

Langley Court Rest Home Limited

Langley Court Rest Home

Inspection report

9 Langley Avenue
Surbiton
Surrey
KT6 6QH

Tel: 02083996766

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Langley Court Rest Home provides care for up to 28 older people, some of whom may be living with dementia. There were 26 people using the service at the time of this inspection.

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

People felt safe living at Langley Court and spoke positively about the care provided to them. Staff knew people well and treated people with kindness, dignity and respect. Relatives and friends were welcomed and people were supported to maintain relationships with those who matter to them. People spoke about the friendly and homely atmosphere and this was evident on both days we visited.

There were enough staff to meet people's needs and a consistent team of staff provided continuity of care to the people staying at Langley Court. A new electronic care planning system had been introduced to make sure people's care and support needs were fully assessed, documented and reviewed at regular intervals.

People were supported to have their health needs met. We saw that people's prescribed medicines were being stored securely and managed safely.

Staff had good access to training that gave them the knowledge and skills to support people effectively. Staff had received training around safeguarding vulnerable people and knew what action to take if they had or received a concern. They were confident that any concerns raised would be taken seriously by senior staff and acted upon.

The service understood and complied with the requirements of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). Staff understood the importance of giving choice and gaining people's consent before assisting them.

There was a system in place for dealing with people's concerns and complaints. The registered manager understood their role and responsibilities and positive feedback was received from people and staff about the senior staff team working at Langley Court.

There were systems in place to help ensure the safety and quality of the service provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe. Medicines were being managed safely.

Suitable numbers of care staff were provided to meet the needs of people who used the service.

Risks to people's health and welfare were identified and steps were taken to minimise these and keep people safe.

Staff were aware of safeguarding adult's procedures and would report all concerns appropriately.

Is the service effective?

Good ●

The service was effective. Staff were up to date with their training requirements and had the knowledge and skills to meet people's needs.

The service complied with the requirements of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS).

Staff supported people to access healthcare services to help make sure their physical and mental health needs were met.

Is the service caring?

Good ●

The service was caring.

Relationships between staff and people receiving support were positive and consistent feedback was received about the kind and caring attitude of the staff.

Visitors felt welcomed when they visited Langley Court Rest Home.

Is the service responsive?

Good ●

The service was responsive. A new electronic care planning system had been introduced to ensure records were kept up to date and these helped staff to meet people's individual needs.

People were supported to take part in activities and to maintain contact with family and friends.

People felt able to raise any concerns and the home responded promptly to these.

Is the service well-led?

The service was well-led. Staff were supported by an experienced registered manager and other senior staff who were approachable and listened to their views. The ethos of the home was positive and staff felt part of a team.

There were systems in place to monitor the quality of the service and make improvements where needed.

Good ●

Langley Court Rest Home

Detailed findings

Background to this inspection

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

Prior to our inspection we reviewed the information we held about the service. This included any safeguarding alerts and outcomes, complaints, previous inspection reports and notifications that the provider had sent to CQC. Notifications are information about important events which the service is required to tell us about by law.

This inspection took place on 29 and 30 August 2017. Our first visit was unannounced.

The inspection was carried out by one inspector. We spoke with 12 people who used the service and seven visitors.

We also spoke with the registered provider, registered manager, deputy manager and five members of staff. We observed care and support in communal areas, spoke with people in private and looked at the care records for three people. We reviewed how medicines were managed and the records relating to this. We checked four staff recruitment files and the records kept for staff allocation, training and supervision. We looked around the premises and at records for the management of the service including quality assurance audits, action plans and health and safety records.

Is the service safe?

Our findings

People told us that they liked living at Langley Court Rest Home and felt safe there. Visitors said that they thought the home provided a safe caring environment for their friends and family members. One person using the service told us, "The place is alright. They look after us well." Another person commented, "I love it. It's so nice and comfortable." A third person said, "It's lovely." One visitor told us, "You could not get a better place."

We asked people if there were enough staff on duty to meet their needs. The majority of people spoken with said there were sufficient numbers on duty. One person told us, "Yes enough staff, I think so." Another person said, "Yes enough staff." A third person commented, "Sometimes short but there is always someone there."

