

Mr & Mrs Frank Silva

Langley View Residential Home

Inspection report

60 Langley Rd, Watford, WD17 4PN
Tel: 01923 251089
Website:

Date of inspection visit: 16 April 2015
Date of publication: 16/07/2015

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?

Requires improvement 

Overall summary

We undertook an unannounced inspection of Langley View Residential Home on the 16 April 2015.

The service provides accommodation and personal care for up to six people with mental health and learning disability support needs. On the day of our inspection, there were three people using the service.

There was no 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.'

The staff had undertaken risk assessments which were regularly reviewed to minimise potential harm to people using the service.

There were appropriate numbers of staff employed to meet people's needs and provide a safe and effective service. Staff were aware of people's rights and choices, and provided people with person centred care.

Summary of findings

The provider had a robust recruitment process in place which ensured that staff were qualified and suitable to work in the home. Staff had undertaken appropriate training and had received regular supervision and an annual appraisal, which enabled them to meet people's needs.

People were supported to make decisions for themselves and encouraged to be as independent as possible. People, relatives and /or other professionals were involved in planning the support people required.

People were supported to eat and drink well and to access healthcare services when required. Staff were quick to act on peoples' changing needs and were responsive to people who required support.

Medicines were administered safely by staff who had received training.

The service was not meeting the requirements of their CQC registration to have a registered manager. However, a deputy manager provided effective leadership.

Staff were well supported to deliver a good service and felt supported by their management team.

The provider had an effective systems in place to monitor the quality of the service they provided.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Staff had been trained in safeguarding and were aware of the processes that were to be followed to keep people safe.

Medicines were managed appropriately and safely.

Staffing levels were appropriate to meet the needs of people who used the service.

Staff recruitment and pre-employment checks were in place.

Risks were assessed and well managed.

Good



Is the service effective?

The service was effective

Staff had the skills and knowledge to meet people's needs.

Staff were aware of the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

Consent was sought in line with current legislation.

People were supported to eat and drink sufficient amount to maintain good health.

Good



Is the service caring?

The service was caring

People who used the service had developed positive relationships with staff at the service.

People's privacy and dignity were maintained.

Good



Is the service responsive?

The service was responsive

Staff were aware of people's support needs, their interests and preferences

People and stakeholders were asked their views on the service.

There was a complaints procedure in place.

Good



Is the service well-led?

The service was not well led

There was no registered manager in place.

Staff felt supported by the management team.

Requires improvement



Summary of findings

Staff felt comfortable discussing any concerns with their manager.

Regular audits were undertaken to assess and monitor the quality of the service people received.

Langley View Residential 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.

This inspection took place on 16 April 2015 and was unannounced. The inspection team consisted of one inspector and an expert by experience, who is experienced in caring for people with autism. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the service, this included information we had

received from the local authority and the provider since the last inspection, including notifications. A notification is information about important events which the provider is required to send us by law.

During our inspection we spoke with one person who used the service and observed two other people who used the service, spoke with two deputy managers, five care staff, a relative and a social worker who had visited the service. We reviewed the care and support records of the three people that used the service, two staff records and records relating to the management of the service.

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.

Is the service safe?

Our findings

On entering the home we saw that the hallway had pictures of all staff on the wall, so that people could identify who the staff were. This showed that the home had taken steps to help people feel safe about who should be in the home.

A person that we spoke with told us, "I feel safe here and the staff are nice" and "I would tell staff if I am not happy". We observed staff interacting with people and we noted that staff knew how to best communicate with those who were not able to communicate verbally. For example we saw that staff used the book for Autism Picture Exchange Communication System (PECS) which held pictures that enabled people to communicate their needs.

Staff had in-depth knowledge of people's needs and how to keep them safe. They were aware of how to report any concerns they may have internally and externally and knew where they could find the policy on keeping people safe. Training records reviewed showed that staff had all received training in safeguarding.

Staff had all been trained on how to deal with challenging behaviour and there were clear instructions for staff to follow on how to use appropriate and effective communication and distraction techniques. Where required people's support plan detailed triggers with information on how to minimise those triggers so that people's care and support were provided safely.

Risk assessments had been undertaken to ensure that people were safe from harm and these were appropriately assessed and regularly reviewed. For example we saw that one person was at risk of choking when eating food. The risk assessment held clear instructions for staff to follow to minimise this risk. Staff we spoke with were all aware of the safeguards in place for this person.

The provider had undertaken environmental risk assessments and health and safety checks to ensure that the home was suitable and safe for people; these included a fire risk assessment regular gas and electrical checks. There was a health and safety policy which was accessible for staff to view. They kept a log of daily checks that were undertaken in the kitchen which included recording the fridge and freezer temperature and a list of food which was due to expire within the next 48 hours. This ensured that people were not given out of date food.

