

# Mr Daljit Singh Gill

# The Langleys

## Inspection report

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## 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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

The Langleys is a residential care home providing personal care for up to 15 people aged 65 and over. At the time of the inspection the service was providing care for 11 people.

### People's experience of using this service

The registered manager and provider had systems in place to monitor the service, but these had not been fully effective. This was because risks associated with people's care and the environment were either not identified or managed effectively. This included management of fire risks.

People's medicines were not always managed safely. Records were not sufficiently clear to demonstrate medicines had been administered as prescribed.

Staff knew the safeguarding reporting procedures and felt confident to immediately report any concerns that could suggest potential abuse. However, an incident reported to the registered manager and provider had not been reported to us or the local authority as required.

Staff were not fully aware what accidents should be recorded and reported to the relevant agencies to enable any risks to people to be followed up and investigated as appropriate.

People had individual care plans describing the care and support people needed, but they did not always include some important information specific to the person. People did not always receive care that met their needs and preferences. For example, people wanted more activities to be provided.

Staff recruitment information was provided retrospectively and did not show thorough checks of information provided by employees had been completed.

Staff and people using the service had good relationships. Staff were caring in their approach to people. People's dignity was usually maintained, and personal care was carried out in private.

People were supported to have 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.

Staff completed an induction when they started work at the home and also completed ongoing training to ensure they had the knowledge and skills they needed to support people effectively.

People were involved in decisions about their care and made everyday choices linked to their care such as where they spent their time and what food and drinks they wanted. People were positive in their comments about the food provided.

Systems were in place to check the home was maintained in a clean condition and staff were aware of processes to follow to reduce the risk of the spread of infection.

During our inspection staff were responsive to people's needs and people knew how to raise concerns if they were not happy. There had been no complaints recorded at the time of our inspection.

#### Rating at last inspection

The last rating for this service was Requires Improvement (published 9 January 2019). This is the second consecutive time the service has been rated as Requires Improvement and prior to this the service was rated inadequate.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Enforcement

We found two breaches of the Health and Social Care Act 2008. These were in relation to the safe care and treatment of people and good governance. Please see what action we told provider to take at the end of the full report.

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the 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.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

**Good** ●

### Is the service responsive?

The service was not always responsive.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well led.

**Requires Improvement** ●

# The Langleys

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was completed by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

The Langleys is a 'care home'. People in care homes receive accommodation and nursing or 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

This inspection was unannounced.

#### What we did

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.

We spoke with ten people and three visitors about their experience of the service. We spoke with two care staff and the registered manager.

We reviewed a range of records. This included two people's care records, multiple medication records, staff training, safeguarding, complaints, and accident and incident records. We looked at a variety of records relating to the management of the service, including quality monitoring information and policies and procedures. After the inspection, we continued to seek clarification and request records of evidence that were not available to us on the day of our visit such as staff recruitment records.

# 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 Requires Improvement. At this inspection, this key question has remained the same. 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.

### Assessing risk, safety monitoring and management

- Risks were not consistently managed to ensure people's safety. This included fire risks and risks associated with people's care. One person told us they had to wear a specific item of equipment advised by a health professional but stated this was only worn when, "They (staff) remember to put it on."
- One person had a catheter, but their catheter bag changes were not recorded, and the fluid input was not being monitored. The monthly reviews of the persons catheter care did not reflect information in daily records. We could not be assured therefore, this was managed safely to reduce any risks of infection.
- When we arrived, the front door was obstructed with a walking frame and boxes which could impact on people evacuating the home in an emergency. Although the boxes were later removed, we were told a walking aid was frequently left there. People's bedrooms doors were propped open with various devices which meant they would not close safely in the event of a fire. The registered manager told us this issue would be addressed with the provider.
- The stair carpet was frayed and coming away from the stairs in places presenting a trip hazard. The registered manager said the carpet was to be replaced. The provider told us following our visit the carpet had been temporarily glued.
- The safety belt on the stair chair was faulty which meant it was not safe to use. The registered manager said a quote for a new chair was in progress. This impacted on people's safety and independence as they needed to seek staff support to use the stairs. The provider told us following our visit, this had been ordered and would be fitted as soon as possible.
- One person was known to splash water on themselves and other surfaces. Staff did not identify this during our visit, so we alerted staff to this, upon which, the person was assisted. The person's bedroom floor was wet, and the stairs were wet that people were using, presenting a falls risk.
- The provider had a recruitment process to ensure staff were employed safely, however they could not demonstrate this was followed. On the day of our inspection recruitment files for new staff employed were not available. These were provided retrospectively but did not show safe procedures had been followed. For example, references from previous employers were not always sought and reasons for this were not detailed. There were also gaps with regards to key information on application forms.

