

Langford Park Ltd

Langford Park

Inspection report

Langford Road
Langford
Exeter
Devon
EX5 5AG

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Langford Park is a 'care home' registered to provide accommodation, nursing and personal care support for up to 35 older people; people living with dementia; and younger people with a physical disability. At the time of this inspection there were 31 people living there, supported over 3 floors. Langford Park is set in rural parkland close to the city of Exeter.

People's experience of using this service and what we found

There had been 3 unsuccessful managerial appointments in 3 years. The service was being managed by the provider, supported by the clinical lead and quality assurance lead, pending the recruitment of a new manager. The management team had continued to develop and embed the systems and processes introduced by the previous manager. This was largely confirmed in feedback received from people, relatives and the staff team. One member of staff commented, "Langford have made lots of changes and there is more support from the management team and the nurses. I think we are at a very good place and all working together as a team better."

The management team promoted a culture of openness and honesty. They were open and transparent during the inspection. They demonstrated their commitment to reflecting and learning when things went wrong and sharing this knowledge with staff to improve the quality and safety of the service. The majority of staff told us they felt well supported both personally and professionally. They were passionate about their role.

There was a robust and effective quality assurance programme in place. This meant the provider had already identified the majority of issues we found at the inspection and was taking action to address them. Where issues had not previously been identified, the provider took immediate action in response to our feedback.

We found improvements were needed to care plans to guide staff in the cleaning of equipment and recognising signs of infection. The management team acted immediately, and this information had been added to care plans before the end of the inspection. Overall, we found the management of risk had improved, with better recording and well trained and competent staff. The staff team worked in partnership with external health and social care professionals to support people. A robust pre-admission process was in place to ensure any new placements were safe and well planned, after issues had arisen following the admission of people with very complex needs.

People felt safe living at Langford Park and there were enough staff to meet their needs. The provider took action during the inspection to stagger staff breaks, to ensure communal areas were adequately staffed at all times. Last minute sickness had been a challenge, but this had been addressed by the management team and improved over recent weeks. Staff were recruited safely, and safeguarding processes were in place to help protect people from abuse. One person said, "It's okay, they are all nice. They make sure you are clean,

make sure you are comfortable."

There were systems in place to ensure the safe administration of medicines, although some improvements were needed in relation to the recording of topical medicines administration; the storage of oxygen cylinders and protocols for the use of 'as required' medicines. Immediate action was taken to address these issues.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published) 25 May 2022.

Why we inspected

This inspection was prompted in part due to concerns received about the management of risk, and staffing. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe and well led sections of this full report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Langford Park on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

Is the service well-led?

Good ●

The service was well-led

Langford Park

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 2 inspectors; a specialist advisor, whose specialism was nursing care; and 2 Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Langford Park is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Langford Park is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was not a registered manager in post. Efforts to recruit the right person for the role were ongoing.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

During the inspection

We spoke with 8 people who used the service and 3 relatives about their experience of the care provided. We spoke with 14 members of staff including the provider, clinical lead, quality assurance lead, nursing staff, care staff, maintenance and housekeeping staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We reviewed a range of records. This included 10 people's care records and multiple medication records. We looked at 4 staff files in relation to recruitment and staff supervision. We also reviewed a variety of records relating to the management of the service, including policies and procedures.

Following the inspection, we received feedback from 3 external health and social care professionals who work with the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- At our last inspection we found it was not always possible to see if people had received the support they needed to minimise risks due to gaps in recording. At this inspection we found improvements had been made. There were robust monitoring processes in place, and the provider told us, "We are constantly working on improving documentation and have come a long way."
- At our last inspection we found people were potentially at risk because staff knowledge and skills were not consistently up to date. At this inspection we found this was no longer the case. People told us staff were trained and competent. A member of staff said, "I feel like there is a good amount of training offered at Langford Park. There are a variety of different methods of training here. Online, in person and Zoom/teams/webinars. I have personally requested training that I thought would be interesting and applicable and the home is currently working towards this for me."
- There were processes in place to document, monitor and mitigate risks to people. Where risks were identified support plans guided staff to manage and reduce these risks, and staff were providing safe care. However, we found improvements were needed to care plans to guide staff in the cleaning of equipment such as nebulisers, the management of catheters and recognising signs of infection. The management team responded immediately to feedback given during the inspection, creating detailed care plans to address these issues.
- There were effective information sharing systems in place to ensure staff were kept up to date with any changes in people's needs. A member of staff told us, "I am shared information by attending handover in the morning, access to care notes on the computerised care planning system and I also attend the daily stand up meetings at 11am. If I am not at work, I can access these on my email as [administrators name] sends these out every day."
- There had been a focus on improving pressure area care. A weekly wound care report was created to monitor any issues with people's skin, and the support provided. This was reviewed by the quality assurance lead and provider, who advised that wound care at the service was effective. There was good recording and external advice was sought appropriately.
- The management team had been working on making the mealtime experience better and safer for people. This included increased supervision and assistance with eating for people who needed it. Staff had recently had additional training, so they would be aware of what action to take if a person choked. A recent choking incident was well managed by staff, which demonstrated the training had been effective.
- Closed-circuit television had been installed in communal areas of the home to improve the management of risk and promote people's safety. Consent had been sought from people, and best interest decisions made where people did not have capacity to consent. The staff team had been made aware.
- People had current individual emergency evacuation plans in place to ensure the right level of support was provided if needed. We identified that two emergency evacuation plans for people who were recently

