

The Langston (Kingham) Limited

The Langston

Inspection report

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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

About the service

The Langston is a service providing personal and nursing care for younger adults and people aged 65 and over, some of whom were living with dementia. It can accommodate up to 36 people, there were 33 people living at the service at the time of our inspection.

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

People were safe and supported by staff who understood how to protect people from harm. People's individual risks had been assessed and recorded. There were enough staff to meet people's needs. People's medicines were managed safely, and people received their medicine as prescribed.

People benefitted from staff who were caring and respectful. Staff ensured people were involved in making decisions about their support. People were able to develop positive working relationships with staff. People's independence was promoted. Staff were motivated and enthusiastic about their job.

People were supported to access health care service where required. People's dietary needs were met, and people were positive about the food. 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.

People received care that was individual to their needs and staff knew people well and were knowledgeable about their individual needs. People had opportunities to take part in activities. There were systems in place to monitor the quality of the service. The registered manager and provider ensured staff and people were involved and felt valued. The management team ensured care practices were reviewed and used reflection to improve the service delivery for people.

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

Rating at last inspection

The Langston is not a new service and was opened in 1985. However, following the changes to the organisation's structure in 2018, the provider registered as a new legal entity which meant they needed to register as a new provider. They registered with us on 28/09/2018 and this was their first inspection.

Why we inspected

This was a planned, routine inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.
Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.
Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.
Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.
Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.
Details are in our well-led findings below.

Good ●

The Langston

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 Care Act 2014.

Inspection team

This inspection was carried out by one inspector and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

The Langston is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service had a registered manager. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced and took place on 8 August 2019.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law.

During the inspection

We spoke with seven people who used the service and three relatives about their experience of the care provided. We spoke with seven members of staff including the director, the registered manager, two nurses,

a senior carer, one care staff and kitchen staff. We reviewed a range of records. This included three people's electronic care records and samples of medicines records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including quality audits were viewed.

After the inspection

We contacted sixteen external health and social care professionals, including commissioners to gather their views about the service.

Is the service safe?

Our findings

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

This is the first inspection for this service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Using medicines safely

- People received their medicines as prescribed. Medicines were safely administered by competent and skilled designated nursing staff. People told us what support they had with taking their medicines. One person said, "I have to take quite a lot of medicine these days, but I trust them what they do and what they give to me".
- When people had been prescribed 'as required' medicines, protocols that guided the staff on when people might need these medicines were in place.

Systems and processes to safeguard people from the risk of abuse

- People confirmed they felt safe at the service. One person said, "Yes, absolutely I feel safe all the time here". One relative added, "Yes, [person] is safe we know the care is good and we do not have to worry at all".
- The provider had safeguarding policies in place and the registered manager was aware of the local authority safeguarding procedures. Staff knew how to report and escalate any safeguarding concerns. A staff member said, "I'd speak to the manager and report. I can always whistle blow to safeguarding (team)".

Assessing risk, safety monitoring and management

- Risks to people's personal safety and any specific risks, such as mobility or skin integrity had been assessed and recorded. People's care plans guided staff on how to manage these risks.
- The registered manager monitored accidents for trends and patterns. Appropriate action had been taken when an accident occurred.
- The provider ensured relevant checks surrounding the fire safety and water safety took place. There were emergency planning documents that guided staff what to do in an event of a fire and people had individual emergency evacuation plans in place. The provider had a business continuity plan that advised what to do in an event of an adverse event such as a bad weather.

Staffing and recruitment

- There were sufficient staff in place. People told us there was enough staff. One person said, "Yes, I think there are enough (staff), there seems to be someone around when you need them, I know they look in on people at night".
- Staff were observed to be able to work in an unhurried manner. The staff also complimented how the team worked well together. One staff member said, "We group staff. When there's six staff on duty, they will work in three pairs. We make sure there is a right balance (of skill mix)".
- The provider followed safe recruitment practices to ensure staff were suitable to work in the service.

Preventing and controlling infection

- Staff were trained in infection control and used protective personal equipment (PPE), such as gloves and aprons when needed.
- The environment was clean and free from unpleasant odours.

Learning lessons when things go wrong

- The registered manager reflected on practices and ensured lessons learnt was implemented where possible. For example, following a near miss around a piece of equipment the registered manager reviewed the practice and ordered an alternative piece of equipment to ensure people's safety.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had their needs assessed before they came to live at the service. The registered manager also used assessments from commissioners to complete people's care plans. We saw the assessment tool used for pre-admission assessments included people's physical needs, such as mobility as well as people's communication needs and religious and cultural needs.
- People's needs, such as details of assistance needed around oral hygiene were assessed and recorded in line with the good practice.

