

Review of compliance

Langley Lodge Residential Home Langley Lodge Residential Home	
Region:	East
Location address:	26 Queens Road Wisbech Cambridgeshire PE13 2PE
Type of service:	Care home service without nursing
Date of Publication:	March 2012
Overview of the service:	Langley Lodge is registered to provide the regulated activity, 'Accommodation for persons requiring nursing or personal care' and is restricted from providing nursing care. The home provides care for up to 20 older people and has a manager who is registered with CQC as a partnership provider.

Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Langley Lodge Residential Home was not meeting one or more essential standards. Improvements are needed.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 13 January 2012, talked to staff and talked to people who use services.

What people told us

People we spoke with during our visit on 13 January 2012 told us they were satisfied with their care and made positive comments about staff. One comment made was, "The staff are always there when I need them and respond to my call alarm in time".

People informed us they felt safe living at Langley Lodge and that staff treated them with respect. People told us they would raise any concern with the manager whom they said they had daily contact with.

What we found about the standards we reviewed and how well Langley Lodge Residential Home was meeting them

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

Whilst people are assured that staff understand their needs, their care plans do not always include adequate instructions for care staff to follow to ensure that they are providing care that meets people's needs. People's welfare needs are not always met due to the time restraints experienced by staff

Outcome 07: People should be protected from abuse and staff should respect their human rights

There are insufficient measures in place to ensure that staff are informed about safeguarding and that they are able to independently report a concern to the Local Authority or are guided by a suitable safeguarding policy.

Outcome 10: People should be cared for in safe and accessible surroundings that support their health and welfare

Improvements are required to increase the bathroom facilities and to address the sharing of small sized rooms, so that people are afforded the right to privacy and adequate space to safely move around and use necessary support equipment. Improvements are required to ensure that the building is designed to protect people from the risks of fire.

Outcome 12: People should be cared for by staff who are properly qualified and able to do their job

Due to inadequate recruitment procedures people cannot be assured that they are protected from the risk of unsuitable staff.

Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs

To ensure the home remains compliant with this outcome, improvements should be made to the staffing arrangements to ensure that there are sufficient staff available working at all times.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

People are not assured that staff are suitably trained and supervised to safely and appropriately meet their support and care needs.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

The home does not have systems to monitor or assess the training and competency of staff, or to provide suitable supervision and support to staff. There was no system in place to monitor and assess the risks of fire and to ensure that people are protected from the risks of fire.

Actions we have asked the service to take

We have asked the provider to send us a report within 14 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. When we propose to take enforcement action, our decision is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

People we spoke with during our visit on 13 January 2012 told us they were satisfied with their care and said that staff treated them with respect. They made positive comments about the care staff and told us that they were assisted by staff whenever they required help. Their comments included, "The staff are always there when I need them and respond to my call alarm in time".

We spoke to four visiting relatives who were at the home on the day of our visit. They each made a positive comment about the care that was provided for people who used the service, although one relative made a negative comment about the lack of stimulation and lack of activities for their relative. However, people we spoke with told us they enjoyed regular activities of a pianist who visited and played at the home; they took part in bingo sessions and liked the regular group exercise sessions. One person commented, "I can do them whilst sitting down". People assured us they had enough activities that they wanted to participate in.

Other evidence

Staff who we spoke during our visit demonstrated that they understood the specific needs of people and were providing appropriate care and support to meet their care and support needs. We observed that staff were polite and respectful towards people. We read two people's care plans and these included assessments of their health and support needs, risk assessments and information about the care that staff should provide. Some aspects of the care plans did not always include sufficient detail so that it could be clearly understood what care was being offered to people.

We noted that, throughout the day, there was no organised activity for any of the twelve people who spent most of the day seated in armchairs in the lounge. We observed that care staff did not have sufficient time to encourage people to participate in any activity or task although staff responded to people's needs when they required assistance. We observed that care staff did not have sufficient time with people to encourage them to converse, as they were continuously helping people with their personal care.

Our judgement

Whilst people are assured that staff understand their needs, their care plans do not always include adequate instructions for care staff to follow to ensure that they are providing care that meets people's needs. People's welfare needs are not always met due to the time restraints experienced by staff

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

There are minor concerns with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

People we spoke with told us they felt safe and that staff treated them with regard to their safety. People told us they would raise any concern with the manager whom they said had daily contact with them.

Other evidence

We spoke to four care staff during our visit who demonstrated a varied level of awareness of how to appropriately respond to an incident of abuse. Staff were confident about reporting any concern to the manager. However, only one member of staff was aware of how to report a concern to the Local Authority (LA), should they need to. Another member of staff knew that the LA must be informed, but did not know where their contact telephone number could be located in the home.

