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:
25 February 2021
05 March 2021

Date of publication:
27 April 2021

## Ratings

| Overall rating for this service | Inspected but not rated |
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| | |
|---|---|
| Is the service safe? | **Inspected but not rated** |
| Is the service effective? | **Inspected but not rated** |
| Is the service well-led? | **Inspected but not rated** |

# Summary of findings

## Overall summary

About the service
Langley View Residential Home provides accommodation and personal care for up to six people with mental health concerns, learning disabilities and/or autism. At the time of our inspection there were four people who were living at the service.

People's experience of using this service and what we found
People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. People did not always have control and independence. For example, restrictions were in place which prevented people from accessing food independently.

The service didn't consistently apply the principles of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people did not fully reflect the principles and values of Registering the Right Support for the following reasons lack of choice and control, limited independence and limited inclusion. For example, people did not have control and independence to get food when wanted or needed as cupboards were locked.

The management team did not provide clear guidance and training for staff to be understand the right attitudes and behaviours for their role, staff were observed to be task focused and people said there was limited meaningful conversation.

The quality assurance systems where not robust enough to recognise improvements were needed to meet best practice guidance and legislation.

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 requires improvement (published 21 October 2019).

Why we inspected
We undertook this targeted inspection to check on a specific concern we had as to how the service was working within the principles of the Mental Capacity Act (MCA), inappropriate use of Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) and how the provider ensured that peoples basic human rights was at the centre of their care. The overall rating for the service has not changed following this targeted inspection and remains requires improvement.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

Enforcement
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to the lack of adherence to the principles of the MCA and the use of inappropriate restrictions.

Please see the action we have told the provider to take at the end of this report.

Follow up
We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

**Inspected but not rated**

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question, we had specific concerns about.

### Is the service effective?

**Inspected but not rated**

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question, we had specific concerns about.

### Is the service well-led?

**Inspected but not rated**

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question, we had specific concerns about.

# Langley View Residential Home

**Detailed findings**

## Background to this inspection

The inspection
This was a targeted inspection to check on a specific concern we had about the service working within the principles of the MCA, inappropriate use of Do not attempt cardiopulmonary resuscitation (DNACPR) and how the provider ensured that peoples basic human rights was at the centre of their care.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was completed by one inspector.

Service and service type
Langley View Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 did not have a manager registered with the Care Quality Commission. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require

providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection
We spoke with two people who used the service about their experience of the care provided. We spoke with four members of staff including the manager and care workers.

We reviewed a range of records. This included one person's care records and four people's care plans relating to mental capacity and deprivation of liberty. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with one professional who had regular contact with the service.

Inspected but not rated

# 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. We have not changed the rating of this key question, as we have only looked at the part of the key question, we had specific concerns about.

The purpose of this inspection was to check a specific concern we had about the service was working within the principles of the MCA, inappropriate use of Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) and how the provider ensured that peoples basic human rights was at the centre of their care. As part of our inspection we looked at the infection prevention control measures. We will assess all of the key question at the next comprehensive inspection of the service.

Preventing and controlling infection

- We were somewhat assured that the provider was preventing visitors from catching and spreading infections. At the time of the inspection the home was closed to visitors, however when we entered the building staff did not complete screening for symptoms.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

We have also signposted the provider to resources to develop their approach.

Inspected but not rated

# 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 requires improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question, we have specific concerns about.

The purpose of this inspection was to check a specific concern we had about the service was working within the principles of the MCA, inappropriate use of Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) and how the provider ensured that peoples basic human rights was at the centre of their care We will assess all of the key question at the next comprehensive inspection of the service.

At our last inspection we recommended the provider sought advice and guidance from a reputable source, about how they applied the principles of the Mental Capacity Act. This was to ensure people's autonomy and dignity is promoted, decisions made on behalf of people have been assessed as being in their best interests and are the least restrictive option and that this approach is embedded in the culture of the service. The provider had not made improvements.

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.

