**Langley Haven Care Home Limited**

30 Rambler Lane, Langley, Slough, SL3 7RR  
Tel: 01753527300  
Date of Inspection: 18 October 2013  
Date of Publication: November 2013

We inspected the following standards to check that action had been taken to meet them. This is what we found:

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<td>Met this standard</td>
</tr>
<tr>
<td>Safeguarding people who use services from abuse</td>
<td>Met this standard</td>
</tr>
<tr>
<td>Staffing</td>
<td>Met this standard</td>
</tr>
</tbody>
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**We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.
## Details about this location

<table>
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<tr>
<th>Details about this location</th>
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<tr>
<td>Registered Provider</td>
<td>Langley Haven Care Home Limited</td>
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<tr>
<td>Registered Manager</td>
<td>Mrs. Valerie Fearn</td>
</tr>
<tr>
<td>Overview of the service</td>
<td>Langley Haven Care Home provides accommodation and personal care for up to 24 older people with dementia.</td>
</tr>
<tr>
<td>Type of service</td>
<td>Care home service without nursing</td>
</tr>
<tr>
<td>Regulated activity</td>
<td>Accommodation for persons who require nursing or personal care</td>
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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Langley Haven Care Home Limited had taken action to meet the following essential standards:

- Care and welfare of people who use services
- Safeguarding people who use services from abuse
- Staffing

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 18 October 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and/or family members and talked with staff.

What people told us and what we found

This visit was a follow up inspection to check if the home was now compliant. Following the last inspection, the provider had sent us an action plan detailing how they were going to address the concerns we raised. During this inspection we found the action plan had been put in place.

During our visit we spoke with three people, a relative and five members of staff. We saw the home had made improvements to ensure people were provided with a range of activities which provided them with mental stimulation and met their social care needs. One person we spoke with told us "I am enjoying myself; I like all the activities...especially the sing along one." Another person said "They have a lot more activities now." A relative we spoke with told us "In these last couple of months I can see there has been an improvement, a real change, people now have a lot more to do. I have seen they have choices here and people are enjoying themselves with the different activities planned."

We found the provider had taken appropriate steps to protect people from the risks of abuse. People and their relatives told us that they felt very safe at the home and they hadn't had to raise any concerns. One person told us "I feel safe enough, I have been here for many years."

We found there were enough qualified, skilled and experienced staff to meet people's needs. One person told us "There's always enough staff."

You can see our judgements on the front page of this report.
More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.
Our judgements for each standard inspected

<table>
<thead>
<tr>
<th>Care and welfare of people who use services</th>
<th>Met this standard</th>
</tr>
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<tbody>
<tr>
<td>People should get safe and appropriate care that meets their needs and supports their rights</td>
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</table>

Our judgement

The provider was meeting this standard.

People's social and mental needs were being met, as the provider had taken appropriate steps to ensure activities were planned and organised for people to partake.

Reasons for our judgement

During our visit in April 2013, we had identified concerns people's social needs were not being met. This was because there was no activities organised for people to be involved in. The provider subsequently wrote to us at the time telling us how this would be addressed.

During this inspection, we saw evidence of improvements that had been made to ensure people's social needs were met.

We observed two activity sessions which were led by the activities coordinator. We saw the interaction between people and staff was positive and saw staff encouraged residents to be involved and to participate. We observed throughout the sessions people appeared content and relaxed. One person we spoke with told us "I am enjoying myself; I like all the activities…especially the sing along one." Another person said "They have a lot more activities now." A relative we spoke with told us "In these last couple of months I can see there has been an improvement, a real change, people now have a lot more to do. I have seen they have choices here and people are enjoying themselves with the different activities planned." This ensured people's independence and choices were promoted.

The home had now employed a full-time activities coordinator, who was responsible for creating and organising a varied activities programme for all the residents. We saw diverse activities and events had been organised for residents on a weekly basis. These included, activities such as quizzes, sing along and cooking sessions, sensory stimulation, arts and crafts, table games and memory games. In addition, outdoor activities such as visits to the Irish local club, shopping trips and gardening events had also been organised. We saw photographic evidence of the different activities that had taken place following our last visit. We spoke with the activities coordinator who told us "We are now developing a very good activities programme, and the manager has been really supportive of my role…the owners have invested to ensure people's needs are being met." This meant the provider had taken appropriate steps to ensure people's social and mental needs were met.
We reviewed care records for two people. We saw a ‘Health and Well Being Improvements’ document was in place, whereby the activities coordinator and care staff monitored improvements that people had made through physical exercise sessions. This included improvements in behaviour, mood and social interaction and in nutritional intake. We noted improvements in people were positive and where improvement was minimal, a one to one activities programme was planned for the person. Staff we spoke with told us people now had stimulating activities to take part in. One staff said “I have seen people enjoying themselves during activities and relatives who come to visit also join in.”