### Using medicines safely

- Medicines were not consistently managed safely. One person's medicine had been prescribed to be taken at specific times each day to manage a health condition which impacted on their ability to move around. Medicine Administration Records (MARs) showed this medicine was not being provided at the times specified on the medicine prescribing label. The registered manager told us the GP had changed the times, but records were not available to show this.

- MARs showed discrepancies in the amount of medicines received, administered and remaining for three people. The provider could not demonstrate medicines were managed as prescribed.
- Codes used on MAR's were not consistently defined to show how medicine had been managed. For example, staff told us the code '0' was used to show the medicine was not available to give. There was no information to show this. The code '0' had been used on several occasions demonstrated medicines were not obtained and followed up with the GP in a timely manner. The registered manager told us they would complete checks of medicines to ensure these were managed safely.

#### Systems and processes to safeguard people from the risk of abuse

- Staff knew to report concerns to the registered manager for further investigation. However, staff gave inconsistent responses with regards to what they would report to ensure all concerns were managed safely.
- We identified an allegation of potential abuse had been shared with the registered manager, but this had not been recorded in the safeguarding log or reported to us or the local authority safeguarding team as required. This meant it had not been fully investigated to identify any potential risks and actions required. The registered manager had completed their own investigation. However, this did not demonstrate risks had been fully managed. The registered manager has since reported this to the necessary agencies retrospectively.

The failure to manage risks to people's health and welfare was a breach of Regulation 12, HSCA 2008 (Regulated Activities) Regulations 2014.

- Despite our findings, people told us they felt safe living at the home. One person told us, "I do feel safe here. There's people here all the time, I see the doctor every week." A relative told us, "I know [Name] is safe, 24-hour care, peace of mind, excellent."

#### Staffing and recruitment

- There were enough staff to meet people's basic care needs during our visit. People told us staff were available when they needed them. One person said, "There's always a carer to help you." Another said, "They do come if I need help at night, I just press the buzzer."
- Staff felt there were enough of them to support people's needs and complete cooking, laundry and cleaning.

#### Preventing and controlling infection

- Most areas of the home were clean. The corridor carpets were stained in areas. The registered manager told us carpets were being replaced.
- Staff had completed training on the prevention and control of infection and staff were seen to wear disposable gloves and aprons when supporting people or serving food.

#### Learning lessons when things go wrong

- During our last inspection there was no system to record accidents and incidents to ensure risks were managed safely. At this inspection a new system had been introduced and the registered manager monitored these monthly. However, further action was needed to ensure all staff were clear on what they should be recording.



# 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 deteriorated to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People's rooms on the first floor were accessible by stairs or a stair lift. At the time of our visit the stair lift was in need of repair so could not be safely used. People were being supported by staff when needed.
- Some people wished to keep their bedroom doors open but most door retainers were not working and, on some doors, retainers had not been fitted. The registered manager told us this would be addressed with the provider.
- The registered manager acknowledged there were areas of the home in need of re-decoration and storage areas needed to be identified. They stated redecoration was being completed in stages. When we requested timescales for this to take place, they said they would discuss with the provider.
- People who were independent were able to freely move around the home. Bedrooms had been personalised with people's personal possessions to make them more homely.

