

Huntington House Limited

Langham Court

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

Langham Court is a family run nursing home that provides support to up to 28 people. The home is located in a rural area outside Hindhead. On the day of the inspection there were 28 people living at the home. The home specialises in supporting people who are at the later stages of living with dementia and are supported with a full range of tasks, including maintaining their health and well-being, personal care, support with nutrition and activities.

Langham Court was specifically designed to meet the needs of people living with advanced dementia. There was a clear vision that was centred around the principles of Dementia Care Matters's Butterfly Household Approach. This is a national scheme aimed at improving the lives of people living with dementia. The service was consistently praised for the positive outcomes staff had achieved to ensure that people living with dementia received exceptional care. The ethos and values of the service created a caring and compassionate environment and ensured that the care delivered was truly focused on meeting the holistic needs of people.

Langham Court was last inspected on 13 January 2014 and there were no concerns.

On the day of inspection we met the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The inspection was unannounced and took place on 19 December 2016.

People said that they were safe at Langham Court as they were protected from harm. Staff had the training and the ability to understand risk, and reported accidents and incidents in a timely manner. Staff understood how to report suspected abuse so that action could be taken if necessary.

Incidents and accidents were investigated and the manager reviewed reports to prevent them from re-occurring. Any potential risks to individual people had been identified and appropriately managed.

Risk assessments had been completed to ensure the home was safe for people to live in and there were arrangements in place should there be an emergency.

People were supported by sufficient numbers of staff who were recruited safely and had the skills and knowledge to support people. All nurses had an up to date PIN number to prove they were registered.

Medicines were managed and administered in a safe way and staff had a good understanding of the medicines they were administering.

Staff had the knowledge and skills to support people with dementia. Training was available to staff, which included training courses related to people's needs. When a training need was highlighted the registered manager arranged for it to take place.

The requirements of the Mental Capacity Act were being fully met. Best interest meetings had taken place and the registered manager had submitted Deprivation of Liberty Safeguard applications when people were being deprived of their liberty. The registered manager was aware of the people who could legally make decisions for people who lacked capacity.

People's nutritional needs were met and people had a varied diet. People were positive about the quality of food served and they had access to food throughout the day. Staff ensured that people had enough to eat and drink.

Staff ensured people were supported to maintain their health and wellbeing and people received support from specialist healthcare professionals when required.

The environment was adapted to support people with dementia. The vibrant and interactive corridors were praised in a recent Dementia Care Matters audit. Equipment had been introduced to help people maintain their independence.

The caring and compassion offered by staff was exceptional. People were cared for by staff who put them at the centre of all they did. People were not rushed by staff and were treated with dignity and respect.

Staff saw people as the individuals they were and supported them in line with their wishes. We observed staff reducing people's anxiety in a caring and compassionate way. People were encouraged to maintain relationships with their family and those that mattered to them. Countless positive comments were received praising the caring nature and family atmosphere of the home.

People were supported in a very sensitive and person centred way when they were nearing the end of their life. Staff ensured that people had as much quality time with loved ones as they possibly could. The service had introduced an innovative way to support family and friends when people were being supported at the end of their lives. A support tool introduced was praised by specialised nurses.

People were supported by staff who understood and effectively responded to their needs and wishes. There were several initiatives in place, including memory boxes and a wish tree, that were seen to stimulate meaningful conversation that focused on the interests and lives of people.

People had access to a wide variety of activities, which were praised in a recent 'Dementia Care Matters' audit. The activity manager had been nominated for a national award for their approach to supporting people with dementia.

People worked with 'The Way Back' project to help design an inventive new virtual reality reminiscence tool specifically designed for people with dementia.

People were encouraged to be involved in how the home was run and people and relatives felt comfortable in raising a concern or making a complaint.

The home was led by a manager who was a positive role model. Organisational values providing a family atmosphere was reflected in the support given by staff, the management team and feedback we received.

The values of the service was effectively implemented so that people received consistent positive outcomes when living at the service.

A new auditing system had recently been started, which mirrored CQC methodology. When actions had been highlighted improvements had been made, which benefited people living with dementia.

