

Horizon Healthcare Homes Limited

Langley Lodge

Inspection report

136 Deighton Road
Huddersfield
West Yorkshire
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Tel: 01484430320

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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

A comprehensive inspection took place on 6 June 2017 and was unannounced. This was the first inspection with Horizon Healthcare Homes Limited as the provider.

Langley Lodge is situated in the Deighton area of Huddersfield and is around two miles from the town centre. Langley Lodge is registered to provide accommodation for persons who require nursing or personal care for up to six people.

At the time of this inspection the home had a registered manager. 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 experienced excellent care and support. They were supported to live safe, fulfilled and meaningful lives in the way they wanted to. Staff were extremely caring and people were treated with sensitivity, kindness and compassion. They always ensured they treated people with dignity and respect. They had an excellent understanding of the care and support needs of every person living in the home. People had developed very positive relationships with staff and there was a friendly and relaxed atmosphere in the home.

We saw there were systems and processes in place to protect people from the risk of harm and these were well managed. People were able to stay safe without having their freedoms restricted. People received their prescribed medication when they needed it and medicines were mostly well managed.

We found people were cared for, or supported by, sufficient numbers of experienced staff. Robust recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work.

People's needs were assessed and care and support was planned and delivered in line with their individual care needs. People's care plans were person centred and contained relevant information to provide consistent, care and support. The care plans also included risk assessments.

People were supported to make decisions on a day to day basis and the home had carried out appropriate mental capacity assessments. At the time of our inspection Deprivation of Liberty Safeguard applications had been carried out appropriately.

People were provided with a choice of suitable healthy food and drink ensuring their nutritional needs were met. People's health was monitored so appropriate referrals to health professionals could be made and their cultural, religious and sensory needs were met.

A range of activities were provided both in-house and in the community. People enjoyed the different activities available and we saw people smiling and engaging with staff in a positive way.

Complaints were welcomed and there was a complaints procedure in place.

There were effective systems in place to monitor and improve the quality of the service provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

We found medicines were mostly well managed. Family members told us their relative was safe at Langley Lodge. Staff knew about the different types of abuse and how to report it.

Staff discussed and knew people's risks and these were managed which ensured their safety but also allowed them to enjoy their freedom and independence.

There were sufficient staff to meet people's needs and the registered manager had recently recruited new staff members to work at weekends. The provider had effective recruitment procedures in place.

Is the service effective?

Good ●

The service was effective in meeting people's needs.

Staff completed an induction when they started work and training equipped staff with the knowledge and skills to support people safely. Staff had the opportunity to attend regular supervision.

Staff we spoke with could tell us how they supported people to make decisions. The care plans contained appropriate mental capacity assessments. Deprivation of Liberty Safeguards applications were made appropriately.

People's nutritional needs were met. We were told menus offered variety and choice and provided people with a well-balanced diet. People had regular access to healthcare professionals.

Is the service caring?

Good ●

The service was very caring.

Family members told us they were happy with the care their relative received and positive about the standard of care their family member experienced. People were exceptionally well cared for by staff who treated them with kindness and

compassion. Staff had developed good caring relationships with people and there was a happy, relaxed atmosphere in the home.

People were helped to be involved as much as possible in making decisions about their care. We saw advocacy support had been accessed.

We saw people's privacy and dignity was respected by staff and staff were able to give examples of how they achieved this.

Is the service responsive?

Good ●

The service was responsive to people needs.

People's care and support needs were assessed and plans identified how care should be delivered. The care plans we reviewed contained information that was specific to the person.

People had a programme of activity in accordance with their needs and preferences.

A complaints procedure was in place.

Is the service well-led?

Good ●

The service was well-led.

People were not put at risk because systems for monitoring quality were effective. Where improvements were needed, these were addressed and followed up to ensure continuous improvement.

People and family members were asked for their opinions and views about the service or aspects of the service.

Staff members were asked to comment on the quality of care and support through meetings and daily interactions.

Langley Lodge

Detailed findings

Background to this inspection

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

This inspection took place on 6 June 2017 and was unannounced. The team consisted of one adult social care inspector. At the time of the inspection there were six people living at Langley Lodge. People were unable to speak with us as a result of their condition; however, we spoke with two relatives, three members of staff and the registered manager. We spent some time looking at documents and records that related to people's care and support and the management of the service. We looked at two people's care plans.

Before the inspection, the provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed all the information we held about the service. This included any statutory notifications that had been sent to us. We contacted the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Is the service safe?

Our findings

Family members we spoke with told us their relative was safe at Langley Lodge. One family member said, "[Name of relative] is safe." One staff member said, "People are safe here." Another staff member said, "People are absolutely safe."

