

Parcs Healthcare Limited

Langley House

Inspection report

2 Oak Road
Harold Wood
Romford
Essex
RM3 0PH

Tel: 01708381302

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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?

Good ●

Summary of findings

Overall summary

We undertook an unannounced inspection of Langley House on 23 October 2017, which is registered to provide accommodation for up to 25 elderly people, some of whom have dementia. At this inspection there were 25 people living in the home.

At the last inspection on 23 and 24 July 2015 the home was rated 'Good'. At this inspection we found the home remained 'Good'.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the home. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the legal requirements in the Health and Social Care Act 2008 and the associated regulations on how the home is run.

Risks had been identified and assessed, which provided information to staff on how to mitigate risks to keep people safe. Medicines were being managed safely. There were sufficient staffing levels to support people. Premises safety checks had been carried out to ensure the premises was safe. Staff had been trained in safeguarding adults and knew how to keep people safe.

Staff had the knowledge, training and skills to care for people effectively. Staff received regular supervision and support to carry out their roles. People had choices during meal times and were supported with meals when required. People and relatives told us people enjoyed the food. People's weights were regularly monitored and referrals made to health professional if there were concerns with people's weight. People had access to healthcare services.

People and relatives told us that staff were friendly and caring. Our observations confirmed this. People were treated in a respectful and dignified manner by staff who understood the need to protect people's human rights. People had been involved with making decisions about their care.

People received care that was shaped around their individual needs, interests and preferences. Care plans were person centred and staff knew how to provide person centred care to people. People and relatives were aware of how to make complaints if they wanted to and staff knew how to manage complaints.

Staff felt well supported by the management team. People, relatives and health professionals were complimentary about the management of the home. Quality assurance and monitoring systems were in place to make continuous improvements.

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 home remains Good.

Is the service effective?

Good ●

The home remains Good.

Is the service caring?

Good ●

The home remains Good.

Is the service responsive?

Good ●

The home remains Good.

Is the service well-led?

Good ●

The home remains Good.

Langley House

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 was planned to check 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 home, and to provide a rating for the home under the Care Act 2014.

The inspection was carried out on Monday 23 October 2017 and was unannounced. The inspection was undertaken 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.

Before the inspection we reviewed relevant information that we had about the provider including any notifications. A notification is information about important events which the provider is required to tell us about by law. We also received a provider information return (PIR) from the home. A PIR is a form that asks the provider to give some key information about the home, what the home does well and improvements they plan to make. We used all this information to decide which areas to focus on during our inspection.

During the inspection we spoke with the provider, registered manager, four care staff, five people, seven relatives, two district nurses and a GP.

We reviewed documents and records that related to people's care and the management of the home. We reviewed five people's care plans, which included risk assessments and five staff files which included supervision records. We looked at other documents held at the home such as medicine records, training records and quality assurance records.

Is the service safe?

Our findings

People and relatives told us that people were safe. One person told us, "I feel very safe and secure here." A relative told us, "[Person] is safe here." A health professional told us, "People are happy and looked after well." Staff had been trained in safeguarding people. Staff were able to explain how to recognise abuse and would report abuse to the registered manager or the Care Quality Commission (CQC) and local authority.

Assessments were carried out with people to identify risks. A health professional told us, "They [staff] are good with pressure area care." Risk assessments were specific to individual circumstances, for example there were risk assessments for skin integrity, falls and behaviour that may challenge. The risk assessments provided information to staff about how to mitigate risks and keep people safe. They were regularly reviewed and updated when required.

We saw evidence that demonstrated appropriate gas, electrical and water safety checks were undertaken by qualified professionals. The checks did not highlight any concerns. Regular fire tests were carried out and a fire risk assessment was in place to ensure people were kept safe in the event of an emergency. Staff were trained in fire safety and were able to tell us what to do in an emergency.

None of the staff we spoke with had concerns with staffing levels. They told us that they were not rushed in their duties and had time to provide person centred care and talk to people. Observations confirmed this. The staff rota confirmed planned staffing levels were maintained. We tested the call bell to check staff response time and found this was satisfactory.

