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?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 31 January 2017 and was unannounced. At the last inspection on 18 May 2016 we asked the provider to take action to make improvements to the way they monitored the quality of the service, and this action has been partially completed.

35 Hill Top View is registered to provide accommodation and personal care for up to four people with learning disabilities. The services are divided between two houses. This includes 33 Hill Top View. There were four people living at the home when we inspected.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider needed to improve the way they monitored the quality of the service they were providing. Action was still required to ensure audits identified where improvements could be made.

People were kept safe from harm because staff understood their responsibility to protect them from abuse and poor care. People's risks were assessed and staff were provided with management plans to support people in the least restrictive manner. Staff maintained a consistent approach to support people when they became anxious or presented with behaviours that challenged their safety. There were processes in place to ensure staff were suitable to work with people in a caring environment.

Staff had access to training to improve their knowledge of care and enhance their skills. Staff sought people's consent before providing care and supported people when they needed help with their decision making. People received their medicines when needed and staff recorded them accurately. People were provided with meals that met their individual needs. The advice of specialist healthcare professionals was sought whenever necessary to maintain people's health and wellbeing.

People received kind and compassionate care. Staff supported people to maintain their dignity, independence and privacy. Staff gained information about what was important to people so that they could provide care which met their preferences. People were encouraged to try new activities and staff recorded what they did or did not enjoy to ensure what they did met their preferences.

Relatives and visiting healthcare professionals were given the opportunity to share their views of the service. There was a complaints procedure in place. Staff felt supported and were provided with updates through a regular meeting schedule.

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. People were protected from abuse and poor treatment because staff were suitably recruited and understood how to keep people safe. People's risks had been identified and there were arrangements in place to reduce them. Medicines were managed correctly.

Is the service effective?

Good

The service was effective. People were supported by staff with the skills and knowledge to care for them. Staff understood the importance of gaining people's consent and how to support them when they could not make decisions for themselves. Where people were restricted of their liberty to keep them safe, the appropriate approval had been sought. People received a choice of food that was suitable for their individual needs. People had support from healthcare professionals to support and maintain their wellbeing.

Is the service caring?

Good

The service was caring. People and staff had developed good relationships with each other. Staff recognised people's right to privacy and protected their dignity. Staff supported people and their families to keep in touch.

Is the service responsive?

Good

The service was responsive. People's care was planned to meet their personal preferences. Staff knew what was important to people. People were able to take part in activities and pastimes which they enjoyed. There was a process in place for concerns and complaints to be raised.

Is the service well-led?

Requires Improvement

The service was not consistently well-led. There were limited arrangements in place to ensure areas for improvement were identified. Relatives and healthcare professionals were provided with opportunities to comment about the service. Staff felt supported by the management arrangements.

Langston Care Limited - 35 Hill Top View

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 31 January 2017 and was unannounced. The inspection was undertaken by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed this information and other information we held about the provider when we planned the inspection.

We were unable to speak in depth with anyone who used the service or their relatives. We observed people's care whilst they were in the communal areas of the home. We spoke with four members of staff to see how well they knew people and how they were supported. We also spoke with the registered manager and the head of houses for the provider.

We looked at two care plans to see if people received the care that was planned for them and staff files to ensure staff recruitment was suitable.

Good

Is the service safe?

Our findings

There were systems in place to keep people safe. Staff told us they reported any concerns they had about people's safety, relating to any potential for harm or ill treatment. One member of staff told us, "We report to the manager but I know the safeguarding number to call myself if I feel I should". We saw that when a safeguarding concern had been identified appropriate action was taken to investigate the concerns and ensure that the person was protected.

There were risk assessments completed for all aspects of people's daily care and support. We saw, for instance that people's road safety risks and those for travel in a vehicle had been assessed. We saw that a guard was used to protect the driver when they were taking people on outings to ensure the safety of everyone was protected. One member of staff told us, "The use of the guard has reduced incidents in the vehicle. People understand that's it's there and that it's a boundary they mustn't touch". We saw that when people had seizures there was a step by step management plan in place for them to ensure they were supported safely and referred for emergency care if necessary. A member of staff said, "I've had training on how to administer the rescue medicines used for seizures. I couldn't work with [Name of person] before I did that". This demonstrated that staff were provided with the knowledge and guidance to manage people's known risks.