admitted to the service had not yet been added to the emergency bag. This was highlighted to the provider who acted immediately to rectify this.

- There were governance systems that ensured the environment and equipment was effectively maintained. This included checks in relation to legionella management, fire systems and equipment and mobility equipment.
- The service worked in partnership with a range of external professionals, such as community nurses and GPs, to support and maintain people's long-term health and well-being. Weekly multi-disciplinary team meetings were held to share information about people's needs and support. One professional commented, "I feel that staff know the residents well and are aware of their needs and also of the way the residents like to be cared for. As a visiting health provider, the information required for me to give routine care has been available and, however busy staff are, they have listened and passed on any information that I have given."

Staffing and recruitment

- There were effective systems in place to manage rotas and staffing levels. There had been challenges due to a high level of last-minute staff sickness. The provider was taking action to address this, and this had improved over recent weeks.
- Rotas were planned in advance, and staff were able to use a smartphone application to identify and commit to work any shifts that needed covering. An alert would be sent to the management team to confirm this.
- The provider used a dependency tool to calculate the number of staff required to meet people's needs safely. He advised they were actually 'over staffed', because they had taken into account the layout of the building, and allocated supernumerary time to team leaders for training. One health professional commented that an increase in nursing staff had led to improvements in referrals for support and the following of guidance given.
- We observed only one member of staff in the communal area for a period of time following lunch. This was discussed following the inspection and action was taken to address by trialling new break times for staff, with no more than 2 staff away at a time. This was monitored by team leaders during their daily 'walk around'.
- Governance systems were in place to monitor staff response times to call bells. Recent audits in January 2023 did not identify any significant concerns. We observed however that 2 people did not have their call bell within reach when they were alone in their rooms. This issue had already been identified by the provider and the monitoring of people's access to call bells increased.
- Staff had been recruited safely. Relevant pre-employment checks had been carried out. This included criminal record checks to make safer recruitment decisions and obtaining references from previous employers.

Using medicines safely

- Overall systems for the management and administration of medicines were safe, however some improvements were needed.
- Staff were not consistently documenting what topical medications were being applied and where. This had already been raised as an issue at the monthly quality and clinical governance meeting in December 2022 and identified as an 'area for concern' in the Home Development Plan. We discussed this with the provider and clinical lead, who advised they were continuing to work with the staff team around this issue. They were also requesting detailed information and instructions from the GP when prescribing topical medications, and had increased monitoring by the provider and daily team leader 'walk arounds'.
- Oxygen cylinders were observed to not be stored securely in a resident's room in line with the oxygen policy. We highlighted this to the provider who acknowledged this was the case. In response they bought a cage to store the cylinders in, which would be kept in a location outside the main building.

- Medications to be administered 'as required' needed more explicit instructions to guide staff. This was addressed following the inspection by the clinical lead. They had discussed with the GP and pharmacist who undertook to provide more detailed instructions with the medications.
- There had been ongoing issues in obtaining repeat prescriptions for people. The clinical lead had been proactive in addressing this, arranging to meet with the GP and pharmacist to discuss the issue and find a solution.

Systems and processes to safeguard people from the risk of abuse

- People were comfortable and relaxed with care staff who supported them. One person said, "It's okay, they are all nice. They make sure you are clean, make sure you are comfortable."
- Staff received training in safeguarding. They understood their roles and responsibilities in protecting people from harm and were committed to keeping them safe.
- There were systems and processes in place at the home to ensure people were protected from harm. The provider had responded promptly and in detail to safeguarding concerns raised, working with the local authority and other external agencies to keep people safe.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People were supported to see visitors in line with current UK Government guidance. At the time of our inspection there were no restrictions on visiting.

