

Mr & Mrs Frank Silva

Langley View Residential Home

Inspection report

Langley View
60 Langley Rd
Watford
Hertfordshire
WD17 4PN

Tel: 01923251089

Date of inspection visit:

07 February 2017

12 February 2017

27 February 2017

Date of publication:

24 March 2017

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

We carried out an unannounced inspection on 7 February 2017.

Langley View provides accommodation and personal care for up to six people with a mental health condition and learning disability, some of whom live with physical health conditions. At the time of our inspection there were five people living in the home.

The service 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.

There were risk assessments in place that gave guidance to staff on how risks to people could be minimised and how to safeguard people from the risk of possible harm. People's medicines had been managed safely.

The provider had effective recruitment processes in place and there were sufficient staff to support people safely. Staff understood their roles and responsibilities and would seek people's consent before they provided any care or support. Staff received supervision and support, and had been trained to meet people's individual needs.

People's needs had been assessed, and care plans took account of their individual needs, preferences, and choices. The service supported people with health care visits and access to the community.

There was a formal process for handling complaints and concerns. The registered manager encouraged feedback from people and relatives and acted on the comments received to continually improve the quality of the service. There were effective quality monitoring processes in place to ensure that the home was meeting the required standards of care.

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.

There were sufficient staff to meet people's individual needs safely.

People were supported to manage their medicines safely.

There were systems in place to safeguard people from the risk of harm.

There were robust recruitment systems in place.

Is the service effective?

Good ●

The service was effective.

People's consent was sought before any care or support was provided.

People were supported by staff that had been trained to meet their individual needs.

People were supported to access health and social care services when required.

Is the service caring?

Good ●

The service was caring.

People were made to feel as though they mattered and staff took the time to get to know people so they could provide person centred care.

People could make their own decisions and were encouraged to maintain their independence where it was possible.

Is the service responsive?

Good ●

The service was responsive.

People's needs had been assessed and appropriate care plans were in place to meet their individual needs.

People's welfare was key and staff responded to people's changing needs quickly.

The provider routinely listened to and learned from people's experiences to improve the quality of care.

The provider had an effective system to handle complaints.

Is the service well-led?

Good ●

The service was very well led.

Quality assurance systems were in place and helped ensure consistently good standards were maintained.

The registered manager was committed to providing an excellent service that benefited everyone.

The provider had an open and inclusive culture.

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 7 February 2017 and was unannounced. We received feedback about the inspection on 12 February 2017 and we made calls to relatives and professionals involved with the service on 27 February 2017.

The inspection team consisted of one inspector from the Care Quality Commission 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.

Before the inspection, we reviewed the provider's completed Provider Information Return (PIR) which they sent to us. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service, including the notifications they had sent us. A notification is information about important events which the provider is required to send to us.

Not all the people in the home were able to communicate with us. During the inspection we spoke with two people who used the service and also carried out observations on others. We attempted to speak with relatives and professionals over the phone but were only able to speak with one relative and a professional involved in the service. We also spoke with the registered manager and three care staff. We looked at the care records of all the people living at the service and the recruitment and training records for four staff employed by the service. We also reviewed information on how the provider managed complaints, and assessed the quality of the service.

Is the service safe?

Our findings

Not all people living in the home were able to speak to us about how safe they felt within the home. One person however said, "I feel safe." This person also spoke to us about how the surroundings made them feel safe. They said, "There is a fence, look there in the garden that keeps us safe from traffic." We saw that the home was kept tidy so people were not at risk of trips or falls, the person told us, "I feel safe because the dining room is tidy and I will not bump into any furniture and hurt myself, keeping doors and windows closed is what is keeping us safe." The person went on to say, "I also feel safe in the kitchen. I love being in the kitchen I can help staff in the kitchen and that's freedom to do it. I can do anything in the kitchen." Relatives we spoke with also told us that their relatives were kept safe within the home. One relative said, "There is always someone there to watch over [relative], they keep him safe."

When we arrived at the home we observed that one person was being supported by staff to prepare food in the kitchen. We saw that staff guided them on how to use items within the kitchen safely. Staff said that they would observe the person to make sure they were safe. We saw that all drawers and cupboards were labelled so that people could easily find what they were looking for.