The provider had an emergency evacuation plan in place, which helped ensure that in the event of an emergency people using the service were kept safe. Individual assessments were undertaken which looked at people's ability and support they would need to leave the service safely in the event of an emergency.

We looked at staff records covering the period 29 March 2015 to 12 April 2015 and this showed that there were always two staff on duty during the day and one staff member at night. The deputy manager told us that staffing levels were assessed based on the needs of the people and should the home acquire more residents, then the staffing level would be reviewed and increased. A relative that we spoke with felt that there was enough staff on duty to meet their relative's needs. During our inspection we saw that staff were available to support people when required.

Staff employed at the service were suitable and qualified for the role they were being appointed to. There was evidence that all staff completed an application form, references had been obtained and staff had a Disclosure and Barring Service (DBS) check prior to starting work. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed.

We reviewed the Medicine Administration Records (MAR) for two people, covering the period of 6 April 2015 to 16 April 2015. We saw medicine was given at the correct time and had been recorded appropriately. Each person's medicine record held a photograph and details of any allergies. We noted that for people that were not able to administer their own medicine two staff were required to sign to confirm that the medicine was administered. Where a person was able to administer their own medicine, the person would sign as well as a member of staff. Additional checks were also made with a pharmacist to ensure that a person could have certain drinks whilst on medicine. Separate records were kept for PRN medicines. These are medicines which are used 'as and when' required. There was a policy available for staff to refer to should the need arise. Staff who administered medicines had received the appropriate training and had their competency assessed. Staff told us that after they received training, they were also observed administering medicines by senior staff to assess that they were doing so in a safe way.

Is the service safe?

Medicines were stored securely and audits were in place to ensure they were in date and stored according to the manufacturers guidelines. For example, in November 2014, a local pharmacy carried out an audit and found that there were no concerns or actions required for the provider.

Is the service effective?

Our findings

A person told us, “Staff know me well and care for me.” A relative we spoke with told us, “I think staff are lovely they are good at meeting (their relative) needs. Some of the people were not able to speak with us and we used the Short Observational Framework for Inspection (SOFI) to understand their experiences of the care provided. A member of staff told us that they communicated with those people by way of photos, pictures, pointing, watching gestures, watching body language and observation. We saw that people’s support plans provided information on how to communicate with each person effectively.

Although some people were unable to verbally provide consent, we saw that support plans contained written consent for care, for photographs to be taken, and for other professionals to review their care and support plans. Staff told us that they always asked people’s permission before undertaking any task on their behalf or with them. They told us that they looked for facial expressions and body gestures to ensure that people agreed with receiving help and support.

At the time of our inspection there were no applications made for the Deprivation of Liberty Safeguards (DoLS). Records showed that all staff had received training in DoLS and mental capacity assessments as required by the Mental Capacity Act (MCA). Staff understood and were able to explain their responsibility under the Act. The deputy manager told us that if they had any concerns regarding a person’s ability to make a decision they would ensure that appropriate capacity assessments were undertaken.

Records showed that staff had received other appropriate training and these were up to date. A staff member told us,

“The training is good, we do a lot of face to face training. All the training helps me to keep my knowledge up to date to look after the service users”. We noted that all staff had been encouraged and supported to gain further qualifications in care, such as National Vocational Qualifications (NVQ) and Qualification and Credit Framework (QFC). Staff we spoke with and records showed that they had an annual appraisal and regular supervision during which they discussed issues such as any training needs, issues relating to the care of people who used the service and other operational issues.

Staff had also received training in food safety. Records were kept of how much people ate and there were clear guidance for staff to follow so that people had a well-balanced diet. Where people required a special diet, there was also specific information regarding the type of foods that should be avoided. People’s likes and dislikes had been documented within their care support plans which helped staff to plan the four weekly menus. To ensure that people were able to make a choice about what they wanted to eat, pictures were used in the menu. We noted that menus were also colour coordinated so that people would know what week of the menu it was. People were offered drinks and snacks throughout the day. We noted that the kitchen had food symbols on all the cupboards so that people knew what was in them.

People were supported to access healthcare appointments when required and there was regular contact with health and social care professionals involved in their care if their health or support needs changed. We noted that a record was kept detailing the reason for the appointment and the outcome and whether a follow-up appointment was required.

Is the service caring?

Our findings

We observed staff interacting with people in a positive way. We saw that staff had time to sit, talk and interact with people and were patient when trying to understand what a person needed. A relative told us that staff treated their relative in a very caring way. They told us that they were always kept informed on their relatives wellbeing and was always made to feel welcome by staff when they visited their relative. A professional told us that staff supported people well and were very caring.

