

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






Date of inspection visit:
24 May 2021

Date of publication:
28 July 2021

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Requires Improvement 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

About the service

Langley Homes is a residential care home providing personal and support for three people with learning disabilities, and/or autism and complex mental health needs. The service can support up to five people.

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

Infection, prevention and control systems were not effective to reduce the risks to people and staff.

Arrangements had been made for new people to move to the service without considering how to do this safely. Staff did not always wear or use protective personal equipment (PPE) effectively to reduce the risk of transmission. When there were visitors, testing for COVID-19 was not conducted prior to them entering the home which meant there was a higher risk of bringing COVID-19 into the home. Cleanings products were not always used effectively to ensure all areas were cleaned to reduce infection risk.

Quality monitoring systems were in place to review the service provision; however, improvements were needed as these had not highlighted the shortfalls to keep people safe when managing infection control, with daily medicine audits and safe recruitment of staff. The registered manager had not understood all their legal responsibilities and had not considered the suitability and age of people moving into the home.

People were supported to understand how to keep safe and staff were clear on their role on protecting people from the risk of harm. Staff understood their responsibilities to raise concerns and record safety incidents. These were reviewed and analysed to ensure actions could be taken to reduce risks and promote a safe environment. Individual risks to people were identified and people were supported to take reasonable risks to promote independent living. Where people needed support to manage their behaviours and keep safe; this was provided in a proportionate way and monitored with the support of healthcare 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. The importance of gaining people's consent to the support they received was understood by the staff team. Staff knew about people's individual capacity to make decisions and supported them to make their own decisions.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. The service had been developed so people's care was person centred. Staff took time to get to know people, find out about what they wanted and interested them and how to provide their

support. People made decisions about the care they received and how they spent their time. Following restrictions for COVID-19 staff had explored community links to provide people with opportunities once the restrictions allow.

People were consulted regarding their preferences and interests and these were incorporated into their support plan to ensure they were supported to lead the life they wanted to. People were supported to be as independent. The staff team knew people well and were provided with the right training and support to enable them to promote people's independence and autonomy.

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

Rating at last inspection

This service was registered with us on 25/09/2020 and this is the first inspection.

Why we inspected

This was a planned inspection based on when the service was registered.

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.

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 monitor the service 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 management of infection prevention and control at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Requires Improvement ●

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.

Requires Improvement ●

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 Care Act 2014.

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

One inspector carried out this inspection.

Service and service type

Langley Homes 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 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

This inspection was unannounced.

What we did before the 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, the registered manager and five care staff. We viewed a range of records including care records, medicine records, and a variety of records relating to the management of the home.

After the inspection

We continued to seek clarification from the provider to validate evidence we found including quality audits and staff recruitment records. We received feedback from one social care professional.



Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection

- People were not protected by infection control procedures in place in the home and we were not assured that the provider was using Personal Protective Equipment (PPE) effectively and safely.
- At the start of the inspection, the staff were not wearing face masks. Staff were seen entering the home and not putting on a mask or wearing them on their chin. Staff were observed touching and moving their masks and did not wash their hands or change their masks as required to. This reflected poor hygiene practices and did not comply with current government guidance to reduce the risk of transmission.
- We were not assured that the provider was preventing visitors from catching and spreading infections. We saw when people visited the home, a health declaration was not completed and testing for COVID-19 was completed in the home. This meant people entered the home before staff knew whether the tests identified they had COVID-19.
- We were not assured that the provider was admitting people safely to the service. The registered manager had not considered the guidance for admitting people safely to the home and how people could isolate to reduce the risk of bringing COVID-19 into the home. This placed other service users and staff at risk.
- The premises were kept clean by both staff and the people using the service, who were able to choose the household tasks they wanted to contribute towards. The home appeared clean, however there were no instructions regarding products to be used and how effective these were, how these should be diluted and frequency of cleaning high risk areas.

This demonstrated infection, prevention and control was not suitably managed and placed people at risk of harm. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- The provider generally followed safe recruitment procedures to ensure people were protected from staff that may not be fit and safe to support them. However, for one member of staff, a new criminal record check had not been obtained and there was no risk assessment to demonstrate how the provider had satisfied themselves a previous check was suitable.
- People received the support of two staff and staff felt there was sufficient support to keep people safe. However, the staff roster did not always record the details about which staff were working to provide people with the agreed level of care. This meant it was not clear who was providing people's support.
- People retained their independence and the level of support they received did not intrude on their rights. Staff knew people well and identified when people needed personal space.

