Langford Park Ltd

Langford Park

Inspection report

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Date of inspection visit:
03 September 2019
04 September 2019

Date of publication:
01 November 2019

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

About the service
Langford Park is a 'care home' registered to provide accommodation, nursing and personal care support for up to 35 older people, people living with a dementia and younger people with a physical disability. At the time of this inspection there were 24 people living there.

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

Significant improvements had been made in all aspects of the management of the service since the last inspection. However, systems to monitor the quality of the service were still to be fully established and embedded to demonstrate sustainability.
A comprehensive quality assurance programme had been introduced, and a review of job roles and responsibilities was improving monitoring and accountability. There was an open, transparent and positive culture at the service. Staff told us they felt valued and part of a dedicated team.

Care plans showed people and their relatives were consulted about their care preferences. They were detailed, and person centred, however, improvements were required to ensure their consistency and accuracy. Documentation relating to risks, and risk management, had improved since the last inspection, and work was ongoing to ensure this was sustained.

People were safe living at Langford Park. Action had been taken to improve the safety and security of the premises. Staff were recruited safely, and safeguarding processes were in place to help protect people from abuse.

People were now supported by suitably trained, competent and skilled staff. This meant their healthcare and nutritional needs were met. External professionals were complimentary about how the service worked in partnership with them.

A newly recruited activities co-ordinator was developing a person-centred activities programme, to reduce people's anxiety and depression and maintain cognitive functioning. This included building greater links with the local community and outside world, through holding a parent and toddler group at the home and sending and receiving postcards from people living in participating care homes.

People were supported to take their medicines as prescribed and other risks to their health and wellbeing were managed safely. The provider had good systems to manage safeguarding concerns, accidents, infection control and environmental safety.

Staff were caring and kind. They knew people well and had developed positive and meaningful relationships with them. People were respected, included in decisions and their privacy and independence promoted. The registered manager was proactive in ensuring that an equality, diversity and human rights approach

was firmly embedded at the service. They reminded staff of the impact of language in the culture of the home, for example talking about people as tasks to be completed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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 Inadequate (published 13 March 2019)

This service has been in Special Measures since 11 March 2019. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This was a planned inspection based on the previous rating.

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

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the 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

The service was safe.

The service was not always safe.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Details are in our responsive findings below

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Langford Park

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.

Inspection team
The inspection was carried out by one inspector, a specialist advisor with expertise in nursing care, and an Expert by Experience. 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
Langford Park 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.

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

During the inspection

We spoke with six people who used the service and three relatives about their experience of the care provided. We spoke with thirteen members of staff including the provider, registered manager, activities co-ordinator, cook and domestic staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included eight people's care records and 12 medicines records. We looked at four staff files in relation to recruitment, training and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. We received feedback from five health and social care professionals.

After the inspection
We continued to seek clarification from the provider to validate evidence found, and this was provided.

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 Inadequate. At this inspection this key question has now improved to 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

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. People were also at risk because visitors were able to enter the building without any checks. These were breaches of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this regulation.

●At our last inspection we found people were at risk because risk assessments and documentation did not consistently support staff to recognise risks and keep people safe.
At this inspection we found documentation relating to risks and the management of risks had improved, and work was ongoing to ensure its consistency.
● The registered manager had introduced measures to improve risk management and the quality and consistency of recording. These measures were in the process of being embedded.
●Risks had been assessed, including risks related to nutrition, falls, skin breakdown, moving and positioning. Staff understood the risks and the measures to minimise them. For example, where people were at risk of weight loss or dehydration, their fluid intake and weight were monitored regularly.
● Step by step guidance had been created to support staff with specific tasks such as recording wound care and raising safeguarding concerns. Staff told us this clarity was invaluable and helped them to manage risks more confidently and effectively.
●Staff were reminded of the importance of accurately recording incidents which suggested an increased level of risk, for example falls. This was reinforced at staff meetings. Minutes stated, "Your accurate recording is key. Even if you do forget to document, record the time it actually happened. Then we have a trail of events, it is really hard to investigate something when things have not been recorded at the correct time."
●A daily checklist had been introduced for registered nurses to complete on every shift. This ensured food, fluid and bowel charts were completed, accidents and incidents responded to and documented, equipment was checked and maintained, and concerns escalated where required. The use of this checklist was regularly reviewed by the registered manager, to check it reflected the care given and the documentation.
● The handover meetings at the end of each shift were more structured, with all staff present. The handover was documented on the computerised care planning system and easily accessible for staff. This meant information about risks or changes to people's needs was shared effectively across the whole staff team
●At our last inspection we found people were at risk because visitors were able to enter the building without