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

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Most people had capacity to make their own day to day decisions and we observed staff offering people choices during the day. However, people felt they had limited choices made available to them.
- One person said "They get me up, I don't have a choice when, and laughed. I do like it here." Another person told us they preferred to stay in their room but were encouraged to sit with others in the communal areas where staff could, "Keep an eye on them."
- Staff sought consent from people before providing care and support. Staff showed some

understanding of the MCA. They were aware people were able to change their minds about care and had the right to refuse care.

- DoLS authorisations had been made, one was awaiting assessment by the local authority.

Staff support: induction, training, skills and experience

- Staff told us, and records showed, they were provided with an induction and ongoing training to update their knowledge and skills. The registered manager told us new staff employed had previous care experience and care qualifications so had not needed to complete the Care Certificate training.
- Staff had regular supervision meetings with the registered manager where they could discuss their role, their performance, and any concerns they had. Staff told us they found these meetings supportive.
- People felt staff knew what they were doing and commented if staff didn't know something, they asked other staff who would know. One person told us, "They seem to know what they're doing, they're polite."

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

- People were satisfied with the food provided. One person said, "The food's ok... We had a lovely Christmas dinner with a glass of wine, our visitors did too. Another person said, "The food is ok, they know what I like and don't like."
- Meals were presented in an appetising way and staff explained to people what their meals were as they served them. Staff offered to cut up people's food and checked if people wanted drinks and puddings.
- There was some provision for special diets, for example, custard was made with a sweetener as opposed to sugar for those people who were diabetic. However, menus did not reflect the cultural diet that one person preferred. The registered manager told us alternative options were made available occasionally for this person in addition to the person's family members providing meals.
- Menus were not always reflective of the meals provided to demonstrate they were nutritionally balanced, and a variety of choices were provided consistently. The registered manager said menus were currently under review.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare services such as the doctor and district nurse when needed. One person told us, "The doctor comes regularly, he comes to check us. I just tell a carer if I need the doctor, or if something is wrong, and they sort me out." Another person said, "I saw the doctor the other day, he gave me some more painkillers."
- Care plans included information about the support people needed to stay healthy and information about healthcare appointments.
- Oral health was not sufficiently detailed in care records. Arrangements were made for people to access dentists when there was a problem, but we were not reassured this was always in a timely way. One person had loose dentures which affected the way they spoke. We were concerned they would also not be able to eat properly. The registered manager confirmed a dental appointment had been made but this was several weeks away. Following our visit, this appointment was brought forward.

# 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; equality and diversity

- People were seen to have positive interactions with staff. One person told us how they felt a member of senior care staff was very caring. They said, "She washed me ever so gently, and helped me to dress, she's ever so caring."
- Staff demonstrated a detailed knowledge of people as individuals and knew their personal likes and dislikes. Staff showed respect for people by addressing them using their preferred name and maintaining eye contact.
- All the interactions we observed between people and staff were positive and friendly. For example, as staff walked through the lounge they paused and interacted with people, smiling as they went. Staff communication with people was warm and showed a caring attitude.

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

- People's care plans included information about their likes, dislikes, and preferences.
- Staff used a personalised approach to providing care and support for people using the service.
- People were supported to make contact with advocacy services in the event people required independent support to make decisions and choices about their care.

Respecting and promoting people's privacy, dignity and independence

- During our visit some people chose to remain in their rooms showing their privacy was respected.
- People's care plans detailed how staff should protect people's dignity whilst providing their care and support. Discussions with staff confirmed they followed good practice to ensure people's privacy and dignity was maintained.
- Staff provided care and support with the emphasis on promoting and maintaining people's independence.
- People's care and support records were stored securely accessible only to authorised people in order to maintain confidentiality.

# 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 Requires Improvement. At this inspection this key question has now remained the same.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People said their basic care needs were met but they wanted more social activities to be provided.
- Some social activities that were of interest to people were provided but people said they wanted more to do to occupy their time. One person told us, "The worst bit of being here is we just sit here, we did have some school children come and a man came and entertained us otherwise it's a bit boring...a man came and played tunes for us, that was nice." Another person said, "I'll just lounge here for a bit then have a nap. There's nothing else to do." The registered manager told us they had already arranged to bring new activities into the home via other agencies to increase activity levels and support people's interests. We saw records confirming these plans.
- Social events took place at the home periodically. Staff told us about the Christmas celebrations. One staff member said, "At Christmas we brought them all into the dining room. All the family came, we played music, we had snacks, we opened presents. They had a Christmas dinner, turkey and pork, they all enjoyed it."
- On the day of inspection some people sat in the lounge and watched the television while others stayed in their rooms. Some people enjoyed having a chat whilst having their hair done by the visiting hairdresser. Board games were available in the lounge for people to use if they wished.