People and staff were empowered to be involved in the running of the service. Feedback was used by the registered manager to improve service delivery.

The culture was open and honest and based on encouraging staff to reflect on their practice. This again went into improving the lives of people living with dementia.

The registered manager and staff worked in partnership with other agencies to effectively enhance the lives of people living with dementia.

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.

People were protected from harm. Staff could identify and minimise risks to people's health and safety. Accident and incidents were recorded and staff understood how to report suspected abuse.

Risk assessments had been completed to ensure the home was safe, this included ensuring safe emergency arrangements were in place.

People were supported by sufficient number of staff who were recruited safely.

Medicines were managed and administered safely.

Good ●

Is the service effective?

The service was effective.

Staff had the skills and training to support people's needs and staff felt supported.

The requirements of the MCA were fully met and DoLS applications had been submitted.

People had food that they liked and their nutritional needs were met.

People had access to specialist health and social care professionals who helped them to maintain their health and well-being.

The environment was adapted to aid people with a dementia.

Good ●

Is the service caring?

The service was exceptionally caring.

There was a strong caring culture amongst all staff members which created a 'Family atmosphere.'

Outstanding ☆

People were treated with dignity and respect by staff who knew them well. People were supported to create and maintain relationships.

Staff had time and did not rush people. Staff took time to communicate in a way people understood.

People were supported in exceptionally caring ways when they were nearing the end of their life.

Is the service responsive?

Good ●

People's care was centred around them and reviews involved people and those close to them.

Staff were responsive to the needs and wishes of people and meaningful conversations were stimulated by support tools and initiatives around the home.

People had access to a wide variety of activities and help design an inventive reminiscence tool.

People and relatives knew how to make a complaint and were confident it would be acted on.

Is the service well-led?

Outstanding ☆

The service had a positive culture that was person centred, open, inclusive and empowering.

Organisational values of a family were reflected in the support we observed from staff and led to consistent positive outcomes for people living in the service.

Quality assurance systems were in place to monitor the quality of the service and improvements had been made. Reflective practice was encouraged to aid improvements in service delivery.

Staff worked in partnership with other agencies to enhance the lives of people living with dementia.

Langham Court

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 19 December 2016 and was unannounced. The inspection team consisted of two inspectors, a pharmacy inspector and a specialist advisor. A specialist advisor is someone with specialist knowledge of the type of service being inspected.

Before the inspection, we checked the information that we held about the home and provider. This included statutory notifications sent to us by the provider about incidents and events that had occurred at the home. A notification is information about important events which the provider is required to tell us about by law. We also reviewed if we had received any complaints, whistleblowing and safeguarding information from relatives and staff. A provider information return (PIR) was received which was used to aid the inspection planning process. We used all of this information to decide which areas to focus on and to inform the inspection.

During the inspection we spoke with six people, three relatives and five care staff, including a nurse. We also spoke with an activity manager, kitchen staff, laundry staff, registered manager and the managing director. After the inspection we requested more information from the provider, which was sent to us.

We observed care and support being provided in the lounge, dining areas, activities room, and we visited people in their bedrooms. People had complex care needs which meant some had difficulty describing their experiences of living at the home. We spent time observing the lunchtime experience people had. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We also observed part of the medicines round.

We reviewed a range of records about people's care and how the home was managed. These included seven care records and medicine administration record (MAR) sheets and other records relating to the

management of the home. These included staff training, four employment records, quality assurance audits, accident and incident reports and action plans.

Is the service safe?

Our findings

People said that they were safe at Langham Court. One person said, "I have a call bell so I can ring for assistance when required. I feel happy and safe."

People were supported by staff who were able to describe different types of abuse and how to report suspected abuse. People and relatives told us they would speak to staff and the registered manager if they had concerns about the care being provided. When appropriate the registered manager had raised safeguarding alerts with the local authority and the registered manager had taken steps to address any concerns and ensured people remained safe.