any checks. The provider had addressed this by securing the external doors and ensuring all visitors had their identity verified. People with the capacity to understand the risks of leaving the building, were provided with a key fob, allowing them to come and go freely.
●Improvements had been made to the monitoring of environmental safety. A newly recruited maintenance team were carrying out regular environmental safety checks. Staff had completed fire safety and health and safety training, and emergency plans were in place to ensure people were protected in the event of a fire.

Using medicines safely

At our last inspection the provider had failed to ensure the proper and safe management of medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this regulation

●There had been significant improvements in the management of medicines, however there were still gaps in the recording of fridge temperatures, which meant the provider had no oversight of whether these medicines were stored safely. The registered manager was aware of this issue and had recently emailed staff to advise them to check fridge temperatures daily.
●At the last inspection the electronic patient medication management system was unreliable which increased the risk of error when administering medicines. It now worked effectively, and staff were confident and competent in its use.
●The service ensured staff were trained and competent before allowing them to administer medication, and their skills and knowledge were maintained.
● There was a robust system of audit and review in place.
● People told us they received their medicines as prescribed. Comments included, "They make sure, they are very, very fussy on that. When I am having a meal, they will come with the tablets at the right time. Every day" and, "They put them there [on table] and I take them myself. I get one in the morning, lunchtime and evening."

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to ensure information about safeguarding concerns was shared, and action taken to keep service users safe. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this regulation.

● Safeguarding concerns had been escalated appropriately. Staff had a clear understanding of the actions required to protect people. We saw them responding in line with recommendations from the safeguarding team when a person was at potential risk of harm.
● There was a safeguarding policy in place which contained clear information about how to report a safeguarding concern. All staff undertook training in how to recognise and report abuse. Safeguarding was discussed at every staff meeting and in staff supervision.
● Staff told us they would have no hesitation in reporting any concerns and were confident that action would be taken to protect people. One member of staff said, "We are all aware of the whistleblowing policy.

We would do it the interests of the residents."

Staffing and recruitment

● Throughout the inspection we observed there were sufficient staff on duty to meet people's needs and spend time socialising with them. People told us, "There are carers everywhere, it's marvellous", "I feel safe when using the hoist. There's always two [staff]" and, "[Call bell response time] is usually very good. At night they are usually very good."

●The provider used a dependency tool to calculate the number of staff required to meet people's needs. The registered manager told us any new admissions would be carefully planned to ensure improvements to the service were fully embedded before any new people moved into Langford Park.

● No agency care staff were employed, and permanent registered nursing staff were in the process of being recruited. This meant people were supported by a consistent and stable team.

●A human resources specialist had been employed to recruit staff with the required knowledge, values and skills. Staff were recruited safely, and appropriate checks were carried out to protect people from the employment of unsuitable staff.

Preventing and controlling infection

●Improvements had been made to the cleanliness of the service. A housekeeping team had been recruited and a comprehensive cleaning regime was in place. The registered manager told us, "On arrival, that was one of my biggest challenges. The home needed a deep clean and tidying up. "

●Staff had received training and followed the provider's infection prevention and control policy and procedure to ensure people were protected from the risk of infections spreading.