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.

- Care plans contained information about people's preferred methods of communication and staff knew how to effectively communicate with people. The registered manager told us of plans to review the AIS standard to ensure information was available to all in a way they could understand. For example, in large print and picture formats.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to raise concerns about the service.
- The complaints policy was on display within the home.
- There was a process to record complaints. No complaints had been recorded although we identified concerns had been raised by visitors.

End of life care and support

- There was some information about people's end of life support wishes. At the time of our visit nobody was receiving end of life care.

- Care plans identified people's religious needs for consideration by staff when people were at the end of their life.

# 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 remained the same. 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; Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility;

- There were systems to review the quality of the care provided to continually improve the service people received. However, we found the provider needed to improve these systems to ensure the service was monitored effectively. This included ensuring there were clear records of audits completed and actions taken/planned.
- Risk management was not consistently effective. We identified risks associated with people's care and environmental risks that placed people at risk of potential harm. Timely action had not been taken to address them.
- Complaints had not been recorded in the complaints register when raised to show they had been acted upon. The registered manager said they would ensure all new concerns were recorded.
- The system in place to ensure the safe administration of medicines was not effective. Medicine counts were not always accurate, some medicines had run out before the end of the medicine cycle and unclear records meant it was not always clear medicines had been administered as prescribed.
- Organisations registered with CQC have a legal obligation to tell us about certain events at the home so that we can take any follow up action that is needed. These events had not been recorded consistently to ensure they were referred to the relevant agencies as required.
- The service has been rated Requires Improvement at the last two consecutive inspections and was rated Inadequate prior to this. Action taken to improve the service to achieve an overall Good rating have not been sufficient.

This was a breach of Regulation 17 (Good Governance) HSCA 2008 (Regulated Activities) Regulations 2014.

- The provider was meeting the requirement to display their most recent CQC rating.
- People's care plans were personalised and provided staff with information about people's backgrounds, interests, likes and dislikes as well as information about people important to them. For example, one care plan stated staff needed to be patient with a person when talking with them and give them time to respond.
- Staff knew people well and told us they used care plans for guidance when needed.

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

- People felt the registered manager was accessible and they could speak with them whenever they wished to.
- People had opportunities to share their views about the service by completing satisfaction surveys. An analysis had been completed which showed mostly positive responses. Some people had stated they would like more food choices. This was not reflected in the analysis. The registered manager said action was being taken to address this.
- Staff told us they enjoyed working at The Langleys and felt supported by the registered manager. One staff member told us, "Oh yes, I love it here... I know she will help me any way she can if I have a problem."

#### Continuous learning and improving care; Working in partnership with others

- The registered manager and provider aimed to keep up to date with best practice and developments and had participated in a number of initiatives to improve people's experiences of care.
- The provider had received accreditation for participation in a 'react to red' campaign aimed to prevent people from developing pressure ulcers on their skin. Providers have to work to set standards to become accredited and be awarded a certificate.
- The provider had received accreditation for infection control demonstrating compliance with standards to prevent the spread of infection.
- The registered manager showed us a 'certificate of participation' for a project that aims to help raise awareness of dementia to help support people's needs more effectively.
- The provider had participated in a 'red bag' initiative to help people experience a more positive transition from the service to hospital. Red bags are used to store people's key paperwork, medicines and personal items like spectacles are handed to ambulance crews and travel with people to hospital.

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 12 HSCA RA Regulations 2014 Safe care and treatment  Risks related to the health, safety and welfare of people were not sufficiently managed to maintain people's safety.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems and processes to monitor the quality and safety of the service were not effective.