People's cultural and spiritual needs had been considered when organising activities. For example, for one person English was not their first language, thus to encourage their participation staff who could speak their language translated for them. The person told us they enjoyed listening to religious and spiritual music, and in order facilitate this for them, the home had purchased a tape player. One staff told us they had access to a Hindi dictionary, which they used to translate to the person. We saw the person's care records reflected this and staff had appropriate guidance for staff to follow.

The improvements made since our last visit ensured people were provided with mental stimulation and their social care needs were being met.
Safeguarding people who use services from abuse  ✔ Met this standard

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

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

At our last visit in April 2013, we had identified concerns staff were not clear on the safeguarding process and procedure they would follow, if the need arose. The provider wrote to us and told us how they would address the issues we had identified.

During this visit, we spoke with four staff members. Staff told us they had received refresher training in safeguarding vulnerable adults. Training records made available to us confirmed this and we saw further periodic updates were planned. Staff told us the manager had addressed the concerns raised in the last inspection, in the team meeting. They said staff meetings were now used to address any concerns or questions about the procedure to follow should a safeguarding incident occur. This was supported by the minutes of the meetings made available to us. The members of staff we spoke with were knowledgeable about how to report any concerns if they arose, and were able to tell us the procedure to follow for safeguarding issues or concerns. They told us the external bodies outside the organisation they would contact, in line with the home's safeguarding policy. This meant the provider had taken appropriate steps to protect people from the risks of abuse.

People and their relatives told us they felt very safe at the home and they did not have any reasons to raise any concerns. One person told us "I feel safe enough, I have been here for many years."
Staffing

Met this standard

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

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

People who lived in the home told us staff responded promptly when they required support and their needs were attended to within a reasonable time. We were told personal care tasks were completed in an unhurried manner and staff appeared well trained and competent. We observed two occasions when people asked for support and we saw staff were quickly in attendance. In another instance, we observed two people asking for a hot drink and saw a senior member of staff attend to this request immediately. A relative we spoke with told us the staffing levels were well maintained and senior staff were always available to talk to when needed. This demonstrated there were enough qualified, skilled and experienced staff to meet people's needs.

On the day we visited there were four carers, three senior members of staff, a chef and activity coordinator working. Also working were two cleaning staff and an office administrator. During the night there were two staff rostered to be present in the home. The home covered shortfalls in staffing by staff agreeing to cover each other's shifts, extending shift length, or by using the home's own bank team. The senior staff told us all auxiliary staff who worked in the home had been appropriately trained to deliver care when shortfalls in staffing might occur. This was supported by the training records made available to us. We checked the staff rosters for the last six weeks and found that staffing had not dropped below the levels specified as minimum by the senior staff. This showed sufficient levels of staffing was provided and maintained to meet the needs of the people in the home.
About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social 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 essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.
How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard
This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed
This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action.
We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken
If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.
How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly.

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.
**Essential standard**

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

- Respecting and involving people who use services - Outcome 1 (Regulation 17)
- Consent to care and treatment - Outcome 2 (Regulation 18)
- Care and welfare of people who use services - Outcome 4 (Regulation 9)
- Meeting Nutritional Needs - Outcome 5 (Regulation 14)
- Cooperating with other providers - Outcome 6 (Regulation 24)
- Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
- Cleanliness and infection control - Outcome 8 (Regulation 12)
- Management of medicines - Outcome 9 (Regulation 13)
- Safety and suitability of premises - Outcome 10 (Regulation 15)
- Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
- Requirements relating to workers - Outcome 12 (Regulation 21)
- Staffing - Outcome 13 (Regulation 22)
- Supporting Staff - Outcome 14 (Regulation 23)
- Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
- Complaints - Outcome 17 (Regulation 19)
- Records - Outcome 21 (Regulation 20)

**Regulated activity**

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.
### Glossary of terms we use in this report (continued)

**(Registered) Provider**

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term ‘provider’ means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a ‘service’.

**Regulations**

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

**Responsive inspection**

This is carried out at any time in relation to identified concerns.

**Routine inspection**

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

**Themed inspection**

This is targeted to look at specific standards, sectors or types of care.