Learning lessons when things go wrong

●Systems were being embedded for capturing relevant information from incidents, to ensure action was taken to minimise recurrence. The registered manager told us, "All accidents and incidents are now followed up by the team and noted with actions taken. They are reviewed as part of our monthly audit to show any patterns. We are working on the team recording as much information as possible including location and staff involved to show any patterns if they are there."

●The registered manager was proactive in promoting staff reflection and learning from significant events. Learning was shared across the staff team. For example, the registered manager had explored the processes for reporting and escalating concerns with staff after an incident had not been escalated appropriately. This had highlighted the need for clarification of the process. Improvements had been made, and this information shared across the staff team to ensure they were all working in the same way.

Good

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 the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our inspection in January 2019 the provider had failed to ensure staff had the appropriate support, training and professional development to enable them to meet people's needs safely and effectively. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this regulation.

●People and their relatives spoke positively about the skills and experience of staff. Relatives commented, "The staff are amazing. My heart goes out to them. They work phenomenally hard. All the carers are really brilliant" and, "The care is really good. They are really thorough about it." A health professional told us how the support provided at Langford Park enabled one person to regain their independence and return home.

● The registered manager and the newly recruited human resources specialist were continuing to develop the induction programme. It incorporated the care certificate, a nationally agreed set of standards for care workers. The induction and probation process had been combined, so the member of staff was given clear guidance throughout about their strengths and areas for improvement. Staff told us, "I had no previous care experience and my confidence has grown and grown" and, "The induction was brilliant. I did four shadow shifts and asked for one more for my confidence. The staff were brilliant. I never felt lost and knew what I was doing."

● Staff completed regular mandatory training to ensure they could meet people's needs. Training records showed this had been completed by 84 percent of staff, up from 43 percent at the last inspection. Topics included equality and diversity, moving and handling and safeguarding adults. Issues with resources meant training on the Mental Capacity Act (2005) and infection control had been completed by just 36 percent and 56 percent of staff. This was being addressed by the registered manager. Despite this staff had good knowledge of both subjects and how this related to their practice.

●The registered manager had introduced a new format for supervision. Registered nurses and team leaders were encouraged to supervise staff. There were regular observations of practice which included feedback from the person being supported. Supervision meetings were then used to reflect on practice and identify strengths and training needs.

●Registered nursing staff received support from the deputy manager, who was a registered nurse, and clinical supervision from a registered nurse recruited for this purpose. They told us they found this

supportive. They were positive about the training provided and said they could request additional specialist training to meet people's individual needs if required.

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

At our inspection in January 2019 the provider had failed to ensure people had the support they needed to eat and drink safely. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this regulation.

● At this inspection we found improvements had been made. Staff worked closely with Speech and Language Therapists (SALT), to support people at risk of choking. We saw their guidance being followed.
●Staff had a good knowledge of people's nutritional needs. Kitchen staff accessed the computerised care planning system, so were immediately updated as people's nutrition and hydration needs changed.
●People had a varied and balanced diet, and specialist diets were catered for. The chef visited people every day to ask them for their food choices. People told us, "There's a choice, two choices. You can say, and they would fix you up with something [other than main choices] … The chef comes up here and writes down what you want. They are very good like that."
●People could choose to eat in the dining room, or in their room. They were supported with eating where required. We observed this was done in a dignified manner, at the persons pace, with the carer describing the food and what they were doing throughout.
● People's hydration was promoted, and fluid intake documented. There were jugs of water and squash available in communal areas and a variety of hot and cold drinks offered throughout the day.
● People's weight and nutritional intake were monitored by staff; and relevant healthcare professionals involved if required.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support
●People's healthcare needs were met in a timely way. Records showed people were being supported by a range of healthcare professionals including community nurses, GP's, Parkinson's nurse and dietitian. Feedback from visiting health professionals was positive, about the quality and safety of the service and the progress people had made there.
● Staff worked with other agencies to meet people's health needs and achieve their goals. One person was getting up every day and spending time in communal areas after many years of being nursed in bed. Care records showed how staff had worked closely with a range of health professionals to facilitate this. The persons quality of life and physical health had improved significantly, and it was hoped they would be able to attend a rugby match in the near future. A health professional told us, "I have been recently impressed with the support given to one of the patients on my caseload which has completely changed their life so that they are now sitting in a wheelchair and can get out of their room plus other improvements to their life. I am very impressed with the nurse who took this forward."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
●Due to previous concerns about the quality and safety of the service, the provider, working with the local authority, had formulated an admissions plan for new people coming to Langford Park. This was in the process of being embedded and stipulated the service would not be able to support people with very complex needs. It also specified that there could be no more than one admission a week and no emergency