We looked at how medicines were managed in the home. Staff we spoke with told us the medication process was safe. One staff member said, "Medication, it is safe." Staff who were responsible for administering medicines said they had completed training. The registered manager told us medication competency assessments were carried out and the records we saw confirmed this.

Adequate stocks of medicines were maintained to allow continuity of treatment. Most medication was administered via a monitored dosage system supplied directly from a pharmacy. This meant the medicines for each person for each time of day had been dispensed by the pharmacist into individual trays in separate compartments. Appropriate arrangements were in place in relation to the recording of medicines. For recording the administration of medicines, medicine administration records (MARs) were used. The MARs showed staff were signing for the medication they were giving. The MAR contained a photographic record for each person, any allergy information and information how the person liked to take their medicine. This meant people received their medicines from people who had the appropriate knowledge.

Where it had been agreed, people received their medicines covertly (hidden in food or drinks), we saw this had been recorded as a best interest decision by the GP and involved family members. On the day of our inspection the registered manager told us there were no controlled drugs in use.

The room in which the medicines were stored was clean and tidy. Daily records were kept for the medication room and fridge temperatures. However, the room and some fridge temperatures had exceeded the recommended guideline since 23 May 2017. The registered manager told us they were aware of this issue and were in the process of resolving this. We saw the medication room was locked when not in use. Following our inspection the registered manager confirmed they had made changes to the medication room and the temperature was now within the recommended guidelines and they were continuing to look at ways of maintaining this.

Topical medication administration records (TMAR) were used to record the administration of creams and ointment. These had information about how often a cream was to be applied and to which parts of the body by using a body map. However, we saw there were some medicines and creams that were prescribed 'as and when' needed (PRN) but, we did not see records in place to support the administration of PRN medicines. These records demonstrate under what circumstances PRN medicines should be given. The registered manager told us they had started to produce PRN guidance for medicines and this would be completed by the end of June 2017.

We saw there was a generic risk assessment for the administration of medications in place which included difficulty in swallowing and over the counter medications.

Staff members we spoke with had a good understanding of safeguarding adults, could identify types of abuse and knew what to do if they witnessed any incidents. All the staff we spoke with told us they had received safeguarding training. We looked at staff training records for the home which showed staff had completed safeguarding vulnerable adults training. Staff members told us they had confidence the registered manager would immediately act on any concerns if they raised any. The registered manager was aware of their responsibility to report any safeguarding issues to the local safeguarding authority and the Care Quality Commission.

Staff were aware of the whistle blowing policy and knew the processes for taking concerns to appropriate agencies, outside of the service, if they felt they were not being dealt with effectively.

The care plans we looked at contained risk assessments which had been carried out to cover activities, health and safety issues and to maintain people's independence. The risk assessments included bathing, falls, interacting in the community, shopping and in house skills. The risk assessments identified hazards that people might face and provided guidance about what action staff needed to take in order to reduce or eliminate the risk of harm.

We saw people had personal emergency evacuation plans so staff were aware of the level of support people living at the home required should the building need to be evacuated in an emergency. We saw equipment had been regularly tested and all the certificates we saw were in date. For example the gas safety certificate was dated March 2017 and the lifting equipment was due to be retested in June 2017. The provider stated in the PIR, 'The home completes all necessary equipment checks including; gas safety, fire alarm, emergency lights and extinguishers and legionnaire as well as a vehicle MOT and servicing'.

We saw the home's fire risk assessment and records, which showed fire safety equipment was tested. We saw fire extinguishers were present and in date. There were clear directions for fire exits. Records confirmed most staff had received fire safety training. One staff member told us, "The fire alarms are tested weekly from different points around the building and with different staff member's."

Environmental risk assessments were carried out, which included use of a ladder and ice and snow. We saw the homes health and safety risk assessment for February 2017 which included fire safety, maintenance and kitchen safety.

We found recruitment practices were safe and the service had clear policies and procedures to follow. We saw relevant checks had been completed, which included a disclosure and barring service check (DBS) and two references were obtained before staff began work. DBS checks assist employers in making safer recruitment decisions by checking prospective care workers are not barred from working with vulnerable people.

Family members we spoke with told us there were sufficient staff to meet their relative's needs. One family member said, "There is always at least three staff on."

The registered manager told us three staff were on shift during the day and one staff member was on shift during the night, with an on call system in place for support if needed.

Through our observations, we found there were sufficient numbers of staff with the right experience to meet the needs of people living at the home. However, some staff commented, occasionally at weekends there could sometimes be only two staff members on shift. Staff we spoke with and the registered manager confirmed the home had recently recruited staff members to work weekends and were waiting for their DBS

and references to be returned before they started work.

