

Langston Care Limited

Langston Care Limited - 35 Hill Top View

Inspection report

35 Hill Top View
Handsacre
Rugeley
Staffordshire
WS15 4DG

Tel: 01543302067

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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

35 Hilltop View is a small residential home providing personal care to four people with learning disabilities at the time of inspection. The service can support up to five people.

The service is delivered across two properties located on a cul-de-sac and close to local amenities. It is neighboured by another home registered with the commission and managed by the same provider.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

The service used some restrictive intervention practices as a last resort, in a person-centred way, in line with positive behaviour support principles.

Risks to people's safety were assessed. However, the provider had failed to identify the risks associated with having a stair gate in place. As soon as this was identified the provider took appropriate action however the governance systems in place failed to draw this to their attention.

People were supported by sufficient numbers of staff who had been recruited safely and had an understanding of safeguarding procedures. People received their medicine as prescribed and effective infection control measures were in place. Lessons were learnt when things went wrong.

People's care plans contained detailed information that ensured care was delivered to the standard required. Staff received training to enable them to meet people's care and support needs. People were supported to maintain a balanced diet and had access to drinks throughout the day. The service worked

well with other agencies and ensured people had access to healthcare services. The building was adapted to meet the needs of the people living there.

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 were well treated, and the team supported people to express their views as far as reasonably possible. People's independence was promoted, and people's privacy and dignity was maintained.

People had access to personalised activities and were supported to maintain important relationships. The provider understood the Accessible Information Standard and a complaints procedure was in place. While no one was in receipt of end of life care the home had considered people's advanced wishes.

The service promoted a positive culture and the management team was described as supportive and approachable. People were clear of their roles and understood their responsibilities under the duty of candour. The service engaged people and worked in partnership with others. The service could demonstrate continuous learning and how this improved the care people received.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 4 April 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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Good ●

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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 two inspectors and an assistant inspector.

Service and service type

35 Hilltop View is a 'care home'. It consists of two properties situated next door to one another.

People in care homes receive accommodation and personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. We also wanted to ensure the people living at the service would be available for us to meet with.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We interacted with the four people living at the service however due to people's limited communication skills we spend time observing their interactions with the staff team. We spoke with seven members of staff including the register manager, quality lead and care staff. We reviewed a range of records. This included two care files, one from each of the properties, medicine records and activity plans. We looked at two staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from harm by staff who had been trained and understood how to recognise and report any signs of abuse.
- Staff were aware of ways in which people may harm themselves and had measures in place to support the person to remain safe.
- Staff had access to safeguarding policies and procedures which they could access at any time.

Assessing risk, safety monitoring and management

- People had personalised risk assessments in their care files that related to their needs, medical conditions and behaviour. These clearly highlighted the hazards and measures in place to mitigate any risk of harm.
- However, we identified a risk that had not been assessed. We observed there was a stair gate at the top of the stairs which we were advised was secured at night, to prevent a person using the stairs unsupervised. Unfortunately, the implications of there being a stair gate had not been considered under fire safety for either the person or the building.
- The provider informed us that this issue had been overlooked by all who had visited the property previously however they acted immediately to ensure all risk assessments, personal emergency evacuation plans (PEEPS) and the homes fire risk assessment were updated to include this information. We viewed the updated information related to the individual before the inspection had been concluded.

Staffing and recruitment

- People were supported by sufficient numbers of staff to meet their needs. Staff told us they worked on a supernumerary basis until they completed their initial induction.
- Rota's enabled the staff to spend one to one time with people which meant that people could access the community on a regular basis.
- People were protected by the providers recruitment procedures which ensure the background, qualification and character of each new staff member was assessed and only those deemed suitable were offered employment.

Using medicines safely

- People received their medicine on time by staff who had been trained to administer.
- Medicine was stored securely and there were clear instructions for staff on what medicine people took and why they took it. This included medicine prescribed to people on an 'as required' basis such as, pain relief.
- People were not prescribed sedative medicine as a means to manage their complex behaviours. The service utilised other methods to support people which is considered best practice in learning disability care.

Preventing and controlling infection

- People were protected from the risk of infection by staff who had received training and had access to personal protective equipment (PPE), such as, gloves and aprons. Staff told us, "We use gloves when supporting people with personal care and when preparing food."
- People were protected from the risk of cross contamination in the kitchen as there were good food safety practices in place. Food was correctly stored and the necessary temperature checks were carried out.

Learning lessons when things go wrong

- Accident and incident forms were completed and reviewed by the management team. One staff member explained the process to us. They said, "We complete incident forms and the office review them to see if there are any patterns or trends. Things have been changed because of these."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as 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.

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

- People had lived at the home for many years and were well known to the provider. This meant the provider was able to create detailed care plans that were specific to the individual and reflected the choices people would make.
- People's routines were clearly defined which ensured staff were able to deliver care that was consistent and in line with what worked for the person. For example, one person was known to become unsettled when the clocks changed and how to manage this, was reflected in the care plan.
- Professional recommendations were made clear and historical reports were available to staff to assist them in understanding the person more

Staff support: induction, training, skills and experience

- Staff received the necessary training required for the role.
- New staff had an in-depth induction when they started work which included the care certificate, which is a nationally recognised induction programme. Staff were also given time to get to know the people being supported before being responsible for their care.
- Staff were given additional training when the need was identified. One staff member told us, "I have undertaken additional training in health and safety which is above what is usually provided to staff but is necessary for my role."