Staff support: induction, training, skills and experience

- Staff received ongoing training and the new staff were offered shadowing (working along an experienced staff member) to ensure they were confident in their role. One staff member told us they did two weeks of shadowing when they started working at the service. People told us they felt staff were skilled, one person said, "I feel they all know what they are doing".
- Staff were supported by the management team. Comments included, "Induction and training was good and prepared me for the role" and "I had supervision, with [nurse's name]".

Supporting people to eat and drink enough to maintain a balanced diet

- People's care records reflected people's dietary needs. The electronic system used allowed for the real time monitoring of people's fluid intake and would flag up any risks, such as when people were at the risk of malnutrition.
- People complimented the quality of food. Comments included, "They make sure that we eat properly", "I think the food is wonderful; I had toast and cereal this morning, just right and hit the spot" and "The food here is very good, I eat up and if ever I leave anything I am asked if there is a problem. You do get a lot of food here".
- We observed the lunch time and it was a positive, social experience. People were served their food in an efficient manner. A hot trolley was used to serve the food at the right temperature. We observed staff assisted people appropriately, such as they ensuring they were at the person's level when supporting them. When needed people had pureed food, soft food and one person had a vegetarian meal. Some people enjoyed a glass of wine with their meal. The service's kitchen was awarded the maximum five-star food hygiene rating on its most recent inspection earlier this year.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- People were supported to access health services. The team worked well with external health professionals

such as GP and Care Home Support Service (CHHS). People's care record showed any advice received was incorporated into the care planning process.

Adapting service, design, decoration to meet people's needs

- There was a communal dining room, a choice of lounges for people to use and a secure, enclosed garden people could safely access. The service's reception was recently redecorated using warm, darker colours and there were further plans such as replacement of the carpets.
- People were able to personalise their bedrooms with items of importance to them. One person said, "I have a really lovely room upstairs, the outlook is wonderful, I can see fields, animals, birds and trees".

Ensuring consent to care and treatment in line with law and guidance

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

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People told us staff respected their choices. One person said, "They know what you like, you get what you like, if you don't like it, they take it away".
- Staff knew the principles of the MCA. One member of staff said, "Always assume people have got capacity".
- People care records contained assessments of people's capacity for specific decisions. For example, when people needed bed rails or could not decide about their residency at the service. The registered manager submitted DoLS notifications appropriately and they ensured the best interest principles had been followed.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were caring. One person said, "I think most of us are happy here, they (staff) tend to make sure we are looked after". Another person said, "I think they make a good effort in looking after me".
- The atmosphere during the day was warm, calm and positive. We observed examples of light banter between staff and people and between people laughing and joking with each other. Staff interactions we observed were caring, supportive, professional and respectful.
- Staff demonstrated a positive and enthusiastic approach and they told us they enjoyed working at The Langston. Comments from staff included, "I always described this team as a family", "We treat our residents like our family" and "I am loving it here". One relative told us, "Carers are so lovely to the [person]".
- There were policies in place that showed the provider's commitment to respecting people's diversity. Staff told us they were lucky to work within a diverse team that allowed them to learn about different cultures. One staff said, "We are a multinational team, we all respect each other as human beings". Another staff member told us they respected people's religious beliefs, "The priest visits monthly".

Supporting people to express their views and be involved in making decisions about their care

- Staff asked people where they would like to spend their day and what activities they wanted to attend. Staff respected what was important to people. For example, there were four giant teddy bears placed on armchairs in the lounge, each one had a name on. Staff told us this was a well-established tradition to respect the fact that some people liked to sit in the same armchair every day. These teddy bears were used to reserve the chair and to help and comfort the people that their favourite chair will not be taken by someone else.
- People said the care they had was as they wanted it to be. One person said referring to their regular staff, "[Staff's name] is a lovely girl and she has really cared for me". Another person said, "I think I am very lucky to be living here. I am fed very well, watered very well and I am looked after very well".

Respecting and promoting people's privacy, dignity and independence

- People's dignity was maintained. We saw staff called people by their first names and showed respect by knocking on doors before entering people's bedrooms.
- People's independence was promoted, and staff appreciated the importance of encouraging people to keep their skills. A staff member said, "If I ask [person] to wash their face, she will be able to. It's better when people do for themselves as much as they can".
- Staff received training around data protection and people's confidentiality was respected. We saw staff used individual logins when accessing electronic records.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences.

