

# Parcs Healthcare Limited

# Langley House

## Inspection report

2 Oak Road  
Harold Wood  
Romford  
Essex  
RM3 0PH

Tel: 01708381302

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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

### About the service

Langley House is a care home registered to accommodate and support up to 25 elderly people. At the time of the inspection, 25 people were living at the home. The service is a two-floor building. Each floor has separate adapted facilities.

### People's experience of using this service

Care plans contained suitable and sufficient risk assessments to effectively manage risks and help keep people safe. Pre-employment checks had been carried out to ensure staff were suitable to support people safely. People told us they felt safe at the home and staff were aware of how to safeguard people from abuse. There were appropriate numbers of staff to support people when required. Medicines were being managed safely. Systems were in place to record incidents and take appropriate action.

Staff had completed essential training to perform their roles effectively and felt supported in their roles. 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.

People received care from staff who were caring and had a good relationship with them. Staff respected people's privacy and dignity.

People received person centred care. Care plans had been reviewed regularly to ensure they were accurate. Although activities were held, these were not structured to ensure activities were regular. People told us they would like regular activities to support them to develop and maintain relationships to avoid social isolation. We made a recommendation in this area.

Feedback was sought from people, relatives and staff through surveys and meetings and this was used to make improvements to the home. Systems were in place for quality assurance and these were completed regularly.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

At our last inspection on 23 October 2017, the home was rated good (published 24 November 2017).

### Why we inspected

This was a planned inspection based on the previous rating.

### Follow up

We will continue to monitor information we receive about the service until we 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?

Good ●

The service was safe.

Details are in our safe findings below.

### 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?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Langley House

## 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 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

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

#### Notice of inspection

The inspection was unannounced and took place on 10 March 2020.

#### What we did before the inspection

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 reviewed the information we already held about the service. This included the last inspection report and notifications. A notification is information about important events, which the provider is required to tell us

about by law. We also contacted professionals that were involved with the home. We used all of this information to plan our inspection.

During the inspection.

During the inspection, we spoke with six people who lived at the home, two relatives, the registered manager, the cook and four care staff. We reviewed documents and records that related to people's care and the management of the service. We reviewed four care plans, which included risk assessments and four staff files, which included pre-employment checks. We looked at other documents such as training, medicine and quality assurance records.

# 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 good. At this inspection, the key questions has remained the same. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- Risk assessments were carried out and were specific to people's individual needs.
- There were risk assessments to ensure people were safe when being supported such as with mobility and skin integrity. Risk assessments had also been completed in relation to people's health conditions such as diabetes and high blood pressure. Assessments included identified risks and control measures to minimise risks.
- Staff told us that they understood risks to people and found the risk assessments helpful.
- Premises and fire safety checks had been carried out to ensure the premises was safe to live in.

### Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- There were processes in place to minimise the risk of abuse and incidents. Staff we spoke with understood their responsibilities to protect people's safety and had been trained in safeguarding people from abuse.
- People told us they were safe. One person told us, "I have been here about five years. I feel safe and comfortable." A relative told us, "My (person) is very safe compared to another home they were in. (Person) loves it here."

### Learning lessons when things go wrong

- Incidents had been recorded and detailed the action that was taken. Lessons had been learnt following incidents. The registered manager gave us examples on how falls had reduced in the last six months by introducing measures such as placing falls sensor mats in people's rooms and deploying additional floating staff to ensure people were supported when required. This meant that incidents were analysed and used to learn from lessons to ensure risk of re-occurrence was minimised.

### Using medicines safely

- Medicines were being managed safely. A medicine support plan was in place that included information on how to support people with medicines safely.
- Medicine Administration Records [MAR] showed that medicines were administered as prescribed. We counted the medicine stock against medicine administered and found this was accurate. One person told us, "The medicine is absolutely spot on. Someone is always able to give medicine." A relative told us, "They get their medication on time and as necessary."
- We observed that staff gave people their medicines safely, ensuring people took their medicines and recording this on people's MAR.
- Staff had been trained on medicines management and told us they were confident with managing

medicines.

#### Staffing and recruitment

- There were appropriate numbers of staff on duty to support people safely. A staff member told us, "There is more than enough staff, oh yes." A relative commented, "Yes, I think there is enough staff."
- We observed staff were not rushed and spent time with people engaging in positive conversations and supporting people when needed. A person commented, "If I press my button [call bell], they are there very quickly."
- Records showed relevant pre-employment checks, such as criminal record checks, references and proof of the person's identity had been carried out. This ensured staff were safe to work with people.