There was minimal information in the staff office about reporting abuse and this was not informative about the role of the LA in safeguarding matters. There was no written information to inform people living in the home, or their relatives, about any safeguarding arrangements that were in place.

We read the home's safeguarding policy that was undated but had been recorded as having last been reviewed in 2009. The policy contained out of date information about where to report abuse and was not informative about the safeguarding intentions of the home, or the actions they would take to respond to abuse. These concerns were brought to the attention of the manager during our visit.

Our judgement

There are insufficient measures in place to ensure that staff are informed about safeguarding and that they are able to independently report a concern to the Local Authority or are guided by a suitable safeguarding policy.

Outcome 10: Safety and suitability of premises

What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

* Are in safe, accessible surroundings that promote their wellbeing.

What we found

Our judgement

There are major concerns with Outcome 10: Safety and suitability of premises

Our findings

What people who use the service experienced and told us

People we spoke with during our visit said they were satisfied with their accommodation. We spoke to two people who shared a bedroom: they told us they were in agreement with this arrangement and did not have any objections to sharing. One person said that they enjoyed sharing because they liked the company of another person.

Other evidence

Langley Lodge is an older style private family home within a large garden area. Externally, the property was noted to be well maintained. The corridors and doorways were not designed for wheelchair access and accommodation was provided on two floors connected by a central stairway fitted with an electrically operated stair-lift for people to access the upper floor. We noted that six people shared three of the upper floor bedrooms and that none of these rooms had en suite facilities. One shared room was less than 13 square metres and another shared room was less than 10 square metres in size. Both rooms contained equipment used by people to assist them to walk and to manoeuvre and the restricted space created a hazardous environment because there was no dedicated storage area or space in the room.

During our visit many of the bedroom doors were prevented from closing and were inappropriately and unsafely held open by a wedge or by people's personal belongings. Whilst doors had been fitted with self closing devices they were not connected to a fire alarm system that activated a self closure device and consequently people were placed at risk of not being protected from a fire. The manager agreed they would consult the Fire Safety Officer regarding the safety of these doors.

There was only one bathroom and one shower room, located on the ground floor, that was in use and shared by twenty people living at the home. Another bathroom on the upper floor was not in use. We were advised by the manager the upper floor bathroom was not used because the sink and bath were heavily stained and discoloured and needed to be replaced and that repairs to the ceramic tiles and replacement fittings and furniture were necessary. There were no available plans to show how the home intended to improve and increase the bathroom facilities, or address the sharing of rooms so that people using the service were afforded the right to privacy and adequate space to safely move around and use necessary support equipment.

Our judgement

Improvements are required to increase the bathroom facilities and to address the sharing of small sized rooms, so that people are afforded the right to privacy and adequate space to safely move around and use necessary support equipment. Improvements are required to ensure that the building is designed to protect people from the risks of fire.

Outcome 12: Requirements relating to workers

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by staff who are fit, appropriately qualified and are physically and mentally able to do their job.

What we found

Our judgement

There are minor concerns with Outcome 12: Requirements relating to workers

Our findings

What people who use the service experienced and told us

We did not speak with people about this outcome.

Other evidence

We inspected the recruitment files for two staff who were working at the home. One staff file contained all the satisfactory and suitable recruitment documentation whilst the other member of staff had not been safely recruited as there was no Criminal Record Bureau disclosure available in their file, although one had been applied for. Other appropriate and suitable supporting recruitment checks had been obtained and the member of staff had commenced employment in a non care role, although there were no supervisory arrangements in place.

Our judgement

Due to inadequate recruitment procedures people cannot be assured that they are protected from the risk of unsuitable staff.

Outcome 13: Staffing

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

What we found

Our judgement

The provider is compliant with Outcome 13: Staffing

Our findings

What people who use the service experienced and told us

People we spoke with told us there was enough care staff to meet their needs. They said that they did not have to wait to be assisted by care staff when they had wanted their support.

One relative commented that there was not enough staff to provide meaningful activities for people.

Other evidence

On the day of our visit there were two care staff providing care and support for twenty people and a manager. The staffing roster confirmed that there were two care staff during the daytime and one care staff working at night time, with a manager or deputy manager working most weekdays. On the day of our visit the deputy manager was not working, although the manager was present. Despite the manager and deputy manager roles there were days shown on the schedule when only two care staff were working alone and without managerial support.