Is the service effective?

Our findings

People were supported by staff who were trained to deliver care safely and to an appropriate standard. The registered manager told us a programme of training, supervision and appraisal was in place for all staff. Staff we spoke with told us they had completed several training courses which included moving and handling and positive behaviours. One staff member said, "The training is very beneficial and helps me do my job. It gives me knowledge to carry out my role." Another staff member said, "Training is a refresher for your mind."

We looked at staff training records which showed staff had completed a range of training sessions, including food hygiene, infection control and fire safety. We saw staff also completed specific training which helped support people living at the home. These included diabetes and learning disability introduction. The registered manager told us there was a mechanism for monitoring training which showed any gaps in staff training, staff who were working through booklets and where further training had already been booked. Following our inspection the registered manager stated they were working on developing information and a training pack for staff on death, dying and bereavement in response to bereavements recently experienced.

Staff we spoke with told us they were well supported by both the staff and management team. During our inspection we spoke with members of staff and looked at staff files to assess how staff were supported to fulfil their roles and responsibilities. All the staff we spoke with confirmed they received supervision where they could discuss any issues on a one to one basis. When we looked in staff files we were able to see evidence that each member of staff had received supervision on a regular basis. This ensured staff could express any views about the service in a formal way and in confidence. We saw the registered manager had an annual schedule for staff supervision and this was displayed on the notice board in the main office. We saw staff had received or were due to receive an annual appraisal. Following our inspection the registered manager stated the supervision documents offered a place for staff to reflect the evidence of good practice they delivered which improved and supported people who used the service.

We were told an induction programme was completed by all new members of staff on commencement of their employment. We looked at staff files and were able to see information relating to the completion of induction. The registered provider stated in the PIR, 'all staff complete an induction to their work grade which incorporates the new care certificate'.

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager and staff had a good understanding of the MCA and the DoLS process and were confident any decisions made on behalf of the people who lived at Langley Lodge were in their best interest.

During our inspection we observed people who used the service were able to express their views and were involved in making decisions about their care and what they wanted to do. Staff we spoke with told us they always offered people a choice. One staff member said, "People can choose and choice is always offered. Some people choose what they would like to wear." Another staff member said, "People have choice all the time."

Staff told us they had received Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act 2005 (MCA) training. The training records we saw confirmed this.

The registered manager told us four people had an approved DoLS in place and were waiting to hear the outcome of two other people's applications. Peoples care plans we looked at contained appropriate and specific mental capacity assessments, which were carried out to check their ability to make decisions and identify when a best interest meeting was required. A best interest meeting takes place when a person lacks the capacity to make decisions. The person's representatives and professionals meet and make a decision on the person's behalf. This ensured the rights of people who lacked the mental capacity to make decisions were respected.

We saw needs relating to nutrition and hydration were recorded in people's care plans and risk assessments were available where appropriate. Staff we spoke with said people always had enough to eat and drink, and had balanced diets. They told us the quality of the food was good and there was always plenty on fresh fruit and vegetables. Staff also told us they knew people's preferences and made sure the meals suited everyone. We saw throughout the day people received a variety of snacks and drinks.

One staff member told us there were pictorial menus for people to be able to choose their meal. They said, "We always have a big selection of fruit and healthy options are available. Some residents help with the shopping." Another staff member said, "People eat well and there is always plenty of snacks throughout the day. People can indicate if they would like a snack or drink."

One family member said, "[Name of person] eats well and likes lots of things."

There were separate areas within the care plan, which showed specialists had been consulted about people's care and welfare which included health professionals, GP communication records and hospital appointments. We saw staff involved other health professionals where appropriate and in a timely manner, for example, GPs, podiatry and dentists.

Members of staff told us people living at the home had regular health appointments and their healthcare needs were carefully monitored. People had 'health action plans' which were in a pictorial format and contained information about the support people required with their health care needs. These were up to date and evidenced people's health care needs were being appropriately monitored and met. We saw people had 'hospital passports' which included 'must know' information about the person for other healthcare professionals to be aware of in the event they needed to go to hospital.

One relative told us, "Staff always let me know if [name of person] is unwell. I am well informed."

Is the service caring?

Our findings

People who used the service were unable to tell us about their experience of living at Langley Lodge due to their complex needs but exhibited joy and laughter throughout the inspection. The family members we spoke with told us their relatives were really well looked after. One family member said, "[Name of person] is always happy to come back to Langley Lodge after a visit home. Staff understand her needs, she is well looked after." Another family member said, "Care is brilliant, I have no complaints about anything. Staff are brilliant and know [name of person] better than I do. [Name of person] is happy to see us and goes out with us but when she comes to our home she will not come in, Langley is her home."

