first aid.
- Staff completed an induction based on the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction program.
- Staff told us they received regular supervision, they said they felt supported by the deputy manager and registered manager.

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

- People received the support they needed to eat and drink and maintain a balanced diet.
- People were given choice and their likes and dislikes for food were considered. When people didn't eat their first choice, they were offered an alternative.
- When required people were given the support they needed with eating and drinking. Food charts showed that when people required special diets these were provided.

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

- Staff worked with health professionals to support people to live healthier lives and access healthcare services.
- Care records detailed people's healthcare needs and services they were registered with. Staff supported people to attend routine and specialist healthcare appointments and they maintained a record of appointments and outcomes.

Adapting service, design, decoration to meet people's needs

- The home was clean and well maintained. However, the privacy screens in shared rooms were not working. The registered manager took action immediately to ensure they were fixed.
- The environment was equipped with aids and adaptations to meet people's needs. There were regular health and safety checks in place to ensure all the equipment staff used to support people was safe and in full working order.
- People were encouraged to personalise their rooms with pictures and personal furniture when they moved in.

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 our last inspection we rated this key question Good. At this inspection the rating has changed 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; 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 deputy manager completed a range of audits and monitoring activities to evaluate the quality of the service. However, this governance system had not identified the areas for improvements that we identified during the inspection. For example, it had not been identified that people's movement in the home was being restricted without the right legal procedures being followed and had not been managed in the least restrictive way possible.
- The registered manager had not notified the Commission of all events as required. Notification of events is required as part of monitoring the home and ensuring the correct action has been taken.
- Not all staff had completed their refresher training when it had become due. In response to our conversation about this the registered manager had set staff deadlines to complete it.
- Staffing levels and people's dependencies had not been formally reviewed for over a year to ensure people needs were met in a timely manner.
- The registered manager had not been carried out checks related to fire safety that would have identified the improvements needed. For example, it had not been identified that fire drills had not been completed.

There had been a failure to assess, monitor and improve the quality and safety of the service being provided. This was a breach of Regulation 17 Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The management team had taken immediate action to start making the required improvements. Action had been taken to share the improvements with the staff team so that they were aware of any changes.
- The registered manager understood their responsibilities under the duty of candour. Staff shared honest information with people and their families when things went wrong.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Throughout the inspection, the registered manager, deputy manager and care staff were open and transparent with the inspector and keen to make improvements on the outcomes for people.
- Staff were proud of where they worked and felt supported in their roles.

- The registered manager and deputy manager were clearly passionate about their roles and we saw excellent interactions between them and people at the service.
- Staff gained feedback from people whilst supporting them which had then been fed back to the registered manager. However there had been no meetings or formal arrangements for seeking and acting on feedback to improve the quality of care
- Quality assurance surveys had been sent to some relatives. No surveys had been given to people living in the home but this was done before the end of the inspection.

Continuous learning and improving care

- There was effective communication between the management team and staff. Daily handover meetings took place for important information to be shared. The registered manager regularly took part in the handover meetings to ensure they were aware of what was happening in the service.
- The management team conducted regular supervisions and competency assessments for care staff to monitor their performance and well being. This included observation of care delivery such as moving and handling.

Working in partnership with others

- Staff worked closely with the local GP practice and district nurse team.
- The registered manager had links with other local homes and could access guidance and support where required.

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 11 HSCA RA Regulations 2014 Need for consent The provider had failed to follow the correct procedures when restricting people's liberty.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to mitigate risks to people where possible.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The quality assurance systems in place had failed to identify and make the improvements needed.