Some people demonstrated behaviours which challenged their safety and that of others when they became anxious. We read that staff used a consistent approach to support people. Discussion with staff demonstrated that they knew what might upset people and trigger their complex behaviours and took action to prevent this happening. A member of staff explained, "[Name of person] likes their own space and sometimes [Name] get excited and invades their space so we make sure we keep them apart". This meant staff understood the best way to protect people to prevent them from becoming anxious.

There were sufficient staff to support people. People who used the service required individual support from staff. For example some people had one-to-one support from staff whilst they were in the home which was increased when they were out. Staffing levels reflected the care and support people required. One member of staff told us, "We don't use agency staff. People don't like change so we have our own bank staff and cover any gaps like sickness ourselves". There was a suitable recruitment process in place. One member of staff told us, "I had an interview and they contacted my previous employer for a reference. I had to have a police check and wait for that to come back. They got the result online and I brought my paper copy in for them to see. I had to wait for everything to come back before I could start". We looked at three staff files and saw that recruitment processes were completed before staff were able to start working at the service. This showed the provider followed procedures to confirm staff suitability to work within a caring environment.

People's medicines were managed safely. One member of staff told us, "You can't do people's medicines until you've been assessed and signed off as competent". Staff told us they received medicine administration training every year. We saw that people were offered their medicines in liquid form to ensure it was easier for them. Another member of staff said, "People are happy to take their medicines. [Name of person] knows when their medicines are due and gets excited about taking them". We saw that medicines

were stored securely and staff recorded people's medicines correctly to ensure an accurate record was maintained.

Good

Is the service effective?

Our findings

New staff were provided with an induction. A member of staff told us, "The induction support is good. We have time to read through people's care plans and shadow experienced staff. I requested a bit longer for shadowing because I felt I needed it. It wasn't a problem". Another member of staff said, "We always get new staff to shadow staff supporting people with complex behaviours . No one is put on shift unless they're comfortable with it". Staff were supported to learn new skills and update their knowledge to ensure they cared for people appropriately. Another member of staff explained, "Trainings good and NHS staff come in to show us how to do things as well". Staff had opportunities to discuss their performance and training needs. One member of staff said, "At my last supervision we discussed what training I'd done before and asked what I'd like to do. I said I wanted to have further training on seizures, different seizure patterns and how to recognise them". This demonstrated that staff were supported to expand their knowledge to understand people's needs.

Staff recognised the need to gain people's consent for care and how to support them when they could not make choices for themselves. For example we heard staff showing people a choice of drinks for them to see what they would prefer. 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's capacity to make decisions had been assessed and we saw that when decisions needed to be made for them staff had demonstrated why this was in their best interest. For example one person fiddled with an object but this could sometimes lead to problems when they were in the car and staff had to remove them. We saw the decision to do this had been assessed and it was recorded why this was necessary.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff had recognised that people who used the service were being deprived of their liberty and had made applications on their behalf to the authorising authority. Staff told us they had received training to support their understanding of the MCA and DoLS and demonstrated an understanding of the principles of the Act. A member of staff told us, "For example some people don't understand the need to wash which could cause problems for their skin or how to be safe if they were out alone. If this is the case we would have to apply for a DoLS".

People were provided with food and drinks which met their choice. We saw that staff sat with people and monitored how they ate to ensure they maintained their safety. One person was eating very quickly and a member of staff provided constant reminders to them of the need to slow down. Staff told us one person's appetite reduced when they were unwell. The member of staff said, "[Name of person] is tiny and when they're not well they won't eat. Therefore if they want to cover their food in salad cream but will eat it, its fine with us". People's weight was monitored regularly. We saw that people whose weight had increased or who required a special diet were offered healthy choices. A member of staff told us, "[Names of people] have a

sweet tooth but we try and get them lighter options son they can have a bit more".

People's day to day health was supported. We saw that one person was having their temperature monitored every day. Staff told us this was so they could identify if they had an underlying infection starting which could affect their health and change their support needs. People were seen by other healthcare professionals when they needed additional support to maintain their physical, mental and psychological health. We saw in people's care plans that people attended the dentist, their doctor and support from learning disability services whenever required.

Good

Is the service caring?

Our findings

People were provided with kind and compassionate care. People who used the service were unable to tell us about their care so we observed how staff interacted with them in the communal areas of the home. We saw that staff provided friendly and polite support to people. People looked at ease with staff and relaxed in their company. Staff were receptive to people's moods and could tell when people needed additional support. For example, we saw that staff noticed when people were becoming unsettled and went to them to offer reassurance.