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

- People were supported to access food and drinks throughout the day.
- People were supported with any specific dietary needs and staff ate their meals with the individuals. One staff member said, "We eat all our meals with people as it is a social time, we then record what people eat in our records."

Staff working with other agencies to provide consistent, effective, timely care

- The processes in place ensured staff were kept up to date with any information related to the individual and the service. Handovers were held at the beginning of each shift and team meetings were held on a regular basis which showed that staff were being kept up dated and able to share their views.
- The provider took the lead on interactions with other agencies. Information was seen to have been shared in a timely manner.

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

- People were living in a building that had been adapted to meet their needs.

- Communal spaces were developed to provide people with space to relax on their own as well as space to socialise together.
- The outside space included a grassed area and additional activities such as, a trampoline was available for people to use.

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

- People had access to healthcare and staff had access to a list of professionals who they could contact if there was concerns with regards a specific health need. One staff member told us, "We have a good relationship with a community nurse who knows all the people in the service well and always supports us if necessary."
- People's care plans contained detailed information to ensure staff understood people health conditions and the correct support needed.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's needs were assessed in line with the MCA. Decision specific assessments had been carried out and best interest meetings were held when it was deemed a person did not have capacity.
- Care plans clearly highlighted any restrictions in place and the reasons why. For example, the use of harnesses in vehicles to prevent people undoing their seatbelt.
- Staff had a good understanding of the Dols process and understood the reasons why certain applications had been made. For example, a person being unable to leave the building without staff support.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People's communication skills were limited so we spent time observing their interactions with staff. We observed people being well treated and responding positively to the interactions from staff. We saw one person engaging in activity and the staff team respecting the person's way of doing things. Assistance was only offered when the person indicated they needed it.
- Within people's care files we saw information about people's protected characteristics such as their ethnicity and religion. We enquired what additional support people received with any cultural needs and we were advised that due to people's level of disability, the service spoke to the family who would then advise.

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

- Staff were observed speaking to people throughout the day and sourcing people's opinions whenever possible.
- Staff were able to describe to us how they communicated with people and understood when someone was agreeing or disagreeing with what was happening or being offered.

Respecting and promoting people's privacy, dignity and independence

- Throughout our inspection we observed people being cared for in a way promoted their dignity.
- Staff discussed with us the complexities of people's behaviour and the strategies they used to ensure people's dignity was maintained, especially when accessing the community.
- People's care plans clearly described what people could do for themselves to ensure their independence was maintained and encouraged.

Is the service responsive?

Our findings

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

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

- People received care that was personalised to their needs. People had activity plans in place that staff looked at several times during the day to ensure the agreed activities happened. Accurate records were kept of how people responded to the activities, to ensure plans were in line with what people enjoyed.
- Staff understood the positive impact of each person having a personalised plan. One staff member told us, "We have to ensure [person's name] has an active life and engages in lots of different activities. This helps them immensely as they have so much energy and if they didn't have things to do we would have lots more incidents of difficult behaviour."

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 relied upon the staff team to access information. However, examples were seen in the home where documents had been made in to a pictorial form to assist people with greater understanding.

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

- People were supported to maintain relationships with family members. People were supported to visit family members and family members were able to visit people whenever they chose.
- People were able to interact with other people also supported by the provider as well given opportunities to interact with the local community. People had lived at their current address for several years and had friendly relationships with their neighbours.

Improving care quality in response to complaints or concerns

- People had access to complaints procedure however people relied on others to speak up for them if something was not right.
- Complaints were investigated by the registered manager and any actions identified were recorded and followed up.

End of life care and support

- At the time of inspection there was no one in receipt of end of life care.
- People had been supported purchase funeral plans and families had been given an open invite to join in

discussions about people's end of life wishes, when they felt able to do so.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant the service was consistently managed and well led. Leaders and the culture they created promoted high quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had several governance systems in place to enable them to monitor the quality of the service being provided. In house audits were completed on a regular basis and these looked at areas including medicines, health and safety and care planning. However, a key risk had not been identified in relation to the use of the stair gate. The provider responded as soon as the risk was highlighted and rectified the situation.
- An external company had been engaged by the provider to work alongside them and review the performance of the service against the regulatory requirements. The quality lead demonstrated how they shared information with the company and how they were rated against the key lines of enquiry.
- The provider also kept in regular contact with the registered manager and visited on a regular basis. The registered manager told us, "We work as a team and the provider supports us with whatever we need."

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

- People were unable to tell us their view on the service however all appeared settled in their environment and empowered to achieve positive outcomes.
- Staff told us that they felt well supported and that staff morale was good. One staff member told us, "If I had a child living here I would be more than happy, they are always at the front of every decision." Another member of staff told us, "The management are good, supportive and approachable, they listen to us."

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

- The provider understood and acted in line with their duty of candour. Information was shared with the relevant parties as required.

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

- The service promoted engagement with both people, staff, families and wider stakeholders.
- Staff received regular supervision and team meeting minutes demonstrated how views had been sourced and the actions being taken.
- Staff told us they had positive relationships with families and keep them updated with what is happening in the service.

Continuous learning and improving care

- The service was able to evidence that it used information to improve the care people received. Managers kept up to date with changes in social care and shared this information with the staff team. We saw a number of memo's that outlines changes staff needed to be aware of.
- Staff were supported to ensure their actions were as in line with best practice. One staff member told us, "We are observed, and we get regular feedback."

Working in partnership with others

- The service worked in partnership with others to support care provision and ensured people received care that was meaningful to them.