Staff identified and minimised risks to people's health and safety. People were supported by staff who understood how to manage risk whilst not restricting freedom. The registered manager said, "We very much encourage residents to be mobile and independent. They love to have that freedom." We observed that people were free to move and be as independent as possible. When a person had an unwitnessed fall a sensor mat was introduced to allow staff to monitor the safety of this person while maintaining their independence. People's care plans identified potential risks to people and gave clear instructions and guidelines to staff to reduce these risks, which staff followed. Such risks included falls, manual handling, choking, malnutrition and dehydration.

Staff identified and managed risks regarding people's nursing needs. For example, we saw that measures were in place to reduce the risk of people developing pressure sores. These measures included the use of pressure relieving mattresses, turning charts and the use of creams that had been prescribed. There were good examples of safe care practice involving catheter care and dietary needs such as diabetes, including regular reviews and monitoring to ensure that care continued to meet people's needs.

People received safe care following accident and incidents. Accidents, incidents and concerns were reported in a timely manner, and were analysed by management to reduce the risk of similar incidents occurring in the future. When a person became anxious and distressed they were supported appropriately and additional training was organised for staff so they could continue to support them safely.

Risk assessments and audits had been undertaken at the home to ensure it was safe for people, staff and visitors; this included a fire safety risk assessment and testing and Legionella testing. Monthly health and safety checks included an audit of fire doors, manual handling equipment and cleanliness.

People were protected in an emergency. Arrangements were in place to manage safety. These arrangements included a contingency plan. Each person had their own personal evacuation plan, known as a PEEP. Staff had a working knowledge of the evacuation procedure. Emergency evacuation and fire safety systems were regularly tested and reviewed.

People had the equipment they needed to maintain their independence and the premises was safe. The premises was purpose built, spacious and uncluttered. The environment was suitable for people's needs as

the corridors were wide and fitted with rails to aid people's mobility. People had appropriate equipment to safely aid their independence. This equipment included walking frames, wheelchairs and an adequate number of hoists.

People were supported by sufficient numbers of staff with the right skills and knowledge to meet their individual needs. Staff also said there were enough staff to meet people's needs. We observed staff responding to people's needs when required throughout the day. A review of staff rotas identified the level of staffing on the day of inspection were typical of usual levels. The staffing levels were calculated using a dependency tool, which calculated the hours needed to support people living at the home. This was reviewed when people's support needs changed.

People were protected by safe recruitment practices. Staff files included application forms, records of interview and appropriate references. Documentation recorded that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults.

People received their medicines in a safe way. People were supported by registered nurses and team leaders who had medicine training and an annual medicine competency assessment. Staff had knowledge about people's medicines and what they were prescribed for. We observed a member of staff supporting a person with their medicines. The member of staff said, "You must chew this one which is for your digestion. Then this is medicine you drink."

Staff followed best practice when administering medicines to people and washed their hands after each medicine had been given to reduce the risk of spreading infection. Staff checked that people had taken medicines before signing the medicines administration records (MAR) to ensure that records accurately reflected the medicines people were prescribed. Medicines were stored and disposed of in a safe way. Regular audits of medicines were undertaken and there were no gaps on the MAR charts indicating they received their prescribed medicines at the correct time. People had written protocols in respect for receiving medicines on an 'as needed' (PRN) basis, which were reviewed regularly. Medicines subject to special storage were managed and administered safely.

Is the service effective?

Our findings

A compliment Langham Court had received described the care staff as, 'Extremely conscientious, honest, trustworthy and knowledgeable.'

Staff said they undertook an induction when they commenced employment and were only able to support people on their own when they were assessed as being competent. The registered manager said, "Staff have as many induction shifts as they need," which staff confirmed. Staff completed training courses so they could carry out their roles effectively. This training included manual handling, first aid and person centred approaches. The provider had run workshops for staff focusing on meeting health and social care standards and dementia care. We saw that when staff required additional support then this was offered to them. One member of staff needed more training to ensure they were competent at administering medicines, which was arranged. As a result of a documentation error with regards to the recording of a pressure sore, which had no negative impact on the person receiving support, the registered manager said she would arrange skin care training for all care staff.