Staff we spoke with told us that they felt the staffing levels were safe. One staff member said, "It's ok." Another staff member told us, "Yes enough staff. Any shortage we will call someone." A third staff member commented, "During the day there's enough but possibly one more staff at night."

Medicines were stored safely and securely with the majority of medicines supplied to the home in pharmacy blister packs. Additional records were kept for medicines supplied in their original containers to make sure they corresponded with the quantities of medicines being kept on behalf of people using the service. Administration records were fully completed and audit systems were in use to make sure people were receiving their medicines as prescribed.

We observed staff administering medicines to people using the service. They made sure the person had taken their medicine before signing the administration record. The registered manager and senior staff were checking medicines delivered by the pharmacy during the first day of inspection.

People were protected by staff who knew how to recognise the signs of possible abuse. A person using the service said, "They don't worry us or be nasty to us." Training records showed that staff had completed safeguarding training and staff we spoke with confirmed this. Staff were confident that senior staff would take appropriate action to keep the people at Langley Court safe. One staff member said, "They are easy to approach. I can raise any concerns with them. They listen and act on it."

Electronic assessments were carried out which looked at any risks to people's safety and how these could be reduced. These were completed for areas such as risk of falls, nutrition and skin integrity. Care plans were linked to the assessments to help prevent or minimise the risk of harm to people using the service. For example, where a falls risk was identified for one person, care plans addressed the support and monitoring required to support their changing needs. Staff knew about the risks to people and the action they needed to take to protect and promote their safety.

Staff recruitment procedures in the service were safe. Appropriate checks were undertaken by the organisation before staff began work. For example, staff were subject to criminal records checks before they

commenced work with people using the service. References, identity and right to work checks were also carried out to help make sure people were being supported by appropriate staff.

There were arrangements in place to deal with foreseeable emergencies. Personal emergency evacuation plans documented the support people required to evacuate the building safely. The risks associated with the environment and equipment in use were assessed and reviewed. Safety checks were regularly carried out such as those for installed fire, gas and electrical equipment.

We looked at the homes system for reporting and monitoring incidents and accidents. Any incidents or accidents were reported immediately and records we saw confirmed this with the action taken logged in each instance. We discussed opportunities for a more formal written audit and analysis of these records by the management team and they agreed to do this.

All areas of the home were seen to be kept clean and hygienic. No malodours were noted during our inspection and this was commented on by people and their visitors. One person told us, "It's clean here." Another person said, "Very very clean. " A visitor commented, "It's clean, it doesn't smell – bright and airy."

Is the service effective?

Our findings

People were supported by staff who had the skills and knowledge to meet their needs. One person using the service told us, "I like the staff. They always try to help us." Another person commented, "They work hard."

We saw staff completed training relevant to their role and responsibilities. This included mandatory training to keep people safe such as safeguarding adults, moving and handling, infection control and first aid. Staff confirmed that they had regular training and that courses were refreshed annually or as required.

All of the staff spoken with said they had sufficient training to undertake their roles and one staff member told us, "I have done all kinds of training. I have just done medicines training." Another staff member commented, "There's quite a lot. It's very good." Staff received training courses relevant to their roles and the more specialist needs of people they supported. For example, around diabetes, dementia and other health conditions. Staff were also supported to attain National Vocational Qualifications (NVQ) now also known as the Qualifications and Credit Framework (QCF). One staff said, "I'm just finishing my NVQ Level Three. The training is very good." Another staff member commented, "The management give us opportunity to get qualifications."

New staff were supported to complete an induction programme which was tailored to the home. The service had implemented the Care Certificate as part of their training for all staff in 2017. This was to make sure that all staff had received this training not just newly recruited staff. These are a set of standards that have been developed for support workers to demonstrate that they have gained the knowledge, skills and attitudes needed to provide high quality and compassionate care and support.

Staff were also supported through regular supervision sessions which considered their role, training and future development. In addition to these formal one to one meetings, staff said they could approach the managers informally to discuss any issues they had. Staff said they found the registered manager and senior staff to be approachable and supportive.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The management team at Langley Court understood how the Deprivation of Liberty Safeguards (DoLS) applied to the people who used the service and had sought DoLS authorisations where required. We saw staff had or were receiving training around the MCA and DoLS and the staff we spoke with all knew the importance of obtaining people's consent when supporting them. A person using the service said, "I get a say in a lot of things." One staff said, "We always give people a choice and encourage them to be

independent." Another staff member said, "We give priority to the person, we ask their permission." A third staff member commented, "It's about what they want. People have rights and choices."

