Mrs R D Jeeawon

Langley House

Inspection report

Langley House
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East Sussex
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Tel: 01424212934

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

Langley House provides accommodation for three people with mental health issues. The service is currently registered for up to eight people, but we have been informed they were in the process of requesting a variation in their registration to reduce their numbers to three people.

This inspection was announced carried out on 5 October 2016. The reason we gave short notice was because this is a small home and we wanted to be able to speak with people and have access to records. At the last inspection on January 2014, we found the provider was meeting the regulations we looked at.

At the time of the inspection there were three people using the service. The service aims to support people to live as independently as possible. No one living at the service currently requires support with personal care. We discussed whether the service needed to be registered with CQC.

A registered manager was in place and lives on site. 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.

People managed their own medicines, but staff did not record or keep records of people's compliance to take their prescribed medicines or the amount being received into the home. This may have placed people at risk, although we have judged the impact to be minor as people would be able to say if their medicines did not have the correct amount in the blister packs.

People benefited from a clean home with no unpleasant odours. However, the service was using cloth towels in communal bathrooms which could mean a risk that cross infection was not fully controlled. When we fed this back, they agreed they would install paper towels to reduce the possible risk of cross infection

Risk assessments were basic and did not always include details of what staff should do if for example someone did not return at the stated time they said they would return. Again the registered manager agreed to address this promptly.

People received effective care from a small team of staff, who were familiar with people's needs and preferences. People were very happy at the service and described it as "home". One person said ''I have lived here a long time, I do not want to live anywhere else. This is my home" People enjoyed positive and respectful relationships with staff. Staff treated people with dignity and kindness. People spoke highly of the staff, one saying, "We all get on, the staff are very nice."

People's care plans detailed how they wanted their needs to be met. They helped to promote people's independence whilst minimising the risks. People managed their own medicines but the service still had a responsibility to ensure this was monitored and that records were kept of medicines being delivered to the

service.

People's health and wellbeing were maintained and they received specialist input from a range of health professionals when needed. People's nutritional needs were met and there was a collaborative approach to meal planning and preparation.

Staff received the training and development they needed to care for and support people's individual needs. The registered manager provided daily advice and support but there were no records of regular supervision or staff meetings. They said they were a very small team and spoke daily about how people were, and about the running of the service, so did not need to have formal meetings.

People were protected because safe recruitment processes ensured only staff who were suitable to work with vulnerable people were employed.

The service had taken the necessary action to ensure they were working in a way which recognised and maintained people's rights. They understood the relevance of the Mental Capacity Act 2005, Deprivation of Liberty Safeguards (DoLS) and consent issues, which related to the people in their care. Everyone had capacity to make their own decisions in their daily lives and where support may be needed to make decisions, staff and family members were on hand to provide this advice. The staff team understood the principles of best interest decisions and upholding people's rights.

An open culture had been developed and people were encouraged to contribute to the running of the service. The registered manager and staff team sought people's views on a daily basis, on the service in order to develop and improve. For example discussing menu choices and how they wished to have their rooms decorated.

Simple but effective auditing systems were in place to monitor the quality and safety of the service such as regular fire checks, monitoring of water temperatures and regular reviews of care plans . There were arrangements in place to monitor accidents and incidents.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Not all aspects of the service were safe.

Medicine management needed some improvements.

Risk assessments were not always comprehensive and did not give staff enough detail about what to do in the event of a risk occurring.

Improvements were needed to ensure good infection control and prevent the risk of cross infection.

There were enough qualified, skilled and experienced staff to meet people's daily care and support needs.

Staff were knowledgeable in safeguarding procedures and the service had processes in place to help protect people from the risk of abuse.

People were protected because safe recruitment processes ensured only staff who were suitable to work with vulnerable people were employed.

Is the service effective?

Good

The service was effective.

People's freedom and rights were respected. Staff acted within the law and knew how to protect people should they be unable to make a decision independently.

People's individual needs and preferences were met by staff who had received the training and support they needed to care for people effectively and safely.

People were supported to eat a healthy diet and were supported to see health professionals to make sure they kept as healthy as possible.

Is the service caring?

Good

The service was caring.

Staff treated people with respect and dignity at all times and promoted their independence as far as possible.

People responded to staff in a positive manner. Staff knew people's preferences very well.

Is the service responsive?

Good

The service was responsive.

Staff responded appropriately to people's individual needs.

People's assessed needs were recorded in their care plans which provided information for staff to support people in the way they wished.

People were supported to pursue their interests and hobbies.