Staff who we spoke with during our visit told us that they struggled to meet people's needs within an appropriate timescale when only two staff were working during the mornings and immediately after lunchtime. We observed that staff had little time to encourage and talk to people apart from mealtimes, or when providing personal care. Staff informed us that the deputy manager provides additional personal care when they are asked to provide additional assistance by care staff. This arrangement was confirmed by the manager, although there had not been an assessment carried out of

people's fluctuating demands to ensure there are always sufficient staff to meet people's needs.

Our judgement

To ensure the home remains compliant with this outcome, improvements should be made to the staffing arrangements to ensure that there are sufficient staff available working at all times.

Outcome 14: Supporting staff

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

There are moderate concerns with Outcome 14: Supporting staff

Our findings

What people who use the service experienced and told us

We did not speak with people about this outcome.

Other evidence

Although there was a record in one staff file that they had commenced their induction based on Skills for Care Common Induction Standards, there was no training record to show what training plan and arrangements were in place for staff and the manager. The staff file for one member of staff, who commenced work in June 2011, failed to demonstrate and detail training they had undertaken since being employed by the home.

We spoke to four members of staff who told us they had only received training in safeguarding vulnerable adults and for dementia care. We discussed this with the manager who advised us there were no records available to demonstrate the training that staff had received.

There were no records to show that staff had received any supervision. Of the four members of staff whom we spoke with, only one confirmed they had received supervision.

Our judgement

People are not assured that staff are suitably trained and supervised to safely and appropriately meet their support and care needs.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

There are moderate concerns with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

People we spoke with told us that they spoke to the staff each day about their care and had daily opportunities to speak to the manager. One person said, "I will be the first to speak my mind if there was anything wrong".

Other evidence

There was no training plan or records to demonstrate that there was a system to ensure staff had received suitable training and there was no training policy to indicate what training staff were expected to have been given.

There was not a system to supervise staff, or records of any supervision of staff.

Recent relatives meetings had been arranged so that people could express their views about the home.

Fire alarms and emergency lighting had been regularly tested. However, there was no system in place for staff to practice fire drills. There was no available fire risk assessment of the home to ensure that people were satisfactorily protected from the risk of fire.

Our judgement

The home does not have systems to monitor or assess the training and competency of staff, or to provide suitable supervision and support to staff. There was no system in place to monitor and assess the risks of fire and to ensure that people are protected

from the risks of fire.

Action we have asked the provider to take

Improvement actions

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	<p>Why we have concerns: Care plans do not always include adequate instructions for care staff to follow to ensure that they are providing care that meets people's needs.</p>	
Accommodation for persons who require nursing or personal care	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 13: Staffing
	<p>Why we have concerns: To ensure the home remains compliant with this outcome, improvements should be made to the staffing arrangements to ensure that there are sufficient staff available working at all times.</p>	

The provider must send CQC a report about how they are going to maintain compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 14 days of the date that the final review of compliance report is sent to them.

CQC should be informed in writing when these improvement actions are complete.

Compliance actions

The table below shows the essential standards of quality and safety that **are not being met**. Action must be taken to achieve compliance.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 07: Safeguarding people who use services from abuse
	<p>How the regulation is not being met: There are insufficient measures in place to ensure that staff are informed about safeguarding and that they are able to independently report a concern to the Local Authority or are guided by a suitable safeguarding policy.</p>	
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 10: Safety and suitability of premises
	<p>How the regulation is not being met: Improvements are required to increase the bathroom facilities and to address the sharing of small sized rooms, so that people are afforded the right to privacy and adequate space to safely move around and use necessary support equipment. Improvements are required to ensure that the building is designed to protect people from the risks of fire.</p>	
Accommodation for persons who require nursing or personal care	Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 12: Requirements relating to workers
	<p>How the regulation is not being met: Due to inadequate recruitment procedures people cannot be assured that they are protected from the risk of unsuitable staff</p>	

Accommodation for persons who require nursing or personal care	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 14: Supporting staff
	How the regulation is not being met: People are not assured that staff are suitably trained and supervised to safely and appropriately meet their support and care needs.	
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 16: Assessing and monitoring the quality of service provision
	How the regulation is not being met: The home does not have systems to monitor or assess the training and competency of staff. There was no system in place to monitor and assess the risks of fire and to ensure that people are protected from the risks of fire.	

The provider must send CQC a report that says what action they are going to take to achieve compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 14 days of the date that the final review of compliance report is sent to them.

Where a provider has already sent us a report about any of the above compliance actions, they do not need to include them in any new report sent to us after this review of compliance.

CQC should be informed in writing when these compliance actions are complete.

What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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