Midland Heart Limited

Langley Court

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

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

We undertook an announced inspection of Langley Court on 12 December 2014. We told the provider two days before our visit that we would be coming. Langley Court provides personal care services to people in a sheltered housing setting. At the time of our inspection 30 older people were receiving a personal care service.

There was a new care manager in post at the service, who was in the process of applying for registered manager status. A registered manager is a person who has registered with the Care Quality Commission to manage

Summary of findings

the home and has the legal responsibility for meeting the requirements of the law; as does the provider. The former registered manager, who was employed by the provider at another service, also assisted us during our inspection.

People and relatives we spoke with were positive about their experiences of the service.

People told us they felt safe using the service. Staff demonstrated they knew how to keep people safe and how to report matters of concern appropriately. Assessments were used to evaluate any risks to people and how these could be managed or the risks reduced.

People were supported by the required numbers of staff. The provider carried out recruitment checks to ensure staff were of a suitable character to provide care to people.

Staff were provided with guidance in order to ensure they assisted people with medicines in the way they required.

Staff were effective in their roles because they were well supported. This included staff participating in regular supervisions and appraisals. All staff, including agency staff, took part in an induction process to familiarise themselves with the service and people's needs.

People's rights and decisions were respected by staff. However, we found that where people may not have the capacity to make certain decisions, appropriate records were not always maintained to show how people were supported in their best interests. We also found that records relating to people's medical conditions required improvement to ensure staff had all the guidance they required to support people if they became unwell.

Where needed, staff supported people to ensure they obtained sufficient nutrition and hydration to promote their health. Staff also supported people to attend appointments with external healthcare professionals, if they required assistance with this.

People and relatives told us staff were caring. Where people needed extra support from staff, due to illness for example, staff provided this. People were listened to by staff and the provider actively sought the opinions of people using the service to drive improvements. People and relatives were involved in decisions about care.

Staff were knowledgeable about people's needs. Staff reacted to changes in people's needs to ensure they received flexible support.

People knew how to complain, although no one we spoke with had raised a complaint. People were provided with information about the service's complaints procedure.

The provider carried out audits to ensure the standard of care was maintained. The provider identified areas for improvement and acted upon these. The manager maintained a 'missed call log' which allowed the staff to identify where calls had been missed and to follow these up to ensure people received the support they needed.

Summary of findings

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 safe.

Staff knew how to identify abuse and report it appropriately.

Potential risks to people were identified and provisions put in place to reduce these risks.

The provider carried out recruitment checks to ensure staff were of appropriate character to care for people.

Good

Is the service effective?
The service was not always effective.

We found improvements were needed to records which assessed people's ability to make certain decisions. Care plans concerning medical conditions were not always personalised.

Staff demonstrated that they knew how to support people's rights and freedoms.

People were supported to maintain good levels of nutrition and hydration, where they required help with this aspect of their care.

Requires Improvement

Is the service caring?
The service was caring.

People were positive about staff and said they were helpful.

Staff promoted people's welfare and well-being.

People's dignity and privacy was supported by staff.

Good

Is the service responsive?
The service was responsive.

Staff demonstrated good knowledge of people's needs and responded to people's changing requirements.

People and relatives were engaged in conversations and decisions about care with staff.

People and relatives were aware of how they could raise a complaint, if needed.

<Findings here>

Good

Is the service well-led?
The service was well led.

Good

Summary of findings

People, relatives and staff were positive about the management team and the changes the recently recruited manager had brought.

Staff were supported by the management team in carrying out their roles.

The provider carried out a number of audits to assess and improve the quality of the service.

Langley Court

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 service, and to provide a rating for the service under the Care Act 2014.

The visit was undertaken by a single inspector. The visit was unannounced and took place on 12 December 2014.

As part of our inspection process we asked the provider to complete a Provider Information Return (PIR). This 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. Before our inspection, we reviewed the information included in the PIR along with information we held about the home. We also contacted the local authority and the local Clinical Commissioning Group (CCG) to gain their views of the home.

We observed how staff interacted with the people who used the service. We observed people having their lunch and during individual interactions.