All the staff we spoke with were confident people received good care. Staff provided good examples of how they understood their work place was also the home of the people they supported. Staff were very clear to emphasise people's care and support needs took priority over task based activities. The staff we spoke with told us, "People are very very well cared for", "Tasks are second to people's well-being" and "We are here for them."

People knew the staff very well and were relaxed in their company. Staff had a detailed understanding of each person's preferences, and made sure they helped people make the choices they wanted to. Staff talked about care being person centred and individual, and we saw this being put into practice.

There was a welcoming and friendly atmosphere in the home and people were happy and relaxed. People were treated with kindness and compassion by all members of staff. Staff spent time chatting with people and clearly demonstrated they knew people well and had a good understanding of their care needs, support requirements, likes and dislikes. Staff listened to people and spoke to them in an appropriate and caring way. Staff showed a genuine concern for people's well-being and made sure the care and support they provided met people's needs. It was clear people had developed positive relationships with staff.

Staff had knowledge of people's history and goals which helped them understand the person and how to respond when offering support. Following our inspection the registered manager stated 'Heads, Hands and Hearts' documents were completed by staff, to identify the interests, gifts and talents of the staff team to enable them to match their, interests, gifts and talents with activities people who used the service enjoyed or would like to try. Shared interests promoted people's enjoyment and interest in particular hobbies and activities.

People looked well cared for. They were tidy and clean in their appearance which is achieved through good standards of care. People were comfortable in their home and spent time in different areas of the home. We saw people's bedrooms were spacious and personalised with their own belongings and pictures.

People were encouraged to be involved in making decisions about their care as much as possible. Relatives and others were involved in care planning and said they were happy with the choices their family members were given.

People's privacy and dignity was well promoted by staff. We observed staff members encouraging people to be independent whilst ensuring their safety. We saw staff attended to people's needs in a discreet way which maintained their dignity and staff knocked on people's bedroom doors before entering.

During our inspection we spoke with members of staff who were able to explain and give examples of how they would maintain people's dignity, privacy and independence. One member of staff said, "I always make sure the doors and curtains are closed when supporting with personal care." Another staff member said, "I make sure people are dressed appropriately, knock on people's doors and close the door when I support with personal care."

The registered manager and staff we spoke with were able to identify how they helped maintain people's equality, diversity and human rights. The registered manager told us one person was supported by an independent mental capacity advocate (IMCA). IMCAs act on behalf of people who do not have family or friends and help them with decision making. They also said they offered and supported people to fulfil their religious faiths, if required. One staff member told us they had larger games such as 'connect 4' for people who had deteriorating eyesight. The home had a sensory room for people to use.

The registered provider stated in the PIR, 'all service users at Langley Lodge are non-verbal but there is still a good understanding of what an individual's views and requirements are by understanding body language, actions and behaviours, whether these be nutritional, spiritual, educational or medical'.

Is the service responsive?

Our findings

There was some documented evidence in the care plans we looked at the person's family member or advocate had contributed to the development of their care and support needs. One family member said, "I am happy with the content of the care plan. I see staff through the week and have a good chat."

People's care plans included records of initial assessments completed prior to individuals moving into the home. During this assessment meeting details of the person's life history, likes, preferences and interests, care needs and medical conditions were discussed, in order to establish that the home was able to meet their care needs.

People received care which was personalised and responsive to their needs. People were allocated a member of staff, known as a keyworker, who worked with them to help ensure their preferences and wishes were identified and their involvement in the care planning process was continuous. Staff also liaised with family members and other professionals when required. Staff went out of their way to ensure people received individualised care and support.

The care plans we looked at were comprehensive and contained information that was specific to the person which enabled effective care to be implemented. For example, we saw one person liked to listen to music while they were getting dressed. Care plans contained an introductory index which gave a general expectation of the contents of each care plan, and were sectioned accordingly. The care plans covered areas such as people's routines, meal time support, finance, out in the community and continence. People had a one page profile which contained 'great things about me', 'what is important to me' and 'what you need to know to support me'. Following our inspection the registered manager stated one page profiles were completed for both staff and people who used the service.

People's care plans were person centred and included details about the emotional and communication support people required. Staff understood people's communication needs varied. They were able to tell us about the individual needs of people. Staff also demonstrated an in-depth knowledge and understanding of people's care, support needs and routines.

