

Oasis-Care UK Group Limited

Langley Homes

Inspection report

Peel Street Villas 37a - 39
Station Road, Langley Mill
Nottingham
NG16 4DQ

Tel: 01332470256
Website: www.oasiscareuk.com

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Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

About the service

Langley Homes is a residential care home providing regulated activity to up to 5 people. The service provides support to people aged 13 and over. The service supports people with a learning disability and autistic people. At the time of our inspection there were 4 people using the service.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support:

Staff were recruited safely, there were sufficient numbers of staff with the necessary training to support people safely and meet their needs. People were protected from the risk of abuse and risks which affected people's daily lives were documented and known by staff. Staff supported people to access healthcare services and followed guidance from external professionals.

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.

Right Care:

There were systems in place to ensure people received their medication safely and as prescribed. Staff understood how to promote people's independence, people were supported take part in activities of interest to them, we saw evidence that people were being supported to further their skills in preparing meals and managing their own finances.

Right Culture: Following our last inspection, we found staff had received additional training and the provider had made improvements to their quality assurance systems. The registered manager was committed to continuously improving the service and had a detailed action plan in place. We found there was a positive, person-centred approach to the planning and provision of people's care. This was demonstrated by the staff knowledge and the care and pathway plans in place which had been developed to guide staff on the goals and outcomes people wished to achieve.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 21 June 2022). The provider completed

an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

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 COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Langley Homes on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well led.

Details are in our well led findings below.

Langley Homes

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 Health and Social Care Act 2008.

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 carried out by 2 inspectors.

Service and service type

Langley Homes is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Langley Homes is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

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. We sought feedback from the local authorities and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 6 staff members including the registered manager, care manager and support practitioners. We spoke with 1 relative about their experience of the care provided.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

At our last inspection the provider had failed to ensure people were protected from abuse and improper treatment this was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Following our last inspection, staff had received further training in how to positively support people who experienced feelings of distress. We reviewed incidents that had occurred which recorded how staff had followed people's care plans to deescalate situations appropriately.
- We found improvements had been made in relation to how staff recorded incidents and found the management team recorded their debriefs and lessons learnt.
- The registered manager conducted regular checks of staff's understanding of how to support people proportionately and positively. We found safeguarding and intervention training appeared as a regular topic of discussion in staff meetings.
- Staff understood how to report concerns to the registered manager, provider and relevant professionals. A staff member told us, "I would report concerns to the manager, it's all covered in the staff handbook of who else you can contact."
- The registered manager regularly analysed accidents and incidents to identify any emerging themes or patterns to improve the care provided and access support from external agencies.

Assessing risk, safety monitoring and management

- Risks which affected people's daily lives were documented and known by staff. The management team monitored and regularly assessed these risks and took appropriate actions to ensure people received care in a safe and consistent way.
- People had individual care plans in place which detailed information and advice that had been sought from external professionals. The care plans provided guidance for staff on how to positively support people in the event the person experienced feelings of distress.
- Environmental risks were well managed, regular checks had been carried out which included water checks and fire safety.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Staffing and recruitment

- Staff were recruited safely. The service followed safe recruitment processes to ensure people were suitable for their roles. This included undertaking appropriate checks with the Disclosure and Barring Service (DBS) and obtaining suitable references. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough staff to keep people safe and meet their individual needs. The registered manager monitored and reviewed the staffing levels, which reflected the needs of the people using the service.
- We observed sufficient staff were available during our inspection to meet people's needs and to support them with hobbies and interests which they had planned.

Using medicines safely

- Following our last inspection, the provider had taken appropriate action to ensure people received medicines safely and as prescribed.
- Medicines that were administered covertly had the required authorisations and assessments in place.
- Stock levels of medicines corresponded with the records in place. Staff evidenced they checked the stock levels to reduce the risk of errors.
- Audits of medicine administration records and temperature checks of the medicine storage area were conducted regularly by staff and appropriate actions had been taken by the management of the service to address any shortfalls identified.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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.

Visiting in care homes

The provider ensured visiting was facilitated safely and in line with people's preference and choice. This had been risk assessed and appropriate safety control measures were found to be in place.

Is the service well-led?

Our findings

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

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

At our last inspection, the provider did not demonstrate governance systems were suitably managed to identify when people were at risk of harm. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

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

- Since our previous inspection, the provider had made improvements to their quality assurance systems which ensured all aspects of the service were regularly audited. Where issues were identified, action plans were put in place to improve the quality of the service.
- The provider and registered manager had a good oversight of the service through their structured schedule of audits, which included medicine management and health and safety. The provider had also employed a health and safety officer to assist with their oversight and support with day to day safety matters.
- The registered manager was committed to continuously improving the service and had a detailed action plan in place. We reviewed this plan and could see which actions had been completed or were in progress.

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

- There was a positive, person-centred approach to the planning and provision of people's care. This was demonstrated by staff knowledge and the care and pathway plans in place which guided staff on the goals and outcomes people wished to achieve.
- Staff told us they had regular supervisions and felt able to raise any concerns they had. One staff member told us, "The manager is great, friendly, takes their job seriously and checks staff know what they are doing."
- People were supported to maximise their independence and to take part in activities of interest to them. We saw evidence that people were being supported to further their skills in preparing meals and managing their own finances. We also found people were supported to access further education.

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; Continuous learning and improving care

- The management team understood their responsibility to keep people informed when incidents happened, in line with the duty of candour. People's records evidenced that relatives had been informed when incidents had occurred.
- We contacted stakeholders which included social workers and commissioners to feedback on their experience of the service. One social care professional told us " Since [Person] moved into the accommodation, [person] has made improvements and has a healthier lifestyle, the service has helped to settle [person]. I have found the management team efficient and helpful."

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

- People had regular opportunities to provide feedback on the service in various ways through meetings, suggestion boxes, surveys and in person. The registered manager had analysed the feedback received and had acted on suggestions people had made.
- Staff meetings took place regularly and staff had regular supervisions. Staff told us they felt supported in their roles. We reviewed the minutes of these meetings and found key information was shared in relation to training and updates to people's care plans.

Working in partnership with others

- The service worked in partnership with other professionals such as pharmacists and GP's to support people to access healthcare when they needed it which had improved people's outcomes.
- Guidance had been sought from external health care professionals where people required additional support, or risks had been identified. The guidance professionals provided had been included in people's care plans and risk assessments.