We spoke with seven people who lived in the home and three visitors. We also spoke with the care manager, the former registered manager and three other members of care staff. We spoke with a visiting healthcare professional.

We looked at three people's care records to see if their records were accurate and up to date. We looked at two staff recruitment files and records relating to the management of the home, including quality audits.

Good

Is the service safe?

Our findings

All people we spoke with told us that they felt safe using the service. One person told us, "Yes, very safe. I've never heard of anyone being mistreated here". Relatives also told us they were happy people were safe. A visitor told us their relative was safe using the service and said the service offered, "Peace of mind". Another visitor told us, "I think it's wonderful. I feel [person's name] is safe and well looked after". A third visitor said, "When I go home at night, I know [name of person] is safe".

We spoke with staff who demonstrated that they were able to identify different types of abuse which may potentially occur in a care setting. Staff told us they would report suspected abuse to the manager. We saw that the service had a policy concerning keeping people safe which was accessible to staff and offered guidance on identifying and reporting abuse. We also saw a policy titled "Speak Out", which encouraged staff to report issues of concern and gave guidance about how this could be done. We looked at staff training records and saw that most staff had completed updated safeguarding training. We found that people who used the service were provided with accessible leaflets about abuse and how to raise issues which concerned them.

Assessments were undertaken to evaluate any risks to people using the service and to the staff supporting them. This included environmental risks and any risks due to the health and support needs of the person. The risk assessments we saw included information about action to be taken to minimise the chance of harm occurring. This meant that staff had the information they required in order to minimise the risk of harm to people. Staff accurately reflected how risk was managed. One person showed us that they wore a pendant call button and told us staff ensured everyone wore one so they could call staff in an emergency.

There were sufficient numbers of staff available to keep people safe. We found that staffing levels were determined by the number of people using the service and their needs.

All people we spoke with confirmed that they received support from the agreed number of staff during each visit. We saw that, where people required two staff to deliver safe support, they were supported by the right number of staff.

People told us that staff were usually on time for visits. One person told us staff were rarely late, and if they were, it was as a result of an emergency elsewhere. They told us staff would explain and apologise where this was the case. One person told us they had to occasionally use an emergency call pendant, which they wore. They said that, "The staff come quickly and stay with me until the ambulance arrives. They make sure I'm okay".

We looked at staff records to establish whether the provider followed safe recruitment processes. We saw that staff had received Criminal Records Bureau (CRB) or Disclosure and Barring Scheme (DBS) checks. These show whether someone has been prosecuted for a criminal offence. We found that the manager kept a list of staff, and when they had received their last check, in the office. The manager told us, and records showed, that staff were rechecked every three years. This was in line with the provider's policy. A staff member confirmed that they were not allowed to start working at the service until the results of their CRB/DBS had been received. We also saw that the provider had gathered information on staff's employment history and qualifications. This meant that the provider carried out appropriate checks to ensure that staff were suitable to care for people.

We looked at how people were given their medicines and how medicines were managed. We saw that, were people required assistance with taking medicines, this was detailed in their care records. The manager explained that the service received medicines centrally from a pharmacist and checked them, before delivering them to each person's flat. This ensured that any mistakes could be quickly rectified and people received the correct medicines to support their health. We saw records which confirmed this process took place. This meant that people received the medicines they required to support their health.

Requires Improvement

Is the service effective?

Our findings

People we spoke with told us they received effective care and that staff were skilled in supporting them. One person told us, "Helpful staff. If you need anything you get instant help". A visitor told us how their relative had improved following a fall, with help from staff and external healthcare agencies. They said, "Staff were very helpful". Another person told us, "I'm well cared for here".

Staff told us that they were well supported in carrying out their roles effectively. Staff told us they had received training in important areas of care and this was confirmed by staff training records. Staff told us that they received regular supervision meetings and appraisals which allowed them to discuss areas of personal development and any issues they might have. We also saw evidence of staff having undertaken an induction process when they first started working at the service. A member of agency staff we spoke with also confirmed they had received an induction.