Records included assessments of capacity, for example, around the use of covert medicines to help keep a person well. The assessments documented each person's ability to understand, remember, weigh and communicate the information provided to them and look at what was in their best interests. We saw their family and friends had been consulted about the decision being made along with the GP and pharmacist.

The majority of people were positive about the quality and quantity of food provided. One person said, "The food is gorgeous." Another person said, "The food's good." Other comments included, "They try their best", "I have no complaints about the kitchen, very good quality", "The food is lovely" and "Monotonous but nothing wrong with it."

We saw people were able to choose what they ate and alternatives were made available if someone changed their mind. People requiring support with their meals received assistance from staff and this was done in an unhurried manner that upheld their dignity.

People's individual weight was monitored. Care plans seen addressed people's nutritional requirements with screening assessments completed to help safeguard people from the risk of malnutrition. Food and fluid charts were used when identified as necessary to monitor people's nutritional intake.

People were supported to keep healthy and had access to appropriate health care professionals when needed. People told us they were happy with the support they received in order to keep healthy and said staff arranged visits from health care professionals as required. Records seen confirmed this. They said they were able to see their doctor when required. One person told us, "If I want to see a doctor, they make an appointment." Other professionals such as a dentist and physiotherapist visited people during our inspection.

Is the service caring?

Our findings

Feedback from people using the service was positive about the quality of care and support they received. One person said, "They're nice people, always been kind." Another person commented, "They are too kind to upset us." A third person told us, "The three Polish girls, they are very nice. Three lovely girls."

A number of people and visitors told us they particularly liked the friendly and homely atmosphere at Langley Court. One visitor told us, "It's a nice atmosphere, always happy." Another visitor commented, "The staff are lovely and caring. It's a lovely atmosphere." Two visitors told us they had chosen the home for their relative because of the friendly welcoming atmosphere.

Our observations showed staff were kind, caring and compassionate. It was evident they knew people well, speaking to them in a kind and caring manner and made sure their privacy and dignity was respected. Staff spoke to people respectfully and gave them choice when making everyday decisions such as what they wanted to do, eat or drink. One staff member told us, "It's really good care – person centred." Another staff member said, "We ask them what they want to wear each morning. It's according to their wishes." A third staff member commented, "It's about respect, the door is always shut when we give personal care."

Staff spoke positively about the service provided and were confident in the quality of care being provided at Langley Court. They gave us examples of how they ensured the privacy and dignity of people using the service including knocking on doors and making sure the person received personal care in private. One staff member said, "It's done how I would like to be treated."

Staff knew the people they cared for and were able to tell us about individual's likes and dislikes, which matched what was recorded in individual care records. One staff member said, "We do a lot of one to one. It's personal and we know people well." Work was on-going to improve the information recorded about each person's social history. Documentation had been given out to relatives and friends to capture information about areas such as people's early years, their working life, favourite entertainments and family and friends. Managers told us that they aimed to use these to personalise the care plans in place for people and work on life stories for each person, celebrating them as individuals.

People's end of life care was planned with them and their family or representatives. End of life training was provided to staff and work was on-going to obtain people's wishes and preferences.

Is the service responsive?

Our findings

People's needs were regularly assessed and responded to. Records showed that people's individual needs were assessed before they came to live at Langley Court. A new computerised care records system had been introduced including an electronic comprehensive pre-admission assessment form that staff used to discuss with the person and/or their representatives about the support they required. The records seen documented who was present at these initial assessment meetings. Care plans were then generated by the electronic system based on these assessments and developed as the staff got to know people and their support needs better.

Each care plan was reviewed regularly and kept up to date to make sure they met people's support needs. Daily alert information produced by the new care records system to make sure that care plans and assessments were kept up to date and these were checked by managers. Each person's care plan addressed their activities of daily living such as mobility, nutrition, personal care and social activities. The plans were being individualised at the time of our visit with information that helped staff to more effectively support and care for people.