Learning lessons when things go wrong

- The management team took action in response to lessons learned. 'Lesson learned' was an agenda item at clinical meetings, as well as consideration of how the learning would be shared across the staff team.
- The provider advised there had been a lot of reflection and learning linked to supporting people with very complex needs, after issues had arisen following such placements at the service. Any potential new admissions were scrutinised by a panel to ensure they were safe and well planned. The views of the staff team were also sought. The provider reported this had been effective and recent placements were working well.
- Staff knew how to deal with accidents and incidents, what action to take and how they should be recorded.
- There were systems in place that ensured accidents and incidents or near misses were reviewed. Records reviewed showed a post event analysis was undertaken.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There had been 3 unsuccessful managerial appointments in 3 years. The service was being managed by the provider, supported by the clinical lead and quality assurance lead, pending the recruitment of a new manager. The provider said, "Our Clinical Lead and Team Leaders have risen to the challenge of more responsibility and are now contributing at a highly professional level. The support given through professional quality assurance, operational support and mentoring have been instrumental in effectively distributing leadership across our workforce. When we appoint a new Registered Manager, that individual will be working within a tried and tested governance framework and will have the support of professionals who are familiar with and committed to the success of Langford Park. We have done all in our power to create and maintain stability and high standards in our home."
- The previous manager had introduced new systems and processes to improve the quality and safety of the service. At the last inspection we found they were not yet embedded. At this inspection we found the management team had continued to build on these improvements and they were now embedded at the service. Staff commented, "I have seen it improve over the last 3 years" and, "Langford have made lots of changes and there is more support from the management team and the nurses. I think we are at a very good place and all working together as a team better."
- There was a clinical lead in post. The provider spoke highly of their contribution to the management of the service, and how they had remained calm and effective in challenging situations.
- The provider had recruited a quality assurance consultant who worked at Langford Park 2 days a week. They had been instrumental in driving improvement, and the development of a comprehensive and effective programme of monitoring and audits. This meant the provider had already identified the majority of the issues we found during the inspection and was taking action to address them.
- An external consultant had been commissioned to offer wellbeing support and 1 to 1 external mentoring for staff. The provider recognised the leaders in the service had a stressful role and may not want to share their difficulties with the provider. It was helpful for them to have someone external to talk to.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people. How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Overall people and their relatives felt there was a positive culture at the service, and it was well run. One person said, "They are all very pleasant. If I ask for anything, they do it for me. I try not to bother them, but they tell me it's what they are paid to do." Relatives commented, "I would recommend the home, it is in a

lovely welcoming setting" and, "I think that they have done well, it seems well run."

- The management team were open and transparent during the inspection, and in relation to concerns raised. They promoted openness and honesty with the staff team, encouraging them to come and tell them if anything was wrong. Staff told us, "Whenever I have struggled with anything private or work, the door was always open, and I was always listened to by [the management team]. When they are informed about any issues, they take action, anything from maintenance point of view to care team issues and individual behaviours, so I know I could always count on them."
- The provider had notified CQC about any significant events at the service. We use this information to monitor the service and ensure they respond appropriately to keep people safe.
- The manager and provider were open about the challenges at the service, the work they were doing to overcome them and where improvements were still required.

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

- Overall relatives told us they were kept informed and communication was good.
- People and relatives were asked for their views of the service at meetings and via questionnaires. The provider followed up any issues or concerns raised with people individually where possible. They were also discussed at residents' and relatives meetings and reviewed to ensure any issues had been satisfactorily addressed. Actions taken were displayed on a 'You Said, We Did' poster.
- Staff were passionate about their roles and the way the staff team worked together. One member of staff said, "I enjoy working at Langford and I'm content in my job role most of the time. Every care setting, be it an outstanding home or not, is going to face struggles at times but I feel lucky to have a brilliant team."
- Staff told us they had the opportunity to express their views and contribute to the development of the service. Comments included, "I can give views anytime, but we have staff surveys to complete as well as supervisions etc and, "I am asked about my views and opinions about anything really."

Continuous learning and improving care; Working in partnership with others

- The management team were proactive in learning about best practice and disseminating this amongst the staff team. For example, the provider participated in a forum for local service providers, run by the local authority. The clinical lead had sought feedback from a specialist about the care previously provided to one person by Langford Park, and how this could have been improved. The specialist commented, "I do think it's very positive that you contacted me for feedback, as this helps us learn. This rarely happens, sadly."
- The provider was committed to continuous learning and improving care. They promoted reflection and learning, and supported staff with their professional development. One member of staff told us how they had been given the opportunity to further develop their knowledge and practical skills and undertake further vocational qualifications. They said, "Langford Park gave me an opportunity to progress in my career and has supported me throughout."