Staff told us the care plans were reviewed on a monthly basis or sooner if required which ensured people's changing needs were met. One staff member told us, "The care plans are very good and informative." Information about people was shared effectively between staff. We found information about people's care and support needs was discussed at staff handover meetings to ensure people got continuity of care throughout the day.

Each person had an individual activity programme based on their individual needs and preferences.

People were supported in promoting their independence and community involvement and enjoyed a range of person centred activities. On the day of our inspection, two people attended a day centre; other people went out for a walk or to music therapy. One staff member told us, "People have variety and go out; we have a canal trip soon." Another staff member said, "There are loads of activities people can do. I have just bought

loads of games for people to play indoors when the weather is not so good." We were also told a school of music attended the home to provide music therapy sessions for people.

Everyone had an individual programme and the people engaged in varied activities such as horse riding, drives in the minibus, shopping, swimming and aromatherapy. The registered provider stated in the PIR, 'each service user will have a tailor made day trip/short break to suit their requirements. We have already had trips to Blackpool, 'The Deep' at Hull and also to ice mobility in Sheffield and a short break to a local spa'.

People were able to maintain relationships with family and friends without restrictions. We saw people had regular contact with family members and some people went to stay with family members at weekends. One family member told us, "[Name of person] goes carriage riding and to the day centre." Another family member said, "[Name of person] goes out for coffee with staff."

We saw the home had a complaints policy and the registered manager told us although people were unable to say if they wanted to make a complaint, staff knew the people they supported very well and understood when they were not happy and would offer appropriate help and support.

There were effective systems in place to manage complaints. The registered manager told us they had not received any complaints since they started in the role. They went on to say they had received a couple of 'niggles' but had not recorded these. Although, they said these would be recorded in the future.

We saw the home have received compliments recently which included, 'all the people supported who come to music always look lovely and well dressed' and 'I have enjoyed spending time with the residents, it is a great residential home'.

Is the service well-led?

Our findings

At the time of our inspection the manager was registered with the Care Quality Commission. The registered manager worked alongside staff overseeing the care given and providing support and guidance where needed. They engaged with people living at the home and were clearly known to them.

Staff spoke positively about the registered manager and said they were happy working at the home. They knew what was expected of them and understood their role in ensuring people received the care and support they required. Staff comments included, "Manager is alright and she does listen. They have made changes recently and I am getting used to them", "I love working here. The manager is approachable and listens to me" and "I am happy and we have good team work."

One family member we spoke with said, "The manager is good. I am asked for my views about the home and there is nothing I would change. I would recommend the service to anyone." Another family member said, "The manager is lovely."

Systems were in place to monitor the quality and safety of the service. The registered manager said regular checks were carried out to make sure the home was running smoothly. Records showed infection control, care plans, fire safety and health and safety audits were carried out. The deputy manager or senior staff member also carried out audits which included cleaning, paperwork and mattresses. We saw evidence which showed any actions resulting from these checks and reports were acted upon in a timely manner. Following our inspection the registered manager submitted the home's service improvement plan which was created from the internal and external audits. The service improvement plan showed the registered manager was committed to introducing and maintaining improvements. The plan was also sectioned by the CQC's key lines of enquiry so the registered manager could show how they were providing safe care and support for people who used the service.

The registered provider stated in the PIR, 'The service is regularly monitored by other external agencies such as; environmental health and the fire department'. We saw some audits and checks were carried out externally. For example a cash audit was carried out in March 2017 by an external chartered accountant.

Records showed the registered manager had systems in place to monitor accidents and incidents to minimise the risk of re-occurrence. Staff we spoke with said they knew what to do in the event of an accident or an incident and the procedure for reporting and recording any occurrences.

Staff meetings were carried out on a regular basis. Minutes showed the team had discussed a range of topics which related to the quality and safety of the service. In April 2017 they had discussed risk assessments, care plans, spillage kits and laundry. In March 2017 we saw cleaning and blue badges had been discussed.

'House meetings' were carried out frequently. We looked at the minutes from the March and May 2017 meetings which included discussions about menu planning, health and safety, maintenance and activities.

The registered manager told us they carried out an annual relative's satisfaction survey. We saw the 2016 survey showed family members were happy with the service with their response showing either good or very good. We saw a comment from an external agency on one of the survey's which said, 'it's a wonderful place to be looked after'. The registered manager told us the surveys for 2017 we just about to be sent out. One family member told us, "I get questionnaires from time to time."

Following our inspection the registered manager stated they were working with the National Autistic Society to achieve accreditation as a specialist provider for autism services.

Our observations during our inspection showed the service was person centred, inclusive and there was a positive approach to people's support and care.