placements. Risk assessments and care plans would be completed within the first week. These measures would allow time for people's physical, mental health and social care needs to be fully assessed and documented and confirm whether Langford Park was the right service for them.

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

● A refurbishment of the communal areas was in progress with further improvements planned. There was new, more hygienic, flooring, and dining room furniture. A more effective call bell system was being installed which would allow call bell response times to be more easily monitored. The laundry room had been restructured with new equipment to promote cleanliness and infection control.

●The environment was comfortable and homely. People told us they enjoyed the gardens and views of the countryside. One person said, "Yes, I like it. I like the flowers, and there's a chance to see what outside looks like, the trees and everything." People were supported to personalise their rooms with their own furniture, pictures and ornaments.

●The environment promoted the independence of people living with dementia. There was clear pictorial signage throughout. People, with their consent, had their photographs on the door of their room to allow them to find it easily. There was also some information about them such as their preferred name and their likes and dislikes.

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 Act 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

●At the time of the inspection just 36 percent of staff had completed training in the MCA. The registered manager was supporting the remainder to finish the training, which was online. Despite this, staff we spoke to understood how the Mental Capacity Act (2005) applied to their practice, and best interest decisions were documented, for example in relation to medicines being given covertly.

● People were routinely involved in decisions about their care; staff sought people's consent and supported them to have choice and control. For example, one person chose not to be supported to change their position in line with their care plan, which put them at risk of pressure damage. Records showed the person had capacity to understand the risks, which had been explained to them and their family, and their wishes were respected.

●Capacity assessments and consent forms were reviewed monthly with people to ensure their continued accuracy.

● The service had referred people for an assessment under DoLS as required. There had been a delay in the local authority responding to referrals. The service had notified them when people's needs had changed, and the request became more urgent.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

●People told us staff were kind and caring. Comments included; "The staff are wonderful, and I can go to any of them and talk to any of them. They will always make time" and, "They are really caring. There is a nice family atmosphere, so supportive." Staff supported one person to walk their family member down the aisle. When they returned from the wedding they found the maintenance man had refurbished their room as a surprise. The new layout promoted their safety and independence, and their pictures and belongings were now more visible and accessible for them. Their relative told us, "It looks wonderful!"

● Staff knew people very well, and how they liked to be supported. We observed warm interactions between people and staff. Staff gave people the time and support they needed and knelt by their side when speaking with them, so they were on the same level. Staff, including the provider, socialised and ate with people at lunchtime.

●The registered manager was proactive in ensuring that an equality, diversity and human rights approach was firmly embedded at the service. They told us, "I have a thing about language as it affects the culture in the home." This had been discussed at staff meetings. Minutes documented, "I'm still hearing some talk of residents being tasks, such as 'going to do someone'. We need to make sure we are correcting each other and feel comfortable doing that. We need to be respectful of staff and residents."

Supporting people to express their views and be involved in making decisions about their care

●The registered manager was proactively seeking people's views to inform the development of the service. They told us, "I took the opportunity to talk to families informally at our fete and am planning a family coffee morning to show off the new floor and discuss development plans with the residents and their families." Meetings for people and their relatives were planned, and consideration was being given about how to support people to complete a recently introduced quality assurance questionnaire.

