

# Review of compliance

Horizon Health Care Partnership Limited Langley Lodge	
<b>Region:</b>	Yorkshire & Humberside
<b>Location address:</b>	136 Deighton Road Deighton Huddersfield West Yorkshire HD2 1JS
<b>Type of service:</b>	Care home service without nursing
<b>Date of Publication:</b>	May 2012
<b>Overview of the service:</b>	Langley Lodge is a service for up to six adults with a learning and/or physical disability. It is found in the Deighton area of Huddersfield around 2 miles from the town centre. Langley Lodge is purpose built and fully accessible for wheelchair users. The service aims to support people to live as independently as possible and to fulfil their personal goals and aspirations.

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

## Our current overall judgement

**Langley Lodge was meeting all the essential standards of quality and safety but, to maintain this, we have suggested that some improvements are made.**

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 17 November 2011, observed how people were being cared for, talked to staff and reviewed information from stakeholders.

### What people told us

We were unable to get peoples views verbally due to the nature of their disabilities. We therefore spent time observing care practice and peoples responses and interactions. What we found is included in the relevant sections of this report.

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

#### **Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run**

People's privacy, dignity and independence are not always respected and people are not consistently supported to make choices about their lives. Overall, we found that minor improvements were needed for this essential standard.

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

People's needs are assessed and they have care plans in place, however they are not consistently followed or reviewed when they should be.

Overall, we found that minor improvements were needed for this essential standard.

#### **Outcome 07: People should be protected from abuse and staff should respect their**

## **human rights**

People who use the service are protected from abuse, or the risk of abuse and staff know the procedure to follow.

Overall, we found that Langley Lodge was meeting this essential standard.

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

Satisfactory recruitment procedures are in place to keep people safe and ensure that their needs are met by suitable staff.

Overall, we found that Langley Lodge was meeting this essential standard.

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

Systems are in place to get peoples views about the quality of the service. Information is gathered and reviewed to make sure people are receiving good quality care. However, overall, we found that Langley Lodge was meeting this essential standard.

## **Actions we have asked the service to take**

We have asked the provider to send us a report within 28 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 01: Respecting and involving people who use services

## What the outcome says

This is what people who use services should expect.

People who use services:

- \* Understand the care, treatment and support choices available to them.
- \* Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- \* Have their privacy, dignity and independence respected.
- \* Have their views and experiences taken into account in the way the service is provided and delivered.

## What we found

### Our judgement

There are minor concerns with Outcome 01: Respecting and involving people who use services

### Our findings

#### What people who use the service experienced and told us

None of the people living at Langley Lodge were able to tell us about what living at the home is like. We therefore spent time observing what was happening for people, including how they spent their time, interactions between people living and working at Langley Lodge and the care practice of staff at the home.

When we arrived at the home, two people had gone to day services. We spent time in the dining kitchen whilst lunch was being prepared by staff.

#### Other evidence

We spoke with relatives and other people involved in the care of people living at the home and a training assessor. All feedback we received was positive. Relatives all said they found the manager and staff approachable, and confirmed they had been involved in the assessment and care planning process. Relatives knew who to talk to if they had any concerns. One person told us when they raised an issue it was dealt with promptly by staff. We were told by one person that when their relative first moved into Langley Lodge, "they bent over backwards to accommodate her likes".

We looked at records for two people. There was evidence in the care plans that alternative communication methods have been identified for people. For example, one

person is identified as using Makaton sign language. The manager was observed to use signs whilst communicating with people.

There was evidence in the records that peoples likes and dislikes had been explored and identified, However these were not always dated or signed. Peoples monthly reviews identify targets and ambitions for the following month. Although some of the identified activities had been achieved, the records suggest that there is a limited range of preferred activities offered.

We observed that some staff demonstrated good communication skills and interacted in a respectful way, encouraging independence and maintaining the privacy and dignity of the people they were supporting. We also observed one member of staff whose interactions with people on occasion was inattentive and did not protect their privacy, dignity and independence. This was addressed by the manager during the inspection

Peoples records include a 'life plan' that is designed to provide person centred information. For example, there are sections about beliefs, likes and dislikes, family tree, what a 'good day' would be or look like for the person. Some of these were incomplete and needed further work.

#### **Our judgement**

People's privacy, dignity and independence are not always respected and people are not consistently supported to make choices about their lives.

Overall, we found that minor improvements were needed for this essential standard.

## 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

There are minor concerns with Outcome 04: Care and welfare of people who use services

#### Our findings

##### What people who use the service experienced and told us

Two people were at day services when we arrived leaving four people in the house. The manager told us staff had been supporting one person to tidy their bedroom. While we were at the home, people went to hydrotherapy or to the local post office with staff support, and two people spent time with the manager in the office during the inspection.

We sat with people while they had lunch and observed that they were not offered the opportunity to participate in preparing or clearing up.

##### Other evidence

We looked at records for two people. There was evidence that an assessment had been completed and there was lots of information about how their needs should be met. The manager told us she hoped to introduce a new, simpler way of recording as the current system is not easy to follow.