Using medicines safely

- Medicines systems were generally well organised, and people received their medicines as prescribed. Systems were in place for the safe receipt, storage, administration and disposal of medicines.
- Daily audits of the number of medicines were completed to ensure people had taken their medicines. However, we saw one medicine where staff had recorded the wrong quantity since new medicines had been received, and this has not been identified. Staff had continued to record inaccurate information each day, which did not reflect the actual number of medicines in the packet. This demonstrated the system for checking medicine on this occasion had not been effective.
- Some people were prescribed medicines to take 'as required'. There was guidance in place to support staff to know when this was needed.
- Care plans had information recorded the level of support people needed to take their medicines safely.
- Staff received medicines training and competency assessments were completed to check they followed the medicines policy and procedures.

Assessing risk, safety monitoring and management

- People had risk assessments which recorded how to keep them safe. The risk assessment guided staff to minimise risks, for example when going out or when competing tasks in their home.
- Staff confirmed risk assessments were reviewed and updated quickly where necessary, to ensure these reflected the support people needed. Staff felt the risk assessments reflected the support people needed to stay safe.
- Incidents were recorded to identify how care could be reviewed, how to continue to keep people safe and any lessons to be learnt.

Systems and processes to safeguard people from the risk of abuse

- Staff were knowledgeable regarding how to identify potential safeguarding concerns and knew how to act to protect people from potential future harm.
- Where safeguarding concerns had been raised, the registered manager worked closely with the safeguarding team and supported the investigation.
- Staff had received training for identifying and reporting abuse and were confident they would take necessary action where needed.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed for themes and patterns to consider if lessons could be learnt and these were shared with staff to reduce risk of reoccurrence and improved outcome for people.

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.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff received training and support to carry out their roles, however, support to manage infection control had not been effective and failed to keep people safe.
- Staff were encouraged to develop their skills and take on further training. Newly employed staff received induction training and could complete the nationally recognised Care Certificate qualification.

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

- People's needs were assessed before they moved into the service to ensure they received the right care and support. Where people were admitted on an emergency basis, we saw a meeting had been held on the day of admission, to develop a plan with the person and social care professionals.
- Assessments considered people's social and cultural needs and considered compatibility with other people using the service.
- The assessments and care plans included how to identify any known triggers for complex behaviour, diversion methods and the agreed support needed. Following any complex behaviour, incidents were analysed, and staff were given an opportunity to discuss events and look at where lessons could be learned.

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

- People made choices about the kind of food they enjoyed and chose what that wanted to eat at each mealtime.
- Some people had plans in place to manage their health and diet. Staff were sensitive and encouraging about this and helped them to monitor their success.

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

- There were good relationships in place to ensure that people received person centred support. Professionals we spoke with were complimentary about the communication in place to respond quickly to people's needs and provide appropriate support.

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

- People were involved in decisions about their home and could choose which bedroom they preferred. There was a homely environment and people had decorated their rooms with their own belongings.
- There were regular checks in the home to ensure all areas were safe and enabled people to freely move around the home.

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

- People were supported by different health and social care professionals and staff supported people to attend clinical appointments.
- Changes in health were documented and demonstrated there had been an improvement with how people engaged with care professionals to improve their general well-being.
- One health care professional confirmed that due to the staff support, people's health had improved.

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.

- Staff had a good understanding of how to support people to make decisions. Where people lacked capacity to make important decisions, staff could describe the process they had taken to ensure decisions were made in people's best interest.
- There were records to evidence capacity assessments and best interest decision making. Applications had been made where restrictions had been identified to ensure these were lawful.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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

- Staff had developed positive and caring relationships with people they clearly knew well. People were relaxed and comfortable to approach and talk with staff. Staff understood what was important to people and what may trigger anxiety or incidents of complex behaviour.
- Where people had specific interests, staff had researched these topics to ensure they could talk about these with people, in detail.
- One health care professional told us they felt the service was culturally sensitive. Staff had similar ethnic backgrounds to people, and this promoted a shared cultural understanding and encouraged engagement.