People's dignity was protected by staff who spoke with them discreetly when enquiring about their personal needs. People were supported to maintain their appearance. We saw staff checked that people's faces and clothes were clean when they'd finished eating to maintain their presentation if they were unable to do this for themselves. When people needed personal support this was provided in a timely manner. This demonstrated that staff provided their support in a way that recognised people's dignity.

People were supported to maintain their privacy. We saw that people who were able to move around independently went back to their bedrooms or different areas of the home for private time when they wanted. Staff respected this and observed them without invading their space. This demonstrated that staff understood and promoted people's right to spend their time being away from others if they preferred.

People were encouraged to maintain their independence and fulfil their potential. One member of staff told us, "[Name of person] likes to choose their own clothes, they don't always coordinate but it's their choice". We saw other people being encouraged to take their cups and plates to the kitchen when they had finished their meals.

People were supported to remain in touch with relatives and friends who were important to them. Staff told us some people went to stay with their families on a regular basis and we saw this was recorded in their care plans. Other people received visits from their families. A member of staff told us, "We take people to their relatives if they can't get here", and we saw that when one person's relative was unwell, staff had done this. We read in people's care plans that staff contacted their families to keep them updated about their care.

Good

Is the service responsive?

Our findings

People received care that met their individual needs. Staff demonstrated that they knew people well and understood what was important to them. One member of staff told us, "We do know people well", and went on to provide in depth information about people's likes and dislikes. People's care plans provided information about people's preferred routines and how people would present if they were unhappy or unwell. We saw the care plans were reviewed regularly to ensure the information recorded about people was current.

Staff shared information about people with each other to maintain continuous care. We heard staff providing updates to each other during shift handover. Staff were discussing the preparation of the main meal for the following day as they would be accompanying people on a day out. Tasks for the meal preparation were shared which indicated that staff worked together as a team to ensure they responded to people's needs.

Staff supported people to spend their leisure time doing whatever they enjoyed. One person was celebrating their birthday when we inspected. Staff had planned an outing for them to include the activities they most liked. A birthday cake had been made which was decorated to show a person on a swing which the person really enjoyed. A party was arranged for later in the day when all the people who used the service at this, and the providers adjoining home would get together to enjoy a fish and chip supper. We heard this being discussed with people throughout the day. Other people had been shopping and we heard staff making plans for a chocolate factory visit the following day. Each person had an activity plan in place. Staff recorded the level of enjoyment or disinterest people demonstrated on the trips or activities to ensure they provided them with activities they benefitted from. One member of staff told us, "We have an activity plan for everyone but if for instance someone doesn't feel well or just don't want to go we change it". This demonstrated that staff were adaptable to change. People's activity plans provided information about the variety of activities people had the opportunity to take part in either within the home or out using community facilities. For example we saw people attended clubs, leisure centres and went on local walks. Another member of staff said, "People have a better social life than me! I've lived in this area all my life and I've been to places I didn't know about before I came to work here". This demonstrated that staff worked proactively and creatively to provide people with enjoyable leisure time.

There was a complaints procedure in place. People's care plans contained pictorial information to support them if they were unhappy about any aspect of the care they received. The provider told us they had not received any complaints since our last inspection.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection on 18 May 2016 we found there was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the provider was not monitoring the quality of the service. At this inspection we saw that some audits had been introduced to monitor quality and drive improvements. However further improvements were still required to provide an overview of the quality of people's care and safety.

We saw that staff kept records of any accidents or incidents which occurred in the home. The records were passed to and viewed by the management team. However there was no management analysis to identify if there were trends or patterns to the incidents. This meant the information was not used to make improvements to people's care and support if necessary.

We noted that the ratings poster from the last inspection was not on display as required. The registered manager told us they were having problems keeping it on display because people who lived in the home removed it. Whilst we were in the home the registered manager identified a place for the poster which would be more secure. There was a registered manager in post. Staff told us there were on-call arrangements in place which meant they could speak to a senior member of staff for advice whenever they needed to. One member of staff said, "There's always someone on the end of the phone".

There were opportunities for families and healthcare professionals to voice their opinions of the service. We saw the feedback from the most recent satisfaction survey included comments from relatives such as, 'top quality care' and from healthcare professionals, that the service was 'approachable and professional'. Staff told us they felt supported. One member of staff told us, "At interview you're told you'll work in each of the houses but if for some reason you don't feel comfortable in one house you're not pushed to work there". This meant that staff comments were respected by the provider.

Staff told us they had regular meetings to update them about people and any changes which occurred in the home that might affect them. There was a staff meeting on the day of our inspection which we observed. We heard staff discussing people together and providing updates about them and being provided with information about training.