There was a system to manage complaints and people were given regular opportunities to raise concerns.

Is the service well-led?

Good

The service was well-led

People using the service and staff said the registered manager was open and approachable.

People's views were listened to and action taken if they had a concern about the services provided.

Systems were used to ensure the environment and records were well maintained and reviewed.

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

This inspection took place on 5 October 2016 and was announced. We gave short notice as the service is small and we wanted to ensure we could speak with people, staff and review records. The inspection was completed by one inspector and a specialist advisor who had expertise in working in mental health.

Before our inspection we reviewed the information we held about the service, which included the Provider Information Return (PIR). This is a form in which we ask the provider to give us some key information about the service, what the service does well and any improvements they plan to make. We also reviewed other information we held about the service including safeguarding alerts and statutory notifications which related to the service. Statutory notifications include information about important events which the provider is required to send us by law.

During this inspection we spoke with the three people who lived at the service. We also spoke with four care support workers and the registered manager. We spent time observing the interactions between people who used the service and staff. We looked at three people's care records, the staff training records, medicines records and records which related to how the provider monitored the quality of the service. We asked for feedback from one healthcare professional but did not get a response.

Requires Improvement

Is the service safe?

Our findings

People said they felt safe and enjoyed living at Langley House. One person said they had lived at the home for a long time and would not consider living anywhere else.

Medicine recording was not robust and therefore may have placed people at risk. Medicine was delivered in blister packs on a monthly basis by a pharmacy and a week's supply was given to each person for them to manage themselves. Medicines were stored in each individual bedroom which was locked. Each person has been assessed as being able to competently manage their own medicines. However, people's compliance with taking their medicines was not recorded on a routine basis. For one person it was explicitly stated that this should be done as part of their Section 117 (Mental Health Act ,1983) care plan arrangements. This meant that staff did not have documented evidence of the consistent and safe management of people's medicines. They had not always recorded the exact amount of medicines delivered to the home.

This is a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

There were policies for the control and prevention of infection and all staff had undergone training. One part time member of staff did most of the cleaning and said this was an important part of their role. The service was clean and fresh smelling. Whilst there was separate cleaning equipment for different areas of the building they were not marked or colour coded which meant there was a small risk of cross infection. All staff understood their role and responsibilities for maintaining high standards of cleanliness and hygiene. We saw cloth towels rather than paper towels in use in communal bathrooms. This is a possible risk of cross infection.

We recommend the service considers best practice in communal bathrooms for the risk of cross infection.

Some risks had been assessed for people and were reviewed, but had not included all aspects of risk. For example, for one person the risk assessment record did not identify an important need and issue (management of finances and safety when out in the community). Staff were able to explain how they ensured such risks were minimised, but this was not clearly recorded within the risk assessment. Progress notes, however, did record the issue when apparent. This discrepancy between different aspects of care records could result in inconsistency of care and the person's needs not being met. When we fed this back to the registered manager and director, they said they would include more detail within the risk assessment to ensure a consistent approach was adopted by all staff.

People were protected by staff who had the knowledge and confidence to identify safeguarding concerns and act on these to keep people safe. Staff described a good awareness of potential abuse scenarios including bullying and harassment. They were able to describe signs of abuse which were informed by a good knowledge of the people they cared for: ''(name of person)'s behaviour would change they would go back into their shell.'' Staff confirmed they had received training in safeguarding and knew who they should

report any concerns to.

It was a small service with relatively few mistakes or incidents and there was a culture of discussion and inclusive communication, which informed learning. Concerns were raised quickly and issues that could be managed promptly were acted upon. For example, when one person appeared to be vulnerable to someone outside of the home, staff spoke with the person to make them aware of how best to protect themselves and suggested they talk to staff if they had any concerns.

There were sufficient staff to meet people's needs and assist them with aspects of their daily lives. Three of the staff who offered most support were part of the family who owned the service and all lived on site in separate areas to where people lived and spent time. This meant there was always at least one staff member on hand throughout the day and night for the three people living at the service. The registered manager said they were flexible in their approach and could provide more support if needed, but usually having one staff member on hand was sufficient.

There had been no new staff recruited for several years. Staff files showed existing staff had completed checks to ensure they were suitable to work with vulnerable people. This included Disclosure and Barring Service (DBS) checks being completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

The home met the statutory environmental requirements to keep people safe. There were fire alarm checks were logged, fire-fighting equipment was in date and fire service inspection reports, that included actions to be undertaken which were carried out. Hot water temperatures were monitored weekly. This meant that people were at a reduced risk of scalding. Water had been tested at intervals for Legionnaires disease although a newly installed system will not require this to be done. The director said ''I have assessed and documented the reduced risk of Legionnaires disease as a result of the newly installed system and determined that samples no longer need to be tested.''