People were supported by staff who had regular supervision (one to one meeting) with their line manager. These meetings gave staff the opportunity to discuss their development and training needs so they could support people in the best possible way. Nursing staff received regular clinical supervisions so they kept up to date with best practice and they were supported with the revalidation of their PIN. We saw that actions made in supervisions were monitored to ensure that they were completed. Members of staff felt supported. One staff member said, "I feel well supported by the manager and management team." The registered manager said, "If your staff feel valued and supported they are more likely to come to you if they have a problem. We now have less staff sickness and stress," since she had been manager.

We looked to see if the service was working within the principles of The Mental Capacity Act 2005 (MCA), and whether any conditions on authorisations to deprive a person of their liberty were being met. 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.

At Langham Court the requirements of the MCA were met. The registered manager had identified people who lacked capacity to make certain decisions. Care plans identified people had mental capacity assessments when required and best interest meetings had taken place with relevant parties, including health professionals and relatives, regarding these decisions. For example, we saw best interest meetings had taken place for people who were administered medicines covertly. The registered manager was aware of who was legally authorised to make decisions for people who lacked capacity.

Some people's freedom had been restricted to keep them safe. People can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The application procedures for this

in nursing homes are called the Deprivation of Liberty Safeguards (DoLS). When people lacked capacity to understand why they needed to be kept safe the registered manager had made DoLS applications to the relevant authorities. These applications reflected the specific restrictions in place. For example some people had bed rails in place to reduce the risk of falling out of bed and the access through the main doors was restricted to reduce the risk of people leaving the service without support.

People's nutritional needs were met. People who were at risk of dehydration and malnutrition had been identified clearly within care records and had fluid and food charts in place so that what they ate and drank could be monitored for any changes.

One person said, "The food is excellent here." Another person said, "I look forward to all my meals." Meals were varied and during the inspection we saw alternatives being offered. Staff were aware of people's dietary needs and preferences. People were able to eat their meals where they felt most comfortable, which led there to being a relaxed atmosphere during meal times. There was food available in a kitchenette area all times of the day so people could choose when they ate. A recent 'Dementia Care Matters' audit at the home highlighted that, 'Food is very well presented and tastes great.' Dementia Care Matters is a leading dementia care, culture training organisation.

People had access to health and social care professionals, who helped maintain their health and wellbeing. Staff responded to changes in health needs effectively. People saw a chiropodist, GP and dentist when it was required. . People had input from a physiotherapist who visited once a week. People were referred to specialists when required. People had input from the Speech and Language Team (SALT), dieticians, consultant psychiatrists, the community mental health team and nurses that specialise in palliative care. We saw that a person with a pacemaker had input from a cardiologist and staff were following the professional guidance given in respect of this person.

Staff at Langham Court had worked with the 'hydrate', a hydration team, to ensure people were receiving enough to drink to reduce the risk of urine infections. The hydration team suggested staff serve tea and coffee in china cups and saucers. Staff said they offer people drinks in these, "As they tend to drink better from a china cup and this encourages their hydration when people are reluctant to drink." We observed this happening on the day of inspection.

Careful thought had been given by the registered provider and staff to enhance the life of those people living with a dementia. The registered manager said, "A lot of thought has gone into the design of the building." The service was purpose built and was specifically designed to meet the needs of people with dementia. The service was spacious and the colour theme was calming. All the corridors were themed, for example there was a vanity area, which had jewellery and dressing up clothes, which people were encouraged to try on. Other themed areas included a picnic area, outdoor games area, and a reminiscence corner with old newspapers, an old telephone and an old post box. The registered manager said the reason behind these corridors was to, "Help stimulate discussion." 'Dementia Care Matters' described the corridors as, 'Wonderfully developed and stimulating.' People had memory boxes outside their bedroom doors which were personalised to aid memory and stimulate discussion. The registered manager described these as, "Individual celebrations of people's lives."

The design of the building also met the nursing needs of people. For example the service had specialised equipment to aid mobility and access around all parts of the home, including lifts, hoists and wheelchairs. This allowed staff to be responsive to people's needs.