Pre-employment checks had been carried out. We checked five staff records and these showed that relevant pre-employment checks such as DBS (Disclosure and Barring Service) criminal record checks, references and proof of the person's identity had been carried out when recruiting staff.

People received medicines as prescribed, which included medicines that required stricter controls by law (controlled drugs). Medicine records were completed accurately and were stored securely. People told us that staff would administer PRN [medicines when needed such as paracetamol] when required. Staff received appropriate training in medicine management. Records showed staff had been competency assessed with medicine to ensure they managed medicines safely.

Is the service effective?

Our findings

People's rights were protected under the Mental Capacity Act 2005. Assessments had been carried out on people's ability to make decisions in certain areas. Where people did not have capacity to make decisions, a best interest decision had been made on their behalf with professionals and family members. People confirmed that staff asked for their consent before proceeding with care or treatment. Staff told us that they always requested consent before doing anything. During the inspection we observed that staff requested people's consent, for example, to find out if they wanted to speak to us and if people refused then this was respected.

DoLS authorisations had been put in place to protect people's liberty where the home was required to restrict people's movement both in and outside the home. We saw that the front door was kept locked and most people did not go out by themselves. DoLS applications had been made and authorised for people whose liberty was being restricted for to their own safety.

A staff member told us, "Training is helpful." People and relatives told us staff were skilled, knowledgeable and able to provide care and support. A health professional told us, "[Staff member] is very good, They [staff] are good." Staff participated in training and refresher courses that reflected the needs of the people living at the home. There was a training matrix in place to keep track of completed training and when courses were due. Staff confirmed they received regular supervision and appraisals and records confirmed this. Supervision had been carried out approximately every three months. Staff told us that the supervision was helpful because they were able to discuss concerns and areas for development with the registered manager.

People told us that they enjoyed the food at the home. One person told us, "The food is good here. I have put on weight since I have been here. My family are pleased about that." Care plans included details of people's likes and dislikes meals. There was a menu that showed meals that would be served during the day. Staff told us people were offered alternatives, if they did not prefer the meals on the menu. A relative told us, "If there is anything that [person] does not like such as roast chicken [person] is always given a different choice such as sausages." Special diets were catered for people who had diabetes and the cook kept records of the meals that should be provided. We observed that the kitchen was clean and tidy. The kitchen had been awarded an environmental hygiene rating of five stars.

People's weight was monitored monthly and records showed that most people's weights were stable. Staff were aware of what to do if people lost a certain amount of weight consistently, such as referring to the GP or dietician. One person was losing weight and records showed the person had been referred to a nutritionist and their food intake was being recorded daily.

People had access to healthcare services. People and relatives confirmed this. A relative told us, "The chiropodist comes round. They call the Dr if need be. Last week [person] had a cold and they called the Dr just in case. If there is anything major they always call me." A health professional told us, "I think medically they are very competent. They bring issues to me promptly." Records showed that people had access to a

GP, hospitals, chiropodist and other health professionals and were supported to attend routine health appointments and check-ups as part of the care and support provided. We observed that a GP and district nurses visit the home to check on people.

Is the service caring?

Our findings

Staff told us they built positive relationship with people by talking about their interests and life history. We observed people had a good relationship with staff. People and relatives told us staff were caring and they had a good relationship with them. One person told us, "Yes, they are lovely, they are friendly. Sometimes they hold your hand and give you a little kiss." A relative told us, "[Person] seems to have a good relationship with everyone."

Staff ensured people's privacy and dignity were respected. People told us that staff allowed them privacy and we observed people were able to spend time in their rooms privately. A person told us, "Yes, they knock on our door before they come in." Staff told us that when providing particular support or treatment, it was done in private. A staff member told us, "You shut the door when you undress them so no one can see what you are doing." A person told us, "There is one male carer, I don't mind him helping me to the toilet, but they know I don't want help from him with my bath."

People were involved in making decisions about their care and support. Records showed that people, where possible, and their relatives were involved in making decisions about the care and support people received and they had signed care plans to indicate they agreed with the contents of the plan. People and relatives told us that people were encouraged to be independent. A staff member told us, "We do encourage them to do things by themselves." A relative told us, "Yes. [Person] is very independent." A person told us, "Yes, we both like to be quite independent."