Good

Is the service effective?

Our findings

People said they were supported effectively by staff who understood their needs. One person said ''They (staff) know what I am like, they help me when I ask and they talk to me if I need help with anything.''

Staff said they had training to help them do their job effectively. This included safeguarding awareness, Mental Capacity Act 2005 (MCA) training, infection control, first aid and Deprivation of Liberty (DoLS) training. Staff interacted with people in a way which showed they understood their needs. This meant people's needs were met by staff who had the right competencies, knowledge, qualifications, skills, experience, attitudes and behaviours. Staff consistently described wanting to help people to achieve the best quality of life they wanted. Each person had different needs and preferences, staff described how these needs would be met. As this was a small service there was good communication and teamwork which helped to ensure a consistent approach to care.

There had been no new staff employed for several years and no plans to expand the staff. The service was reducing in numbers and did not require more than the small staff team currently working there. However, should this change, the director was aware that induction for new staff should now include completion of the Care Certificate. The care certificate is a national training in best practice which was introduced in April 2015.

Although there was no formal appraisal or one to one supervisions, it was clear there were opportunities for the staff team to have regular discussions and reflect on their practices. When we fed back to the registered manager the need to consider making this process more formal with records of how as a staff team they supported and encouraged each other, she agreed to action this.

People's healthcare needs were effectively met. People confirmed they were able to see their GP when they needed and this could be with or without staff support. One person said they had not had a good year in terms of their health, and staff had supported them to attend appointments and helped to take care of them following surgery. Staff confirmed they were aware that people had annual healthcare checks, but unless the person consented, they were not always aware of the results of these. Staff talked about the importance of ensuring people enjoyed good health and said if they noticed someone's physical or mental well-being had deteriorated they would take proactive steps to encourage the person to seek help initially from their GP

There was evidence in people's care files that the service had in the past consulted with healthcare professionals such as community psychiatric nurses, consultants and GP's. The director said ''In the past we had residents who did not have full capacity so we needed to ensure we kept up to date with all their healthcare appointments and follow ups. Our residents here now have full capacity and we would only attend appointments with them if they asked us to.''

People using the service received a varied diet taking into account their preferences. Their main meal was freshly cooked by one of the staff, although people could assist if they wished. This meal was served in the

middle of the day, but if people were out this would be saved for them to heat up later. Menus were flexible to take into account people's preferences and included things people had requested. One person said ''I love the food here, we get a good choice.'' One staff member described how they often cooked several different meals depending on what people wanted. Another staff member said people sometimes went out for meals to local restaurants. People's weight was monitored to help ensure they kept to a healthy weight for their height. One staff member said, ''For some people with mental health issues, when they are anxious they don't eat and start to lose weight. This can be the case for a few people here, which is why we keep a check on their weight.'' They said if their weight dropped significantly they would ask the person to see their GP and would also make sure the staff team offered them additional snacks and drinks to help build them up.

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 at Langley House had consented to their care and support and were able to make informed decisions. Staff were aware of the laws governing capacity and working in the least restrictive way.

People can only be deprived of their liberty so that they can 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 Liberties Safeguards (DoLS). At Langley House everyone was able to make their own decisions and were free to come and go as they pleased. The registered manager said that she asked people to let her know of expected times due back and to call her if this was to change for any reason. People had their own key to the front door and could lock their bedroom doors for additional privacy.

Good

Is the service caring?

Our findings

People said they were supported by staff who were kind and caring toward them. One person said ''We are like a family, they are very kind.'' Similarly staff were very proud of the caring service they provided. They described their people as, ''like family members''

Staff spoke about people in a respectful and caring way. It was clear staff and people had developed strong caring bonds, which showed in the way they interacted with each other. Staff ate with people and there was clearly good humour and laughter during the lunchtime period.

Staff demonstrated empathy in the way they spoke about people's health and needs. There was a good understanding about how people responded to situations, and staff showed compassion to people when they needed additional support. People did not need support with their personal care, but staff described how sometimes they may gently encourage a person to change their clothes or wear less in the warmer weather.

It was clear people's choice, diversity and preferences were honoured and encouraged by staff. One person loved football and wearing football tops. Staff respected this and helped to ensure they had clean football tops to wear. Another person liked to wear lots of layers which staff respected as part of what made them feel 'comfortable.'