●People, with their relatives were treated as active partners in their care. For example, staff worked in partnership with one person and their family to balance risks while enabling the person to live the life they chose. A family member told us, "They manage it as best they can. It's a balance between [the person] doing their own thing and keeping them safe."

●Relatives felt welcome at the service and were consulted and involved in all aspects of their family members care as appropriate. They were able to access the computerised care planning system, with their family members consent, and view the care being provided in real time. People told us, "My son comes every week or so. They always make him welcome, make sure he has a chair. They always offer him something to

drink. They are good like that" and, ""I get too many visitors. They [staff] give them a cup of tea or coffee, make them welcome."

Respecting and promoting people's privacy, dignity and independence

●People were treated with dignity and respect. They told us, "They cover (me) up as much as they can [when supporting with personal care]. They are very good like that" and, "They knock on the door. They shut the door and pull curtains when they are washing me in the morning."

● Staff explained how they ensured people's dignity was always respected. They told us, "We treat people with dignity and respect. I would be happy for a relative of mine to stay here; people are never treated with anything less. We are all human beings. When I'm helping someone with personal care I explain everything I am doing and why, so they know what's happening next. I make sure people have choice and assist them where needed. "

●People told us their independence was promoted. Comments included, "They always ask me what I want done. They try to get you to do things yourself, be more independent. That's the idea when you come here. I am happy with that" and, "They don't need to ask, but I suppose they take it for granted [the need to ask]. When they get me ready for bed they say, 'we will be ready for you'. They are very good. They wash me and dress me. They say, 'can you wash yourself, wash your face?' They encourage me over different things. They are ever so kind and helpful."

Requires Improvement

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences. End of life care and support

● The service used a computerised care planning system. Each person had a care plan that covered all areas of needs, and staff used the system to document the care they had provided. There were concerns about the consistency and accuracy of care plans and recording at the last inspection. At this inspection we found improvements had been made, however they were still in the process of being embedded into practice.

● Staff, including newly recruited staff, knew people well and had a clear understanding of each person's needs and preferences. However, care plans did not always contain detailed guidance to enable them to support people safely, for example in relation to moving and positioning, and the risk of choking. This was being addressed by the registered manager.

● Staff reviewed care plans regularly with people, and relatives had access, with the persons consent, to care plans on the computerised care planning system. However, the information was stored electronically, which meant people did not have their own copies. We discussed this with the registered manager who will consider how people could be better enabled to access their care plans.

● The service was committed to ensuring people received the support they needed at the end of their lives to have a comfortable and dignified death. However, care plans did not consistently contain information about people's wishes for the end of their lives. This meant there was a risk people's wishes may not be known and respected by staff.

●The computerised care planning system used symbols for staff to document the support provided. This had resulted in a lack of clarity and detail, and more task focussed care provision. The provider and registered manager were encouraging staff to rely less on the symbols and be more descriptive in their recording.

●Care plans and risk assessments had not always been completed in a timely way when people moved to Langford Park. The registered manager had now introduced a system which prompted staff if the necessary paperwork had not been completed.

●The registered manager told us there had previously been no consistent way of recording for staff. This led to a failure to identify and escalate some significant concerns about people's well-being, or to evidence how decisions about people's care had been made. There was now more robust oversight of day to day recording, and improved communication and knowledge across the staff team. Information about any changes in people's needs was shared at the staff handover, which had been reviewed to make it more effective. Staff told us, "There have always been issues around the documentation but now it's getting better. We have a better understanding of how to use the system. We know how to escalate things within the home. If it isn't written down it didn't happen. There is more on the job training and more peer to peer support."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

At our inspection in August 2018 the provider had failed to ensure people received personalised care that was responsive to their needs, particularly in relation to activities and
stimulation. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this regulation.