We saw that the home had a calm and peaceful atmosphere. We did not observe people being distressed throughout the inspection and saw that staff were always around to support people and keep them safe. For example we observed that when we walked around the home one person kicked out at a member of the inspection team as they walked through the communal area. Staff were very quick to react and make sure the person using the service and other people in the communal area were safe. One member of staff said, "[Person], can sometimes kick but it's usually because they want something so we know what to do."

The provider had safeguarding and whistleblowing policies that gave guidance to staff on how to identify and report concerns they might have about people's safety. Whistleblowing is a way in which staff can report concerns within their workplace. Staff were aware of the provider's safeguarding policy and told us that they knew how to recognise and report any concerns they might have about people's safety. All the staff we spoke with said that if they had concerns then they would report them to the manager.

Individual and general risk assessments had been undertaken in relation to people's identified support needs and were reviewed six monthly. The risk assessments were discussed with the person or their relatives and had been put in place to keep people as safe as possible. Risk assessments that were in place included; communication, physical health, and mental state. Staff recorded and reported on any significant incidents or accidents that occurred and the manager investigated these. If there were lessons to be learnt from the accident or incident then this would also be actioned through changes in processes or further training. Each person had a 'personal emergency evacuation plan' in place. This had been set up to support the person in the event of an emergency to move to a safe place. We saw that the plans detailed risk factors and methods of assistance staff needed to be aware of. For example for one person it clearly stated that if there was an emergency staff were to use a specific phrase so the person understood that they needed to leave the home quickly. It stated for staff to clearly say, '[Name], come: emergency.'

Staff employed by the service had been through a robust recruitment process before they started work to ensure they were suitable and safe to work with people who lived at the home. Records showed that all necessary checks had been undertaken and verified by the provider before each staff member began work. These included reference checks, Disclosure and Barring Service (DBS) checks and a full employment history check. This enabled the registered manager to confirm that staff were suitable for the role to which they were being appointed.

We observed that there was enough staff to support people safely. Relatives we spoke with also confirmed this. We saw throughout the day that staff were available to assist people around the home and to also take them out into the community.

People's medicines administration records (MAR) instructed staff on how prescribed medicines should be given, including medicine that should be given as and when required (PRN). It also included how each person should be supported. These records showed that medicines had been administered as prescribed. Medicines were stored appropriately and the home had systems in place for the re-ordering and safe disposal of medicines. Staff training records showed that staff were trained on the safe administration of medicines.

Is the service effective?

Our findings

People received care and support from staff that were trained, skilled, experienced and knowledgeable in their roles. Staff were knowledgeable about people's care needs, and had received the necessary training to equip them for their roles. Relatives felt that the staff were well trained and competent in supporting the people using the service. One relative said, "I can't fault them [staff], they support [relative] really well." One member of staff said, "We get lots of training, every month we get supervisions and the manager helps us if we need extra training."

The registered manager told us that the training provided was mainly online but staff were given opportunities to do more interactive training such as autism spectrum training. We saw that the home had a training room and many training materials available for staff to use as and when they needed it. We saw that staff had received training in areas such as first aid, epilepsy, infection control and diabetes. These were all relevant to the needs of the people that were being supported in the home. A member of staff said, "I love it here, it's a real home from home place to work I have just completed my diabetes training and we have refresher training all the time, we involve the residents and families in the care plan and the manager is great to work for."

Staff we spoke with told us that they had received supervision and appraisals, and records we looked at confirmed this. Staff said that supervisions gave them an opportunity to discuss any issues and concerns with the manager and they felt listened to. Staff also commented that they did not need to wait for supervisions to speak with the manager. One person said, "The manager is always around so if there is a problem we just speak with her. No need to wait till supervision." A second member of staff said, "We are always able to discuss things openly [in supervisions]."

Staff were able to demonstrate an understanding of how they would use their Mental Capacity Act 2005 (MCA) and Deprivation of Liberties Safeguards (DoLS) training when providing care to people. 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). We noted that staff understood the relevant requirements of the MCA, particularly in relation to their roles and responsibilities in ensuring that people consented to their care and support. Where required, applications were made for people under DoLS to the local authority for approval.

Staff told us that they would always ask people for their consent before providing support. People were asked to sign their care plans to consent to the care they were provided with. Staff said that where people were unable to verbalise their consent they would use other forms of communication, such as through

touch, pictorials, and eye contact.