Is the service caring?

Our findings

People praised the 'Family atmosphere' at the home. One person said, "I love it here. The staff are so kind." Another person said, "There is nothing they wouldn't do for you." We saw numerous compliments the service had received describing care staff's, 'compassion', 'love,' 'humility,' and 'kindness.' Other compliments received described staff as being, 'very sympathetic,' and the team as being, 'wonderful', and, 'exceptional.' Another compliment read, 'X was respected like they were one of the family.' A recent external 'Dementia Care Matters' audit stated there are, 'Some real stars in the team who are warm, loving and respectful of the people living here.'

People who were at the end of their life received support in an exceptionally caring way. In a letter to management a relative described the end of life support as, 'Incredibly sensitive.' People had a 'life story' which was a person centred document that detailed important information about them. This information included the best ways to support people, what made a person happy and what helped them maintain their identity. The plans also detailed a section called 'my memories', which had a detailed account of the person's life from their point of view including poignant photographs. This information fed into their end of life plans which covered areas such as pain, nutrition and hydration and anxiousness and distress. Having this personalised approach ensured staff had a great understanding of the people they were supporting and what was important to them. This ensured people received truly person centred support at the end of their lives. For example, this supported staff to have sensitive and meaningful conversations with people about their lives. It also helped staff understand the context of what some people were saying as their life was ending. The staff could respond in an appropriately caring way that would mean something to the person. We saw that an outgoing and social person was given extra support and time with staff as they loved being with people. A person who said, 'Golf has brought me much enjoyment and many friends,' had golf memorabilia made available to them so they connect and remember.

The care team went the 'extra mile' to ensure people had a peaceful and dignified end to their life surrounded by those they loved. Staff ensured there was a calming environment by offering sound and scent machines that fill the room with pleasant smells and relaxing music. The light was softened in the room and poetry and religious books were available if they wanted them. People were also offered hand cream and massage oil so they felt safe and calm. One person who was nearing the end of their life had relatives stay with them. Staff made up a temporary bed so they could stay overnight and be with their loved one. Meals and refreshments were provided free of charge so the person could spend as much time with their loved ones as possible. A compliment read, "To be able to pass away, after a long life, in their own room surrounded by familiar things and with familiar, caring people around, who they trusted, is a wonderful gift you gave.'

Langham Court's caring culture extended to family and friends at difficult times. Staff went 'above and beyond' by introducing an innovative way to support family and friends when people were on end of life care. When people were nearing the end of their lives a 'life box,' was offered to people's loved ones, which contained items such as calming objects, music and a note pad. This was to support loved ones through a difficult time by enabling them to understand their emotions. The activities manager explained that it was

about being sensitive to the situation and giving loved ones the tools to make the last moments with family members as meaningful as possible. The activities manager explained that some loved ones like to use the note pad to write down their thoughts, while others use the calming objects to reflect. External professionals who specialised in palliative care praised the use of these boxes as a support tool for people's loved ones. There were countless compliments received from loved ones explaining how supportive, caring and compassionate staff had been to people and their extended families at the end of people's lives. Staff at Langham Court work in line with 'The Butterfly Scheme.' This is a national scheme aimed at improving the lives of people living with dementia. Staff had received training to enhance all aspects of people's lives. This training focused on person centred approaches with an aim to enable, nurture and inspire people with dementia. The training focuses on relationships and creating a caring and relaxed culture for people. The implementation of this scheme at Langham Court had a significant impact on the care people received.

There was a caring culture amongst all staff. During the inspection we saw that staff took the time to listen and interact with people so that they received the support they needed. We observed when a person lost their reading glasses they were supported with kindness, patience and an air of calmness. The person was seen to be anxious about their lost glasses and the approach from the member of staff was seen to calm them down significantly.