●There was a new activities co-ordinator in post and a stronger focus on using activity and mental stimulation to reduce anxiety and depression and maintain cognitive functioning. They told us "I'm getting to know the residents, what will work and won't work, and am trying to build a plan around that. We want enough things in place so there's always something going on. We're in the middle of nowhere, people forget about us a little bit. We want to bring the outside in. "
●A mother and toddler group had begun to meet at Langford Park. Each session had a different theme, such as 'a picnic in the park', to encourage people to get involved. On the day of the inspection, people, toddlers and their parents were enjoying each other's company. There were plans for a harvest festival and bonfire day.
●The activities co-ordinator had registered the home with a scheme called 'postcards of kindness', where people living in participating care homes sent post cards to each other, to make connections and combat loneliness. The postcards had provided a talking point, and been pinned to a map, so people could see where they were from. They had also sent local postcards back.
●People and their families had enjoyed a summer fete at the service, attended by local dignitaries and a community gymnastics group. This had raised money for charity and the residents fund.
●Activities within the home included visiting musicians and theatre. There was a two weekly 'coffee shop' serving cream teas, which families were welcome to attend. 'Bake Off' took place in the dining room, using a mini oven so people could smell the cakes cooking and eat them for afternoon tea.
●People were supported to attend community events and activities, for example on a monthly bus trip; to football matches at the city club or the county show. They pursued their own interests such as violin lessons, gardening and looking after the home's chickens.
●Several people told us they chose not to join in with activities, commenting, "I don't mix in with people very much", "I don't join in activities. It's my choice. I am quite happy with my own company" and, ""I sit in my room all day. I don't want to go down to the lounge." Their choice was respected, and they were supported on a one to one basis in their rooms if required. However, the activities co-ordinator told us, "I'm trying to get them to join in. The men have so much in common. I'm trying to build their confidence and get them talking. They will realise they have got a little group here."
● People were supported to follow their chosen faith. Local chaplains visited regularly, and there was weekly holy communion.

Meeting people's communication needs
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

•Care records contained information explaining how people communicated and the support they needed.

For example, "Be polite and respectful when talking to [person's name] and assisting with personal care. Speak clearly but do not shout. [Person's name] is very hard of hearing but will not respond well to raised voices."

●Staff were aware of how people communicated and supported them to access information if required. Picture menus were available to help people choose, and picture cards had been used to aid communication.

●Although there was an accessible information policy at the service, further improvements were required to meet the standards. The provider and registered manager were committed to exploring how information could be made more accessible to people, for example using technology or offering documents in a larger print.

Improving care quality in response to complaints or concerns

●There was a complaints policy and process in place, and a box in the reception area where people could raise complaints anonymously if they wished. Complaints were documented with a summary of the concern and the response. This enabled the provider to ensure appropriate action had been taken and any trends or patterns identified.

●People and their relatives told us they knew how to make a complaint and were confident they would be listened to and action taken. Comments included, "If I have any trouble, I always goes to the boss, head of the firm. I can talk to the boss, if there was something wrong" and, "What you see is what you get. They are very up front. That's shifted since the last inspection. Complaints are listened to and taken seriously. "

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 Inadequate. At this inspection this key question has now improved 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

At our last inspection the provider had failed to ensure systems and processes were effective in ensuring the quality and safety of the service. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this regulation.