We observed that staff knew people's needs and spent time talking with people and supporting them with tasks. We noted that staff were patient and encouraged people to do as much as they could for themselves. A staff member we spoke with said, "I use a holistic approach to get to know a person better and use a person centred care plan to meet their needs."

Each person had a key worker who was responsible for ensuring that their needs were met. Key workers spent additional time with people so were more aware of their

interests and preferences. People had been given information in a way they could understand. Staff spoke slower to people so that they understood what was said being said to them and were given time to respond.

The support plans were written in an 'easy read' format. We saw that people, and where possible their relatives and/or other professionals were involved in their care planning process and that pictorial pictures and symbols were used to assist people to make choices about how they wanted to be cared for.

Staff we spoke with told us that they promoted people's independence by encouraging them to do as much as they could for themselves and provided support when needed. For example a person that used the service was supported to make tea.

We observed that staff respected people's privacy and dignity. When entering people's bedrooms, staff knocked on the door and waited to be given permission to enter. They slowly opened the door when entering the bedrooms of people who did not speak so that they gave them the time to communicate that the staff could not come in. They also ensured that doors and curtains were shut when providing personal care.

Is the service responsive?

Our findings

Care plans were person-centred and contained comprehensive details of what support people needed. We noted that these were also 'user friendly'. Care and support plans were regularly reviewed and where possible people and or their relatives or other professionals were involved. People had regular meetings with their keyworkers during which they would explore if people's needs were being met and if any changes to care and support plans were needed. Details of peoples histories were documented which had helped to formulate the care and support plans so that they included people's interests and preferences.

People had been supported to attend activities within the community such as coffee clubs and football clubs. We also noted that people were supported to visit relatives and to keep in contact with relatives who resided abroad via letter and sending or receiving photographs. A relative we spoke with confirmed that staff were approachable and that if they had any concerns they were comfortable to approach staff and the management team.

We noted that where people moved to other services, the staff supported them to do so and during the transitional period they kept in contact with people, providing them with support to settle into their new home.

There were regular meetings with people who used the service during which topics such as food, holidays and activities would be discussed. There were plans and designs for a sensory garden for people to use and enjoy.

There was a complaints policy and procedure available in an easy read version, which was displayed in the communal areas of the home as well as in the main office. The policy provided details of how and where a person could make a complaint to the provider. The deputy manager told us that they had not had any complaints in the last twelve months. A relative that we spoke with told us that they knew how to make a complaint should the need arise.

Is the service well-led?

Our findings

On the day of our inspection there was no registered manager in place and the service was currently being managed by one of the deputy managers. The service had not had a registered manager in place since 2012. Failure to have a registered manager in place is a breach of the conditions of registration and limits the rating for this domain to requires improvements.

Staff said that the management team was approachable and was willing to listen to any concerns or ideas they may have in regards to the service and people's care. They all knew the names and positions of senior staff as well as details of the owners and felt that there was good strong leadership within the home.

Staff told us that the philosophy within the home was providing person centre care and involving people as much as possible in areas such as care planning, food, activities and supporting them to make choices that promoted their wellbeing.

There were regular staff meetings and these were recorded so that staff that were unable to attend could be kept abreast of any changes. The deputy managers were visible throughout the home and were also involved in providing care to people who used the service.

We noted that safeguarding incidents had been recorded, appropriate action taken and where necessary, the deputy manager sought advice and guidance from other

professionals such as social services. The deputy manager had conducted unannounced night checks of the home to assess the quality of the care provided to people during these periods.

The deputy manager carried out regular audits of medicines so that that all medicines were accounted for. These processes helped to ensure that medicine errors were minimised and that people received their medicines safely and at the right time.

Accidents and incidents were recorded and these were reviewed and analysed to enable patterns and trends to be identified so where possible plans could be put in place to keep people safe. The deputy manager had also carried out regular audits of the home to ensure that people were receiving a high standard of care and to identify any areas where improvement would be required. These included audits in areas such as medicines and care plans. We were told that if areas of improvements were identified an action plan would be put in place to implement the improvements. We saw that the provider's quality assurance system was effective.

The provider had undertaken a satisfaction survey in February 2015. We saw that there was a 'user friendly' format for people who used the service and that staff had supported people to complete the survey. The results showed that people were happy with the service that they had received. Stakeholders had also been asked their view on the service, we saw that one professional had stated 'I have witness a very high level of care offered'. The provider had also undertaken staff survey which showed that staff were happy working at the home.