Care records showed that staff supported people where possible to maintain a healthy weight. We observed the lunchtime routine and noted that people made choices about their food and drink and were supported to maintain a balanced diet. We saw from records that one person was severely undernourished when they arrived at the home. We saw that this person had gained weight and was leading a more healthy life. The registered manager told us, "[Person] was so malnourished when they arrived, they wouldn't eat properly and would not socialise, now they help prepare food and have gained weight." We saw that the registered manager was very effective with involving a range of health specialist who were able to compose a designated diet in order to improve the persons nutritional intake.

People were encouraged to maintain their health and wellbeing through regular appointments with healthcare professionals. Staff would attend visits with them or arrange for professionals to attend the home. The provider kept a record of all medical issues and appointments and kept relatives informed of any changes in the person's health.

Is the service caring?

Our findings

People were unable to directly tell us how caring staff were towards them. We did however observe throughout the day the interactions between staff and the people using the service. We observed that there were friendly relationships between people living in the home and the staff supporting them. A relative we spoke with said, "This is the best place [relative] has ever been, we are very happy with everything." A professional we spoke with also said, "There is a noticeable improvement in [person], you can tell that he is well cared for." We saw from feedback forms that had been completed by professionals visiting people that they were complimentary about the support that was being provided. One person had said that the staff were 'helpful and efficient.' They also stated that they had 'been particularly impressed, by their caring attitude and willingness to try and tailor the activities and the environment to the service user.'

People were supported to maintain relationships that were important to them. We were told that one person only had relatives abroad, so the home assisted the person to maintain their relationship with the use of electronic media and devices.

Staff were also familiar with many family members and knew when they would be visiting the person. One person would also be taken out regularly to pay respects to deceased relatives. Another person was also taken to visit family outside of the home environment." One member of staff said, "We always encourage relatives to come and visit weekly."

People's individual needs were understood by staff who were kind and considerate. We observed that staff knew the people they supported well. They were able to talk us through people's conditions and daily routines. For example, we were told that one person likes a glass of water as soon as they woke up in the mornings. Staff said, "[Person] likes to have water in the morning, we make sure [they] have it, we will knock and leave it in [their] room ready." While being shown around a member of staff showed us a person's room and pointed out that there was minimal colour in the room, they said. "[Person's] condition is such that they are unable to cope well with bright colours or image, that's why this room doesn't have any sensory items."

People's privacy and dignity was respected and their independence was promoted. We observed staff continuously knocking on people's door even when there was no one in the room. They also knocked when entering communal areas. The manager said, "Yes staff do knock on every door, it's become a habit even when they don't need to." This practice showed that staff had a respect of peoples private spaces embedded in their routine.

People were shown respect and dignity by staff. We heard staff address people in a soft manner and with kindness. People were spoken to politely and with an appropriate degree of familiarity and friendliness. No one was ignored and staff took the time to sit with people and have conversations.

People were encouraged to make their own choices and remain independent. Staff told us they would ask if people preferred a shower or wash in the morning and they would encourage them to choose their own clothes, where they would like to eat their meals and what they wished to do during the day.

Is the service responsive?

Our findings

People received care and support that was individual to them and reflected their needs. People were supported by staff to follow their interests and participate in activities. People's support needs had been assessed prior to them joining the service. The manager told us, "We assess people before they join to make sure we can cater for them. We have one spare room at the moment and although we do get a lot of referrals come through we have to make sure the person that comes into the home is able to adjust with our current residents. For example we have to look at the ages of people and conditions to make sure that they will be able to bond with the other residents."

We saw that appropriate care plans were in place so that people received the care that met their individual needs. There was clear evidence that the care provided was person-centred and that the care plans reflected people's needs, choices and preferences. Routines were set out according to the person's preferences. We saw that care plans and assessments changed regularly and the provider kept staff up to date with all changes to peoples care plans through regular updates and staff handovers.

We saw that people were encouraged to take part in activities throughout the day. There was an activity board with morning and afternoon daily activities displayed in an easy read format and staff worked alongside people to add their preferences. One person reflected, "I love the cinema. I go there once a week. I went last Friday. I watched la la land. I love music. I had a burger and chips after. It was fun. I like living here, it's fun." We saw that on the day of our inspection people were also ready to leave for golf. Staff said, "We have had this planned for a while."