We saw that people's relatives or representatives were kept informed about any changes to their health or support needs. Relatives and friends visited on both days of our inspection. They confirmed that they felt welcomed by staff and were kept up to date about the person's health and wellbeing. One visitor told us, "The communication is great. You phone up and ask about the person and they know the answer."

Staff kept daily electronic care records documenting how care and support was delivered on each day. This information was shared with the staff team during the shift handovers to ensure continuity of care and that no important information was missed. We observed a handover on the second day of inspection. Due to the limitations of office space, this meeting was held in the communal dining area but managers and staff were careful to safeguard people's confidentiality.

People told us that activities were provided each day however feedback was mixed about the quality and variety of activities being provided at Langley Court. One person using the service said, "I walk around. I help them water the garden." Another person said, "I don't mind the quizzes." A third person commented, "We have activities. It's quiz games and bingo." A visitor told us they would welcome more individualised activities tailored for people's interests. Two staff members also felt that this was an area that could be improved. This feedback was shared with the management team at the time of inspection. They told us that a new activities co-ordinator was being recruited at the time of this inspection in order to develop and improve the range of activities on offer to people.

Quiz and bingo sessions were held at the home on the days we visited. People used the well maintained garden area and one person went out independently in to the community. A visitor told us about a group of young people who visited to carry out activities with people saying, "They were good artists drawing pictures of people." A party was planned for the weekend following the inspection for people and their family and friends. Religious services were held at the home every two weeks.

People knew who they could speak to if they had any concerns about the care they received. One person said, "No complaints. I'd tell you if there were." Another person told us, "I don't have anything to complain about." A third person commented, "I can speak to the manager." Visitors told us they had no current concerns about the care being provided and felt able to talk to the staff or managers should they have any concerns.

The home had a complaints policy which was available on noticeboards for people, visitors and staff to access. There had been no recent complaints raised formally with the home.

Is the service well-led?

Our findings

Overall comments made by people using the service included, "I think you [the inspector] will be happy with this place" and "The atmosphere is fairly good once you have settled in to it." One person told us, "It's good the way it is run." A visitor told us, "100% perfect." Two visitors told us they had chosen the home for their relative due to the friendly welcoming atmosphere.

Langley Court was led by an experienced registered manager with the support of a deputy manager and senior staff members leading on each shift. People told us the managers were visible and approachable. One person said, "The manager is very nice. She is very kind." A visitor said, "The managers are particularly nice. They listen."

Staff felt supported by the registered manager and her senior team. One staff member said, "The manager is very good. She is kind and supportive." Another staff member commented, "Yes good management." A third staff member told us, "The managers are easy to approach." Staff consistently told us that they worked well as a team and expressed confidence in the high quality of care provided to people staying at Langley Court. One staff member said, "It's like a family environment here." They told us that they felt able to approach the managers and senior staff if they had any issues or concerns. Many of the staff we spoke to had worked at the home for a long period providing continuity of care to the people living there

There were systems in place to monitor the quality of the service being provided. There was a quality assurance system in place that included electronic audits of care records, medicine administration and health and safety. These documented where any action was required and we saw they were then monitored to make sure improvements had been made. As stated previously in this report, the audits of incidents and accidents were to be more formally documented in the future.

An external consultant had completed an independent audit of the service in August 2017 against the five CQC outcome areas. An initial summary of their findings had been supplied to the managers whilst they awaited the full report. We saw evidence that, where recommendations had been made, the service had started to make improvements.

People and visitors were provided with satisfaction questionnaires on a regular basis. Results from the last round of surveys in 2017 were positive and there was detailed information recorded about the action taken in response to any specific issues raised. Recent compliments recorded by the service included, "Staff very accommodating", "The friendly staff are most appreciated" and, "The most homely and welcoming of all the care homes I viewed."

Regular meetings were held that enabled staff to discuss issues and keep up to date with current practice. Discussion took place around people using the service, CQC inspections, care planning and communication.

The provider worked in partnership with other professionals to make sure people received appropriate

support to meet their needs. Care records showed how the service engaged with other healthcare agencies and specialists to respond to people's care needs and to maintain people's safety and welfare. The home was participating in a new scheme with the NHS 111 service where they could talk to a doctor via a video connection.