The 'individual care specifications' gave clear, straightforward information about how people prefer and need to be supported with specific areas of their lives. It was not always clear who had contributed to the development of these or when they had been written and reviewed.

There was evidence that care plans and risk assessments were not always reviewed when they should be. For example, a written statement was needed to be put on file to

confirm that the service users relative was involved in the regular monitoring of a previous condition. The planned reviews for March, June and September had not taken place. The manager was not aware of whether or not the necessary monitoring was taking place. We asked the manager to take steps to address this and she has confirmed this has been resolved since our visit.

Staff keep daily records about what people have done. We looked at the records of activities and found they were limited. The records did not suggest that people are engaged in meaningful activities. For example; one person's afternoon activity was repeatedly recorded as 'bath night'. Having a 'take-away' for tea was recorded as an afternoons activity, as was 'putting the bin out'. The manager told us this was a recording issue and was not a true reflection of the activities that actually take place. She is addressing this through staff training.

Key workers review people's activity records each month, and set goals and targets for the following month. It is unclear how people who live at Langley Lodge are involved in this process, or how their views and experiences are taken into account. Target ambitions set for the following month were not always achieved in the records we looked at, however there was no follow up to address why and what needed to happen to ensure peoples ambitions and targets were met in the future.

There was evidence that people are supported in a planned way when moving in to Langley Lodge. People are encouraged to visit the home, come for overnight stays, and come with their carers or relatives if they choose to do so. The records showed there was good communication between the home and people's relatives or carers, and this was confirmed by staff and relatives we spoke with.

### **Our judgement**

People's needs are assessed and they have care plans in place, however they are not consistently followed or reviewed when they should be.

Overall, we found that minor improvements were needed for this essential standard.

## 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

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

#### Our findings

##### What people who use the service experienced and told us

We do not have any direct evidence of what people experience in this outcome area.

##### Other evidence

The service has policies and procedures for staff to follow in the event of any suspected abuse.

The manager told us that staff receive training with regard to safeguarding of adults as part of their induction and then on an annual basis. Staff we spoke with knew what to do if they had any safeguarding concerns and training records confirmed staff had completed training.

The manager had a good understanding of safeguarding and her role in protecting people.

##### Our judgement

People who use the service are protected from abuse, or the risk of abuse and staff know the procedure to follow.

Overall, we found that Langley Lodge was meeting this essential standard.

## 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

The provider is compliant with Outcome 12: Requirements relating to workers

#### Our findings

##### What people who use the service experienced and told us

We do not have any direct evidence of what people experience in this outcome area.

##### Other evidence

Recruitment records for two staff were inspected during our visit and overall they contained the required information and employment checks which are necessary to help protect people from potentially unsuitable staff.

Staff that we spoke to said they had received the necessary mandatory training, and completed the common induction standards. This was verified in the staff records that we looked at and confirmed in the Investors in People assessment report. Staff are also completing NVQ 2 or 3 in Care. The organisation has recently been assessed by Investors in People, and they confirmed in their report that Horizon Healthcare continues to meet the requirements of the Investor in People Standard.

##### Our judgement

Satisfactory recruitment procedures are in place to keep people safe and ensure that their needs are met by suitable staff.

Overall, we found that Langley Lodge was meeting this essential standard.

## 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

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

#### Our findings

##### What people who use the service experienced and told us

We do not have any direct evidence of what people experience in this outcome area.

##### Other evidence

The manager told us that quality assurance systems are in place. A monthly visit is conducted by other registered managers from the company, who assess quality of the service. A revised way of reporting this has been developed so that managers capture the experience of people using the service; a copy of this was sent to us. Annual surveys of staff, family or advocates of people using the service, and other professionals involved are conducted and a report of the findings with any actions is completed by the development director; we did not look at these on this occasion. The manager told us that the development director is in regular contact with her to check how the home is running.

We were told that a financial audit is undertaken every three months to ensure peoples monies are being managed appropriately and spot checks are also conducted. The development director told us he has employed an external company to conduct a two day audit of the home. This will check compliance with the essential standards, and be carried out in February 2012. Six monthly follow up visits will then take place.

The manager told us she has arranged training for staff in record keeping as she has identified this as an area that could be improved. The manager is in the process of reviewing all the care records, but told us she has not yet had the opportunity to go through each persons care records. We found that keyworkers are conducting regular

reviews of peoples records.

**Our judgement**

Systems are in place to get peoples views about the quality of the service. Information is gathered and reviewed to make sure people are receiving good quality care. However, overall, we found that Langley Lodge was meeting this essential standard.

# 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 17 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 01: Respecting and involving people who use services
	<b>Why we have concerns:</b> People's privacy, dignity and independence are not always respected and people are not consistently supported to make choices about their lives.	
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
	<b>Why we have concerns:</b> People's care plans should be consistently followed and reviewed as planned.	

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 28 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.

# 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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