People using the service and their relatives had been involved in planning their care and in the regular reviews of the care plans. One relative said, "They are always sending me information about [relative], They keep me updated with any changes." The manager told us that they provided a very personal service that supported people to live an active life. We observed that staff knew people well and were able to identify any changes in behaviour and would adjust their approach accordingly. For example one member of staff said, "[Person] likes to listen to music, they are non-verbal so can't tell us. When they want to listen to music, they will go over to a switch and turn it on and off repeatedly, then we know they want the music on." Another member of staff said, [Person] used to love curry dishes, then suddenly they stopped eating them, we recognised this and started to change the menu so that the food was not spicy, or if we are making a curry we will cook something else for them." This demonstrated a very personal service that enabled people to feel comfortable and well-supported.

There was a complaints policy and procedure in place and people were made aware of this when they joined the service using an easy read format. Although the provider did not have any formal complaints, we saw that they had received many compliments from families and visiting professionals. One professional commented how they had seen a 'visible change' in one person and how well the provider was supporting them.

Is the service well-led?

Our findings

Staff spoke highly of the manager. They said, "[Registered manager] is easy to talk to. Another member of staff said, "She takes immediate action, if I say something today, it's done by tomorrow." A third member of staff said, "[Registered manager] always does things in the best interest of the people, and she's always available." A relative also commented that the home was well led. They said, "The manager is very good and keeps us informed, I can't fault it really."

People were receiving an individualised service from a dedicated and committed staff team. People were given a voice through regular key worker sessions to ensure that they were able to voice their opinions on the quality of service provided. We saw that healthcare professionals worked closely with the home to ensure that the support received was assisting them to live an independent life. Feedback from healthcare professionals highlighted how well the staff and manager worked to provide person centred care to the people being supported. Some of the comments received stated that the 'Registered manager and her team provide exceptional support'. They also stated that they were 'very impressed with the management', and 'the team remain incredibly supportive, insightful and provide real person centred support. Great work, great team'.

The provider worked in partnership with other organisations to make sure they were following current practice and providing a high quality service. We saw that the culture was open, inclusive and empowering. The registered manager said, "We work with the local authority, social workers and day centres to ensure we are providing a good service."

We observed that staff were highly motivated and told us that they were fully supported by the registered manager to understand their roles and responsibilities. They told us that the registered manager led by example and supported them in their roles. One member of staff said, "I feel so motivated coming to work, I really like coming to work."

The registered manager took responsibility for keeping herself up to date on current good practice. This included being part of quality monitoring schemes within the local authority. She regularly shared her knowledge and information with the staff team and kept them updated with changes in legislation and working practices. For example, they were a member of the 'National Autistic Society' to ensure that their training was up to date and relevant. The manager also provided books to staff which had been written by people with autism so that staff could gain further understanding of the condition and how it was for the person. A member of staff said, "[Registered manager], spends time with us and shows appreciation for the work we do, it's nice and she will pass on comments that she has received about our work."

People's views were regularly obtained by way of satisfaction surveys which were used to drive improvement and also monthly meetings. A relative told us, "Yes we get asked for feedback; to be honest I don't think there is a better place for [relative]." We saw that recent surveys had shown that people and relatives were happy with the service being provided. The local authority had also recently undertaken an inspection of the service and they had rated the home at 99.4%.

Formal resident meetings took place monthly which allowed people to voice any issues or concerns and people were also able to express their views through their keyworkers. The manager spent a lot of time in the main home and had an open door policy so people were able to approach her if they needed something addressed. The relative we spoke with also confirmed this. The manager said, "I have an open door policy and I'm always on the end of the phone, I have meetings with relatives or we keep in contact through e-mail if they are not local."

The manager had a range of quality assurance audits in place to ensure quality standards were met and legislation was complied with. The audits in place ensured that the manager was aware of all that was happening in the home and was able to plan ahead. The audits that were in place included Care plan audits, medication audits and quality audits. These were carried out weekly, monthly and also six monthly to ensure that standards were consistently being met.

The registered manager demonstrated knowledge and understanding of safeguarding issues in line with her position. She was also able to explain when and how to report allegations to the local authority and to the CQC. The registered manager submitted statutory notifications to us in line with her legal responsibilities.