People's privacy and dignity was upheld. Staff knocked on people's bedroom doors and did not enter unless they agreed they could. People confirmed staff were respectful of their personal space. One person was proud of their new bedroom and showed us how it had been recently decorated in their choice of colours and with furniture to suit their tastes.

The registered manager said people were afforded choice in everything they did, in the menus and in the redecoration of their rooms and in the décor of the communal areas, which were due for refurbishment.

People had a strong bond with the registered manager who had run the service for many years. Several of them called and texted her throughout the day, when they were out. She said, ''sometimes they just need a bit of reassurance and I always just text them back or give them a quick call.''

Good

Is the service responsive?

Our findings

People were empowered to live the life they chose. They were independent and had control over their activity and how they spent their time. The family atmosphere in the home was recognised as a tool to reduce isolation or loneliness, and people joined some of the family activities such as dog walking.

People said they enjoyed doing activities which suited them. These were usually doing things outside of the home. For example one person had friends they liked to socialise and spend time with. Another person had family close by and liked to spend time with them and travelling around, sometimes choosing to stay overnight in different places. A third person enjoyed helping in and around the house and took great pride to going to the local shops for items the house may need, such as bread and milk. One person said ''I love helping with the dogs and going to the shops.'' Another said ''We are able to do pretty much what we like. I used to go to college but don't go now. I help with some jobs and I like to go walking.''

As a small service, the staff team succeeded in ensuring people received consistent, personalised care, treatment and support. Each person had a care plan which detailed their strengths and needs and what areas they may need support with. Plans had been developed over time using an initial assessment of need. The director told us ''Our guys have lived with us for a long time now, we know what they enjoy and what their needs are in terms of how we support them. We ask them if they are happy and if we are helping them.''

People told us they were asked their views and were involved in the reviewing and development of their care plans. People were encouraged to keep daily diaries to record what they had been doing and to use for any ideas or things they would like to change. One person told us they enjoyed doing their dairy each day as it helped them remember what sort of things they had done. If people chose not to complete their dairy, staff wrote down something about what they had observed people doing or that they had been absent from the service.

Care plans were reviewed at least annually and with funding authorities, to ensure people's needs were being met. People currently living at the service did not need support with personal care and the registered manager said they had made the decision not to admit any new people, but were committed to providing an ongoing service and being responsive to the needs of the people currently living there. The registered manager said ''This has been there home for a long time and we will continue to support them until the wish to move on.''

The service had a stated complaints process. People said they would feel confident to make a complaint or their concerns known if needed. They all said they would talk to the registered manager and would be confident issues would be dealt with. There had been no complaints since 2014. when a neighbour complained about the collection of waste. The registered manager had written to the complainant to explain what had happened. There were no written compliments although the director said they had received good verbal feedback from one person's relative and from a solicitor who management another person's finances.

Good

Is the service well-led?

Our findings

People said they liked the registered manager and felt she listened to their views and opinions. One person said ''I feel very happy here, she treats me very well. I have no complaints.''

The staff team were essentially all part of the same family who lived on site. The only other staff member was a part time person who had worked at the service for many years. They said they believed their views were considered and the management approach was open and inclusive. They described being treated with respect and had no difficulties in alerting senior people to issues such as about cleanliness, safety or people's welfare. They had confidence in the leadership of the home.

The ethos of the service was to encourage people to be independent and live the life they wished, whilst they stayed well and safe. Staff all considered their main aim being to support people in a way they chose and to encourage independence. For example, one staff member said, ''We respect people make their choices but we encourage them to make healthier choices such as using an e--cigarette instead of smoking cigarettes.''

The staff talked about being part of a good team and communicated well to ensure the smooth running of the service. For example, if one staff member wanted a night off they worked out who would be available to cover so people always had access to a member of staff throughout the day and night.

People who lived at the service were all ambulant and there were few accident or incidents. The service had a system to record such events and the registered manager was aware of their responsibility to keep CQC informed of any serious incident or accident. They were also aware of their responsibilities to report to other bodies such as RIDDOR.

Systems were in place to ensure the environment was safe and daily checking with people helped to ensure the quality of care provided was right for the individual. They did not use surveys as they were such a small service. Records were checked daily and following our feedback the service said it would also include ensuring all medicines were accounted for coming into the service and well as monitoring that people were taking their medicines as prescribed.

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 People may be at risk as the service have failed to keep accurate records of medicines being received into the service and that people had been taking them as prescribed.