#### Preventing and controlling infection

- Systems were in place to reduce the risk and spread of infection and staff were aware of their roles and responsibilities in this area.
- We observed the environment was clean and tidy and staff wore uniforms. Posters had been displayed throughout the home on how to safeguard people from infections. Staff were aware of infection control procedures. A person told us, "My room is nice and clean."



# 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 good. At this inspection, this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff had completed an induction and completed mandatory training and refresher courses to perform their roles effectively, which included training on the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. A person told us, "I do think that the staff who support me do a good job. I feel comfortable with them." Another person told us, "The staff are skilled, they are helpful. I am very lucky." A relative commented, "I think that the staff do a good job. Every time I come in (person) is wearing different clothes."
- Regular supervisions had been carried out. However, the registered manager told us appraisals had not been held as most staff had not completed their self-appraisals. We advised the importance of holding appraisals to ensure staff were supported and developed effectively. Appraisals were also part of the provider's supervision policy. The registered manager told us that they would schedule appraisals and set a deadline to ensure self-appraisals were completed.
- Staff told us they felt supported. A staff member told us, "(Registered manager) is a good manager. He is supportive."

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

- Pre-assessments had been carried out to identify people's backgrounds, health conditions and support needs to determine if the service was able to support them.
- Reviews had been carried out with people regularly to ensure people received support in accordance with their current circumstances.
- This meant that people's needs and choices were being assessed comprehensively to achieve effective outcomes for their care.

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

- Care plans included the level of support people needed with meals or drinks if required and their likes and dislikes.
- People were given choices with meals and a menu was in place. Staff and the cook asked people in advance for their choices with meals. The cook told us, "I always ask what they would like to have so they have choices." A person told us, "I enjoyed my lunch. The chef cooks well." A relative told us, "Food? As we arrived, we were served pancakes. There are sandwiches and cakes. At the other home (person) did not eat, here it is lovely."
- People's weight was monitored monthly and referrals had been made to dieticians when there were concerns with consistent weight loss. A person told us, "I can choose from the menu, although I am on a diet, which is dietician led. I am weighed monthly and have lost some weight."

- We observed that people were able to eat together and were supported by staff when needed. We saw that staff told people what the meal was before placing meals in front of them and asked people if they wanted anything else. Staff replaced meals that people were not satisfied with during mealtimes. For people that were supported with meals, staff spoke to people regularly whilst assisting them to eat. People were also supported to eat safely and comfortably in their rooms.
- The kitchen area was clean and tidy. The cook had good knowledge of people's preference with food and had relevant records that included people's dietary requirements and food preferences.

Supporting people to live healthier lives, access healthcare services and support

- Care records included the contact details of people's GP, so staff could contact them if they had concerns about a person's health. Staff could identify if people were not well and what action to take.
- Records showed that people had been supported to access a number of health services such as GP surgeries and were supported to attend hospitals. A person told us, "I see the doctor or optician as necessary."
- People also had access to dental services and we observed that people had access to dental care products to ensure they were in the best of oral health. An oral health care plan was in place on how to support people with oral health. Staff had also been trained in oral healthcare and further training was booked in this area. A person told us, "I get to see everyone such as a dentist, it is all arranged. The staff are a great team."

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.

- Assessments had been completed to determine if people had the mental capacity to make specific decisions on areas such as personal care and medicines.
- DoLS applications had been made for people whose liberty was being deprived to ensure their safety.
- Staff told us that they always requested people's consent before doing any tasks. We observed that staff asked for people's consent before supporting them, such as with medicines and meals. A staff member told us, "I will ask for their consent before doing anything." A person told us, "They do seek permission before supporting me."
- Records showed that people's consent had been sought prior to receiving care from the service.

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

- The building was in the process of being refurbished to ensure the environment was suitable for people particularly with dementia. New floors were being laid, doors were being installed and paint was being applied throughout the home.
- People had their own rooms. We observed people's rooms were decorated with their preferences. This meant that people's preferences were taken into account and their needs were being met.
- There was a communal and dining area for people to spend time with each other and staff. We saw that

people felt at home and had a good relationship with each other and staff.

# 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 good. At this inspection, the rating 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; equality and diversity

- People told us that staff were caring. One person told us, "The staff are caring and there is a nice feel to the home." A relative commented, "I think the staff treat people well. They treat them equally and I am made to feel welcome."
- We observed that staff had a positive relationship with people and spoke to them in a caring way. Staff were attentive to people and the registered manager was checking all areas of the home to see people were supported when needed. A person told us, "The manager is good, very caring. He goes the extra mile."
- People were protected from discrimination within the service. Staff understood that racism, homophobia, transphobia or ageism were forms of abuse. They told us people should not be discriminated against because of their race, gender, age and sexual status and all people were treated equally. A relative told us, "The staff treat (person) well and respect and treat everyone equally."