- People and their relatives told us they felt people had care that met their needs. Comments included, "I like it here but I tend to keep myself to myself here, everything about the place is comfortable, the staff are all nice and they don't overdo it-." and "They are all lovely here, the staff; someone is always knocking on my door to check if I am alright".
- People's needs were outlined in their care plans. The provider had introduced a new, electronic system for care planning that allowed the management team to monitor the entries staff made in real time. People's care plans had been reviewed using a 'resident of the day' scheme (each care plan was being reviewed on the day that corresponded to the person's room number) and updated when people's circumstances changed.
- People's care plans included information of what was important to them including people's religious needs. Staff knew how to cater for people's individual needs. For example, one person suffered memory loss and staff created a specially made colourful information board that was updated daily, before the person's arrival to her usual spot in the lounge. The board contained words and pictorial symbols confirming the day of the week, the month, the season and the weather

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's records gave clear instructions how to meet people's communication needs. For example, one person's care plan stated, "Face [person] and attract their attention before speaking to them, speak slowly, accompany instructions with actions". One person was unable to speak and communicated by making specific sounds. Staff showed excellent knowledge about the person and they facilitated the person's repetitive actions. One staff member, of similar background as the person, had identified some of the noises the person made were very similar or identical to noises commonly made as communication in his native culture. That was very helpful in aiding communication.
- Staff knew people's needs well and staff gave examples how they ensured good communication. A staff member said, "[Person] is blind, we describe everything to them, e.g. it's a sunny day today, or there's a butterfly, sometimes I pick up flowers (when we're in the garden) so they can smell".

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There were various activities organised, such as art and craft sessions. People mentioned and remembered dancing on a few occasions. There are occasional visits too from the two local school which were reported to be popular and enjoyable. We saw a compliment letter received from the school thanking the team for creating the opportunities for children.

- People were positive about activities provision at the service. Comments included, "The staff encourage people to mix in with things and I think they all work very hard", "It is quite good when we have musical events, the audience usually joins in and they play things like the piano" and "A most beautiful animal, a dog, comes in twice a week, he comes over and gives me a lick, he is the sort of dog I would love to have".

Improving care quality in response to complaints or concerns

- People we spoke with on the day of the inspection had no complaints.

- Information about how to complain was available and there was a system to record complaints. No formal complaints had been received since the service registered under the current provider. The registered manager told us this was because complaints was a standard agenda point at people's meetings and any issues raised were being addressed before these escalated to a complaint.

End of life care and support

- There were no people receiving end of life care at the time of our inspection. People's end of life wishes, and their resuscitation status had been recorded in people's care plans. Care plans were thoughtful and included people's religious needs. For example, "Call the vicar for [person]". The care plans also highlighted the emotional support for the team. One person's care plan said, "Support fellow colleagues who may not be so experienced in bereavement".

- The registered manager told us they planned to work towards the nationally recognized accreditation around end of life care delivery.

- The staff worked with health professionals if needed to ensure people had pain free and dignified death.

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.

This is the first inspection for this service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The Langston is not a new service, however, following the changes to the organisation's structure in 2018, the provider registered as a new legal entity. This meant they were a new provider. Despite the administrative changes at the head office level, the service remained overseen by the same director and the same registered manager. The registered manager was known by people and well regarded. People and their relatives told us the service was run well. Comments included, "Everything is all right" and "[Registered manager's name] is lovely, and all staff".
- The registered manager motivated her team and they were keen to achieve good outcomes for people. They told us how they successfully worked with the professionals and found an alternative and more suitable place for one person. The person, although initially placed at The Langston, expressed they wished to reside at another place, one that offered independent living arrangements.
- Staff complimented the team work and the culture at the service. Comments included, "The director encourages us to socialise outside work, and we do" and "The director and the manager are very supportive, this is what makes staff staying here".

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

- The registered manager promoted an open and transparent culture. A member of staff said, "Of course there is no blame culture here, we would follow up with the individual staff if any concerns".
- There is a specific requirement that providers must follow when things go wrong. This includes informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The registered manager understood her responsibilities in relation to this requirement.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. Continuous learning and improving care

- The provider ensured continuous improvement, for example by the way of investing in the new electronic care planning system that allowed for better monitoring and better access to people's records.
- The registered manager ensured regular audits were completed. This included audits of; kitchen, care planning, medicines, infection control, and laundry. Any areas for improvements were pulled into an action plan to ensure issues were resolved.

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

- There was evidence staff were involved in the running of the service. For example, earlier this year, the management, after the consultation with their staff, decided staff would no longer wear uniforms. We saw staff wore plain clothing on the day of our visit. A staff member said, "The director encourages us to give ideas". Another staff member said, "Manager always asks us for input and opinions".
- People were able to provide feedback via reviews and an open-door policy. People's relatives as appropriate had been involved.
- The provider used quality surveys. Questionnaires had been sent out to people recently and the registered manager was awaiting results.

Working in partnership with others

- The team worked well in partnership with the local health and social care professionals.
- The registered provider linked with one of the local care home providers' association which allowed them to keep up to date with the local updates.