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

- There was good communication between staff and people. They offered people choices about all aspects of their life including how they spent their time, what to talk about and where to go.
- Staff supported people to retain relationships with family members. One social care professional told us they maintained professional boundaries with people and their family and put people at the centre of their care.
- People were helped to make positive choices about their care and to reduce their anxiety. One health care professional reported that the service was person centred and outcome focused through delivery of positive behaviour support in a consistent way.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's dignity and made sure that they supported people in the way they wished and encouraged them to remain as independent as possible.
- People received support from two members of staff, however, we saw they were still afforded privacy and staff respected people's personal space.
- People chose how they wanted to decorate their home and personal spaces. Each person had their own room and lounge area to ensure they had privacy.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. 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 had a care plan which reflected their current needs. These plans had been reviewed with people since they moved to the service to reflect how they now wanted to be supported. One social care professional told us staff attended multi-disciplinary teams and actively participated in any review to ensure they understood how to meet people's identified needs.
- Care plans were personalised and contained information about how a person wanted to be supported in all areas of their care and support. People's preferred support routines were detailed and incorporated their preferences and skills as to what they could do for themselves.
- The plans included information about what may make people anxious and how to respond to any complex behaviour. Staff were knowledgeable about how to work together to keep people safe. Any incidents were reviewed to reduce the risk of incidents being repeated and to help to evidence how effective the plans were.

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.

- Information was available for people in an accessible format to ensure they had the information they needed to make decisions in a format they understood.
- The registered manager understood how to support people to access information through using pictorial systems, easy read and use of technology to ensure people were comfortable with accessing information.

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

- The service provided was flexible and responsive to people's individual needs and preferences. Due to the COVID-19 pandemic, opportunities for social interaction and community events had been limited. Staff explained that alternative arrangements had been provided in the home and they encouraged active engagement in all activities.
- We saw people chose how to spend their time and what activities or events to be involved with. Where people needed support, we saw this was available and staff spoke with people to ensure they understood how they wanted to be supported.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure and there had been no complaints received since the service was registered. The registered manager understood any complaint or concern would be fully investigated and a letter of apology should be provided where necessary.
- Information was available to people in a format suitable to their communication styles on how to raise a complaint or a concern if they needed to do so.

End of life care and support

- The service was not supporting anyone who was receiving end of life care.

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.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The registered manager undertook monitoring of quality and safety. However, the provider's quality monitoring systems were not effective as they had not identified shortfalls with managing infection control and supporting safe admissions to the service.
- The systems in place to monitor medicines administration were not effectively implemented and this hadn't been identified by the provider's quality assurance systems.
- The registered manager had not recognised a change of Statement of Purpose and changes to service user bands was needed, to ensure people who moved to the home met the registration requirements of the service. This meant one admission to the service was outside of the current service registration and this had not been identified by the registered manager. Following our inspection, the registered manager submitted the necessary information to make these changes as required.

This demonstrated governance systems were not suitably managed to identify when people were at risk of harm. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Continuous learning and improving care

- The registered manager told us that they kept themselves up to date with developments and best practice in health and social care to ensure people received positive outcomes. However, they were not aware of the changes to guidance for COVID-19 and requirements of their registration. The registered manager understood and reflected on this information and provided us with information to demonstrate developments in the service to reflect this.

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

- This a newly registered service and the registered manager was motivated and committed to developing the service to provide individual support for people with complex needs.
- The culture and values of the service demonstrated the staff team were enthusiastic to develop the service to ensure people received individual support, felt valued and had opportunities to develop. Staff empowered people to make positive decisions and experience different opportunities in their new home.

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 registered manager was responsive and open to all feedback on the day of inspection and acted promptly to start to make necessary improvements.
- They liaised with health and social care professionals, who told us they had found the staff and management at the home helpful in terms of providing information when requested.

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

- Staff were provided with opportunities to speak with a member of the management team and found them to be supportive.
- Incidents, complaints and events were reviewed as part of the monitoring process and to review how improvements could be made when supporting people with complex behaviour.

Working in partnership with others

- The registered manager had worked closely with commissioning services to ensure they knew people before they moved into the service and understood how to provide their support. One social care professional reported the registered manager was very responsive to requests for information, monthly reports and attendance at meetings. The staff were professional and had a positive approach to the care and support.
- The registered manager continued to work with commissioners of services to ensure any complaint or safeguarding investigation was suitably investigated.

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 17 HSCA RA Regulations 2014 Good governance Governance systems were not effectively implemented to monitor whether a safe service was being provided.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Care and treatment was not provided in a safe way for service users. The risk of, and preventing, detecting and controlling the spread of infections was not suitable

The enforcement action we took:

We issued a warning notice.