People were protected from discrimination within the home. Staff understood that racism, homophobia, transphobia or ageism were forms of abuse. They told us people should not be discriminated against because of their race, gender, age and sexual status and all people were treated equally. We observed that staff treated people with respect and according to their needs such as talking to people respectfully and in a polite way. People confirmed they were treated equally and had no concerns about staff approach.

People's end of life preferences had been discussed with them and their relatives. This included funeral arrangements, who to contact and where people preferred to be during their last stages of life. People's ability to communicate was recorded in their care plans and there was information on how to communicate with people. One person told us, "Staff listen to you, no trouble communicating, they are very open about things." Care plans also provided examples of how people communicated. We observed that staff communicated well with people and were able to engage in conversations with them.

Is the service responsive?

Our findings

People and relatives told us that the staff were responsive to people's needs. One person told us, "My [relative] died recently completely out of the blue. I am very upset. The night [relative] died, I heard footsteps outside my room and I asked who was there. The carer came in, I was crying, she sat with me and comforted me and helped me to go to sleep. A health professional told us, "They are responsive to people's needs." Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service and build positive relationships.

Pre-admission assessments had been carried out to identify people's backgrounds, health conditions and support needs to identify if the home were able to support people before admitting them to the home. Each person had an individual care plan which contained information about the support they needed. Care plans provided information on people's background and how to support people in a person centred way. For example, there was a support plan that included a person liked to be dressed by themselves and be smart and for staff to provide choice with clothing to the person. One staff member told us, "The care plans are very helpful." Care plans were current and reviews took place regularly with people where possible and their relatives.

Staff told us that people participated in regular activities. The registered manager showed us photographic evidence that events such as birthdays and halloween were celebrated. We saw posters that there would be a halloween party this year and the home had been decorated to prepare for this. However, four people and one relative told us that activities were not regular. A person told us, "No, I just look at the papers and TV. Sometimes if the staff have time they do our nails." A relative told us, "They need more activities for people." There was no activities programme in place. The registered manager told us people were encouraged to do activities but they refused. This was also confirmed by staff. We observed throughout the day that staff supervised people in the communal area but did not interact with people. After the inspection the registered manager sent us evidence to demonstrate a meeting was held with people about preferred activities and a weekly activity programme was created, which included different types of activities and going outside in the community. A staff meeting was also held on ways to improve staff interaction with people.

One person told us, "There is nothing to complain about here." A relative told us, "No concerns, I would recommend the place." The registered manager told us that no formal complaints had been received by the home. Staff were aware of how to manage complaints. People and relatives told us that they had no concerns about the home but felt confident to raise complaints if needed. A person told us, "We would complain to the manager."

Is the service well-led?

Our findings

Staff told us that they were supported in their role, the home was well-led and there was an open culture where they could raise concerns and felt this would be addressed promptly. One staff member told us, "Manager is really good." Another staff member told us, "He is a lovely manager, if I have any problems I go to him."

People, relatives and the health professional told us the home was well managed. One person told us, "[Registered manager] couldn't be a better man, my family like him." One relative told us, "[Registered manager] is always available if we want to speak to him." A health professional told us, "He [registered manager] is good." Another health professional told us, "[Registered manager] is excellent."

Quality monitoring systems were in place. The home had requested feedback from people, relatives and professionals to identify ways to improve the home. The results of the feedback were positive. Comments included, "Home is very good", "I am happy here" and "I love it here."

There were systems in place for quality assurance. Audits were being carried out on infection control, medicines and care plans. The registered manager and the senior carer carried out the audits. Records showed any concerns identified were followed up by an action plan to make improvements.

Staff meetings were held regularly. The meetings kept staff updated with any changes in the home and allowed them to discuss any issues. Minutes showed staff held discussions about personalised care, staffing, responsibilities and safeguarding. This meant that staff were able to discuss any ideas or areas for improvement as a team to ensure people received high quality support and care. The registered manager told us that resident meeting were not being held as people did not attend. However, feedback about the home was obtained from people through regular reviews.