- The manager had completed mental capacity assessments which detailed the decision to lock the cupboard containing knives and a cupboard containing cleaning products. This was based on risk and what was in the persons best interest. However, we found an additional three cupboards locked which stored food. This was because staff felt a person was at risk due to health. This had been made outside of health professionals' guidance and was not in line with the principles of the MCA.
- People's human and legal rights were not always understood and respected. One person said they did not

want the cupboards locked. "I'm not happy the doors are locked in the kitchen. I don't want to have to ask for things. The other day I had to ask to get a tea bag out." Whereas another person said, "It is not strange that the kitchen is locked, I don't mind them being locked because someone might eat my food. If I ask for something, Staff will get it for me."

● The manager had applied to the local authority for an authorisation in respect of a person's decision as to where to live. There were other restrictions found at the time of the inspection which had not been considered as a deprivation of liberty. For example, the front door was locked which meant people could not leave the house freely.

● The management team and staff were not clear on the correct use of a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR). The manager was developing a care plan to be used in the event someone became ill. This included the option to consider a DNACPR. The manager said their understanding was that people should have these in place, as directed by the documentation. At the time of the inspection the use of inappropriate DNACPR was discussed. The manager acknowledged and did not continue with the process.

● Staff did not understand the principles of a DNACPR. One staff member said, "No one has a DNACPR, all of them have to have them if they go to hospital. All of them will have one soon."

We found where people had capacity to make decisions about their care, this was not taken into consideration. The provider was not working with in the principles of the MCA and inappropriate restrictions were in place. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Staff gave people choices about what food they would like and activities they wanted to do in the day. Where people could not communicate verbally, staff offered pictures. One staff member said, "We get to know people and I watch them and see what they like. I use pictures to help people choose what they like. [Name of person] will show us."

Inspected but not rated

# 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. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to check a specific concern we had about the service was working within the principles of the MCA, inappropriate use of Do not attempt cardiopulmonary resuscitation (DNACPR) and how the provider ensured that peoples basic human rights was at the centre of their care. We will assess all of the key question at the next comprehensive inspection of the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There were elements of care received that did not always promote equality and encourage people's rights. For example, people spoke about how they did not have many meaningful conversations with staff as they were busy doing tasks around the home. This was observed on the day of the inspection. Staff gave little conversation throughout the inspection visit.
- People had mixed views about doing meaningful activities. One person spoke about enjoying doing arts and craft with a staff member. Another person said they did not feel there was much to do whilst they were in lockdown.
- The manager to did not ensure that care plans detailed peoples voice and their wishes regarding the support they received.
- People's bedrooms had signage which detailed their weekly activities, when asked if people had consented to this and understood the contents of the information, management confirmed that they did not.
- Where people were not able to advocate for themselves, they did not have an independent advocate to support them with expressing their wishes and how they wanted to shape their support.
- One staff member spoke passionately about the support they provided. "The servicer users are the priority. I try to make sure I get to know what they like, and they are happy."
- There had been a recent change in management. The deputy manager had stepped into the manager role, however, they spoke about how they were continuing to develop their management skills and knowledge of the role. This meant they may not be aware of regulatory responsibility.
- The provider ensured staff completed training courses, however staff had not completed specific training relating to people's individual support needs. For example, learning disability and autism training and diabetes training. This training could improve staff understanding and adapt their way of working to improve the overall culture of the service.
- Staff said they felt supported by the management and they felt the team worked well together. One staff member said, "We all get on well, we have a great staff team."
- The provider had a safeguarding policy which detailed how people should be protected and how staff

should report any concerns. Staff said they had not witnessed any concerns, however they felt comfortable to report anything to their manager and they knew how to report it if they did. Although, not all staff knew who to contact outside the organisation. One staff member said, "There has not been anything I am not worried about. I would speak to manager or provider."

● The manager completed a range of internal audits, however there were limited details of evidence or associated action plan. The manager had developed an action plan for improvements to the décor of the service.

● The provider had not completed any quality assurance checks or audits which meant they did not have oversight of the service, and improvements needed.

● The management team welcomed feedback and were willing to look at how they can improve their knowledge and practice.

This section is primarily information for the provider

# Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

| Regulated activity | Regulation |
| --- | --- |
| Accommodation for persons who require nursing or personal care | Regulation 11 HSCA RA Regulations 2014 Need for consent<br><br>Where people had capacity to make decisions about their care, this was not taken into consideration. The provider was not working with in the principles of the MCA and inappropriate restrictions were in place. |