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

- People and relatives were involved in decisions about their care. Staff told us they always encouraged people to make decisions for themselves while being supported, such as with dressing and personal care. A staff member told us, "People are involved with decision making. I always ask how they would like support; they decide."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. A staff member told us when supporting people with personal care, "I close doors and close the curtains. With washing them, I encourage independence. I usually knock on doors before going." A person told us, "I feel that the staff do respect my privacy." A relative told us, "Staff do support privacy and dignity."
- Staff gave us examples of how they maintained people's dignity and privacy, not just in relation to personal care but also in relation to sharing personal information. Staff understood that personal information should not be shared with others and that maintaining people's privacy when giving personal care was vital in protecting their dignity.
- Staff encouraged people to be independent. Care plans included information on certain tasks people completed independently.

# 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 good. At this inspection, the rating has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were personalised and included information on how to support people in a person-centred way along with people's likes and dislikes and sleeping routines. A staff member told us, "Care plans are helpful, there is lots of information."
- We observed that staff knew people well and regularly asked people if they were well and needed support.
- There was a daily log sheet, which recorded information about people's daily routines, behaviours and daily activities in most cases. Staff told us that the information was used to communicate with each other between shifts.

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.

- Although activities were carried out, these were not structured to ensure people participated in regular activities. We observed that people participated in a fun engaging activity during the inspection such as games, exercises and animal bingo. However, we received mixed feedback on activities. A person told us, "I join in with bingo, exercises and dancing." However, a relative told us, "There is not much going on." Another person told us, "There are not enough activities." Although care plans included people's interests and what they enjoyed doing, records did not show people participated in regular activities.
- The registered manager told us they were making improvements to activities and showed us a revised activity planner. The registered manager told us they were planning to include further activities to the planner and showed us what would be added. Trips outside had been arranged but had to be cancelled due to unforeseen circumstances.

We recommend the home follows best practice guidance on activity management.

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.

- People's ability to communicate was not recorded in their care plans consistently, to help ensure their communication needs were met. The registered manager told us this was because the home was using a new digital care planning system and they were in the process of adding information but would ensure this

was added as soon as possible. We observed staff communicated well with people and most people did not have communication difficulties. The registered manager told us should they support people with communication difficulties then they would explore what equipment or resources were available. This would ensure staff communicated with people effectively and responded to their needs.

#### Improving care quality in response to complaints or concerns

- The service had a complaints procedure. Complaints had been investigated and managed appropriately within appropriate timescales.
- People told us they were aware of how to make complaints and that they would report them to the manager. A person told us, "If I had any concerns, I would talk to the manager. I trust him. He is very capable and looks after everyone."
- Staff were able to tell us how to manage complaints.

#### End of Life care and support

- The home supported people with end of life care. End of life care plans were in place, which included information on funeral arrangements and people's preferences with end of life care. Staff had been trained on how to deliver end of life care. An end of life policy was in place.

# 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 good. At this inspection this key question has remained the same. This meant that the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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

- Audits had been carried out on the running of the home, such as with staff files, care plans and infection control to ensure people received personalised high-quality care.
- Audits had been carried out on medicines management to ensure medicines were being managed safely. These were carried out by the registered manager and senior carers.
- The registered manager was aware of their duties in regard to notifications and notified the CQC of incidents such as safeguarding and serious injuries.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was an effective system to gather people's and staff feedback on the service. Individual meetings were held with people to obtain their feedback on the running of the home.
- People and relatives told us the home was well-led and people enjoyed living at the home. One person told us, "(Registered manager) is really in charge of this department. He is an easy man to get on with." A relative commented, "The manager seems a very nice guy. Certainly competent. The home is very well run."
- Staff told us the service was well-led and they enjoyed working for the service. One staff member told us, "(Registered manager) has been great so far. He is really good."
- We observed that the registered manager had a good relationship with people, relatives and staff. A person told us, "(Registered manager) is the manager. I think this is his life. He has time for everyone."
- Staff were clear about their roles and were positive about the management of the service. They felt they could approach the management team with concerns and these would be dealt with.
- Staff meetings had been held regularly to share information and discuss any concerns or ideas for improvement as a team. Discussions included safeguarding, consent and nutrition.

Continuous learning and improving care

- Quality monitoring surveys were carried out to obtain people's and relatives thoughts about the home.
- The results of the surveys were analysed and action was taken where possible to make improvements to the home. This meant that there was a culture of continuous improvement.

Working in partnership with others:

- Staff told us they would work in partnership with other agencies such as health professionals if people were not well, to ensure people were in the best of health. Records confirmed that people had access to a number of health services.