● Overall our findings showed that significant improvements have been made in all aspects of the management of the service. However, systems to monitor the quality of the service are still to be fully established and embedded to demonstrate sustainability.
●Since the last inspection the provider had kept us informed about their progress, sending monthly updates of their service improvement plan (SIP).
●The provider had developed a comprehensive quality assurance programme based on the CQC's key lines of enquiry. This incorporated feedback from a range of sources including people, relatives, staff, other professionals, audits complaints and compliments. In addition, the provider had developed links with other local homes, to provide and obtain objective feedback on the quality of their services. The findings from the quality assurance programme informed the SIP.
● The provider and registered manager were working to improve monitoring and accountability. The provider was highly visible at the service, working closely with the registered manager to effect change. There had previously been confusion about job roles and responsibilities. This meant information had not always been shared across the staff team or concerns escalated. The provider and registered manager had reviewed the staffing structure and job descriptions. The structure of the management team and staff team had been simplified and there was greater clarity about job roles and expectations. They told us, "The team structure has improved, although there is still a bit of work to do. The job description makes people accountable. Staff need to understand the role and be accountable in the role."
●The registered manager had increased monitoring of staff practice by introducing formal observations, which were then discussed in staff supervision. Staff appraisals were planned, with progress measured against the revised job descriptions.
●An agency registered nurse had been recruited to provide additional clinical oversight, review clinical care

and to spot check documentation and the escalation of concerns.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

●People, relatives and staff spoke positively about the new manager and the progress being made. A relative told us, "[My family member] says it's very good. It's really settled in the last few months." Staff comments included, "I think [registered manager] is a breath of fresh air for this place, open, approachable and friendly, but firm at the same time", "We are moving in the right direction. There have been big improvements since I've been here. We perform more effectively now" and, "I've seen a lot of change in a year. I just think we get better and stronger every day. We are such a good team."

●The provider promoted a clear values framework based on respect for all, trust, professionalism, genuine relationships and excellent leadership. This was understood and shared across the staff team. The PIR stated. "The new values encourage an open, honest and transparent approach which allows empowerment and a freedom to speak up."

● There was an open and transparent culture at the service. The provider and registered manager had worked with staff to encourage them to report incidents and concerns and reflect and learn from them. They were open about the previous failings, the work they were doing to address them and where improvements were still required. This information had been shared with the staff team. The registered manager told us, [providers name] is the most open and honest provider I've ever worked with. People make mistakes. I'm a human being. I want to learn from my mistakes."

●The service met its regulatory requirements to provide us with statutory notifications as required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

●The provider and registered manager were proactive in finding ways to better engage and involve people, relatives and staff in the development of the service. This was a work in progress.

●Quality assurance surveys had been introduced, and meetings for people and their relatives were planned.

●Regular staff meetings were held where staff were updated about developments at the service and were invited to make suggestions about how things might be done differently. For example, a new call bell system was being installed in response to feed back from staff.

●A staff focus group met monthly. The terms of reference for the group were; "to constructively and positively address and challenge companywide issues that Vision employees are passionate about, such as, pay rates, uniform, health & wellbeing, reward & recognition, concerns & improvements." Minutes showed that job descriptions had been discussed, including that of the managing director.

● Staff who had gone above and beyond were recognised and rewarded. A letter from the provider to staff stated, "My special thanks to X and X whose efforts have been brought to my attention this month as being exceptional for excelling in our values for compassion, dignity and professionalism. If you are aware of anyone who is demonstrating our values in action, please do come and tell me!"

● All staff, regardless of their role, were valued as part of the staff team. Domestic staff told us how the registered manager recognised they spent time with people and provided emotional support while cleaning their rooms. They were arranging access to the computerised care planning system, so they could document their interaction and any concerns.

●Staff told us these measures had contributed to the development of the staff team and improved morale. Comments included, "We are dedicated people with same motive. I think we are a brilliant team, we all help each other. There is no hierarchy" and, "The team is a bit closer. They feel they are more involved and communicating better."

Continuous learning and improving care. Working in partnership with others

●The provider and registered manager had worked closely with the local authority quality assurance and improvement team to improve quality and safety. They had also engaged constructively with the safeguarding process to ensure people were protected.

● The registered manager was committed to improving knowledge and learning about best practice and sharing this with staff. They were working on sourcing and providing meaningful training sessions to staff to improve their knowledge and practice.