All people we spoke with told us staff supported their rights and respected what they said. One person told us, "Won't do it if I say 'no'. They always ask if it's okay to look in my file". We spoke with staff about their understanding of the Mental Capacity Act (MCA) and Deprivations of Liberty Safeguards (DoLS). The MCA sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care. The Deprivation of Liberty Safeguards (DoLS) requires providers to submit applications to a 'Supervisory Body' for authority to deprive someone of their liberty.

Staff, including agency staff, demonstrated good knowledge about how they should support people's rights and said they had received training which supported this knowledge. We contacted the local authority who told us they had received no applications for DoLS from the service. This was confirmed by the manager. The manager demonstrated that they had taken action where they suspected one person required a higher level of support. This involved appropriate liaison with external agencies. This showed that the provider was aware of the actions they needed to take to protect people's rights and they acted on these.

We found that people's care records did not always record how people's capacity to make a decision had been assessed. Care records also did not always demonstrate how a decision had been reached in someone's best interests, where they may not have capacity to make a particular decision. For example, one person's records had a note against where the person would sign to show their agreement. The note said that the person could not sign due to "dementia". We could not find a mental capacity assessment in this person's records to assess their capacity. We also could not find a best interests form to show how a decision around this aspect of their care had been made in their best interests. The provider did have a policy which gave guidance in how these matters should be accessed and recorded, but this had not been followed. This issue was raised with the manager who undertook to address it.

We also found that improvements in records relating to people's medical conditions were needed in some instances. For example, a person who had diabetes did not have a personalised diabetic care plan. This would provide staff with up to date information on how to care for this person if they became ill. Staff gave accurate answers about the needs of this person, how they looked when they were becoming ill and what action should be taken.

We spoke to people about how staff supported them with food and drink. People who required support in this area confirmed that staff offered the help they required. For example, one person told us that, "Staff help me get meat and veg from the local shop". They said that staff helped them maintain their independence around preparing food by, for example, opening tinned foods for them. Another person said, "They always offer me a cup of tea" and explained staff made sure they had a drink nearby. A relative told us that staff made food for one person and they, "Always ask her what she wants". This meant that staff provided the assistance people required with obtaining food and drink to support their health and well-being.

Some people and relatives told us that they arranged their own appointments with external healthcare professionals such as GPs. One relative told us, "I arrange the GP, but they [staff] do let me know [if one is required]". Where people required support to access healthcare, they told us staff assisted with this. We saw examples of the service making referrals to external healthcare agencies in order to support people with relevant health conditions. We spoke with an external healthcare professional during our inspection who

Requires Improvement

Is the service effective?

told us they had no concerns with how the service promoted people's health. This meant that people received appointments they required to support their health and wellbeing.

Good

Is the service caring?

Our findings

People and relatives we spoke with were positive about staff at the service. One person told us, “They’re so caring”. This person told us that, during a recent episode of illness, staff kept, “Popping their heads around the door just to make sure I was ok and to say hello”. These visits were in addition to the agreed visits for this person. Another person said, “Staff are always very pleasant. They ask what I’ve been doing and how I am”. This person also told us one senior member of staff had said to them, “Whatever you want; I’m always here for you” and this gave them comfort. We saw that interactions between staff and people were caring. Staff spoke with people in a kind and appropriate way. People reacted positively to staff.

People and relatives told us that staff listened to them and responded positively to matters that were discussed. One person told us about how the provider made efforts to gain the opinion s of people using the service. They told us about a forum they attended which involved people from a number of the provider’s sites. They said the provider arranged and paid for transport for them to attend this forum. They showed us minutes of the meetings they had attended. These showed that people were able to make suggestions about improvements. We found that the provider took action in response to suggestions gathered from people.

We asked people if staff respected their dignity and privacy. One person told us, “I do get treated with dignity and respect here; no problems”. All people we spoke with told us staff were respectful to them. One person told us that staff always knocked on the door and waited for them to say it was okay for them to enter. Staff we spoke with accurately reflected how this person would let them know it was appropriate for them to enter. We saw staff seeking people’s consent before entering their flats. We found care records gave staff guidance on how people would indicate their consent to staff entering their flats. Staff also gave examples of how they supported different people’s dignity, during personal care.

Good

Is the service responsive?

Our findings

All people we spoke with told us they received the support they required. People we spoke with gave examples of how staff responded to their needs at different times. For example, one person had experienced a period of ill health. They explained how staff had taken extra time to ensure they were okay. They told us staff would sit and talk to them to ensure their welfare during their illness. A relative told us, "I think it's wonderful. [Person's name] has lots of issues and needs lots of care. They've [staff] have done so much; a heck of a lot".

People and relatives told us that staff fully engaged with them in making decisions about care. This included reviews of their care plans. One person told us, "We discuss my care plan every six months. In any case, they update it regularly and they get my views". They told us that, if their needs changed at any time, they discussed this with staff. They said they were aware their care records were updated to reflect changes immediately. This meant that staff listened to and responded to people's views about their care.

We asked staff about people's individual needs. All staff, including agency staff we spoke with demonstrated good knowledge about how people should be supported. A relative told us that all staff were well informed of a person's needs. They told us that, where agency staff were used, they were regular staff who knew people well. People we spoke with confirmed that staff met their needs and provided care which was personalised to their wishes. One person told us, "They do everything they're supposed to do". We found that care records were personalised and provided staff with the information they needed to support people in the way they wanted.

Staff also identified where people's needs changed. For example, a visitor told us that their relative had begun to find it difficult to take medicines in a particular form. They told us staff had identified this early on. A different form of the medicine was organised, which the person took with greater ease. This meant that staff had responded in a way which helped to support the person's changing health.

People told us they knew how to raise any issues of concern, although no one we spoke with had felt the need to make a complaint. All people told us that the management team were approachable and dealt with matters in a quick and efficient way. People had information in their flats which told them how they could raise a complaint and how the complaints procedure was organised. One person told us, "The senior carer makes sure we all have one [complaints procedure]".

One person explained the various ways in which the service gathered people's views. They said this involved residents' meetings, surveys and a suggestion box. They told us residents' meetings were held regularly and showed us the minutes for a meeting in December 2014. They also told us that staff, and in particular the management team, would regularly ask people on a one to one basis if they were happy with the service. This person explained that one of the provider's senior managers held a "scheme surgery" where people could offer their views on the service. They showed us a leaflet which had been circulated to people who used the service about this surgery. People and relatives told us they had taken part in a recent survey about the service.

Good

Is the service well-led?

Our findings

People and relatives were positive about the management team at the home. People praised the new manager and senior carers for being supportive and for bringing positive changes to the service. One person told us, “The new manager is lovely. She’s very approachable”. Another person said, “The care is better”. A third person told us, “Management are always around or in the office to see you. They’re all nice and helpful”. A relative told us, “[The manager] is always really helpful. I’ve got no cause to complain”.

Staff told us they felt well supported by the management team. We found that staff were able to talk about issues which might affect people’s care with the manager and that these were addressed. All staff told us they would immediately raise matters which affected people with the manager or senior carer. We saw that the service had a robust whistleblowing policy which protected members of staff who wished to raise important matters.

We saw that the provider carried out a number of audits. We saw evidence of regular auditing of care records and the service environment. We found that the manager made recommendations for improvements where issues were identified. One person told that the manager and senior carers visited them daily to ensure they were happy with the care that was being provided. They told us that the management team would look through the records kept in their flat to ensure they were correct. Other people we spoke with also told us that the management checked the standard of care delivered was good. One person told us that their ‘keyworker’ (a member of staff assigned to them to ensure they were supported appropriately) checked to ensure they were happy with the service on a regular basis.

Records were well ordered and contained the correct information and guidance staff required to assist people. This meant that audits were effective in maintaining the standard of care and of people’s experience of the service.

We saw that the manager maintained a ‘missed call log’. This showed details of when a call had not been carried out as agreed. We looked at this record and saw that, in most cases, this was due to the person having gone out. We found that provision to complete calls, where one was missed, was actioned to ensure people were supported with their needs.