We saw exceptionally positive interactions between staff and people. All staff we spoke with demonstrated a commitment for people to be at the centre of everything they did. A strong theme of respect and treating people as equals was demonstrated by staff practice throughout our inspection. When the member of staff had supported the person to find their glasses we observed them sitting with the person and reading the day's newspaper with them. This generated meaningful discussions about the news that day. When talking about the support provided at the home a member of staff said, "It's not just about care needs, it's about happiness."

Relationships were meaningfully developed between people and staff. People were relaxed in the company of the staff. They were smiling and communicating happily, often with good humour. A member of staff said, "We don't label, it's about people." The registered manager said, "If the mood is light and happy the residents are more likely to feel relaxed."

The relaxed atmosphere was enhanced by staff not wearing uniforms so they blended in with people. Staff wore a butterfly brooch to indicate they were staff. The butterfly is a recognised symbol that denotes 'The Butterfly Scheme'. The registered manager explained that this was to create a, 'Homely feel,' and, "Reduced any barriers." We also saw that people ate their meals with staff. At meal times people had use of glassware and attractive crockery and were actively encouraged to do as much as they could for themselves. For example, butter their own bread. People were given praise and encouragement from staff when appropriate. The 'Dementia Care Matters' audit highlighted a, 'sense of home and normality' with mealtimes, which was very much evident on the day of inspection.

Staff ensured that people were supported to spend time with the people that mattered to them and relationships were formed and successfully maintained. One person's relative lived in a nearby nursing home and regular visits were arranged so they could spend time together. Relatives were also welcomed to join the afternoon singing sessions and other activities if they wished. There was a 'memory tree,' where people, staff, family and friends were encouraged to write their thoughts and wishes down. This was seen to stimulate conversation and bring people together on an equal footing. People had birthday cakes made for them on their birthday and all people received a personalised Christmas present from the provider. The 'Dementia Care Matters' audit highlighted that, 'The people who live here are in good relationships with

each other and the team. There is a very good sense of wellbeing.'

Staff were attentive to people's body language, particularly for people who were not able to communicate verbally, and checked with them to see if they had interpreted their mood or needs correctly. Staff were working on a project regarding words they should not use while at Langham Court. The highlighted words had been identified as triggers for people to become distressed and anxious. This evidenced a caring culture towards people's communication needs and showed the provider had thought about the implications of the use of words and the delivery of communication for people living with dementia. We saw that there had been a reduction of incidents where people had been anxious and distressed since the implementation of this project.

People were given information about their care and support in a manner they could understand. Information was available to people around the home. It covered areas such as local events, menus and which staff would be on shift. Information was presented in an easy to understand format such as large text.

Staff involved people in the day to day running of the home, for example, post was placed outside people's doors and they were encouraged to be as independent as possible when opening it. People were involved in the design and redecoration of the home, which added a family and caring feel to the service. This included the design of the corridors and what items of interests were on show to stimulate discussion. Items in the corridors linked to people's interests, hobbies and past careers. For example, one of the residents had been a captain of a ship so there were items that had a nautical theme, such as maps and a ship's wheel. People were actively involved in making choices about the decoration of their rooms, which were all very spacious and personalised.

Staff were positive role models for promoting people's privacy and dignity. This ensured that any new staff understood the standards around respecting people's dignity. We observed that people received appropriate care at times that suited them. We observed staff always knocking on people's door before entering and that staff called people by their preferred names. A compliment read, 'Sincere thanks for the care you gave to X, you treated X with such dignity and respect. You are special people.'

Staff did not rush people; they took time to engage with people in a meaningful, relaxed and natural way. People's privacy was respected by staff. During the inspection information about people living at the home was shared with us sensitively and discretely. Staff spoke respectfully about people, in their conversations with us; they showed their appreciation of people's individuality and character. Staff knew the things that were important to people and ensured their wishes were met in a caring way. The registered manager explained that one person liked to spend time arranging their personal possessions in a particular way. Staff were aware of this and gave them the time and privacy to do this.

Is the service responsive?

Our findings

People praised the staff, care and service provided. A compliment praised the, 'Wonderful care,' provided at Langham Court. A 'Dementia Care Matters audit stated, 'The team embrace people's reality.'

Before people moved into the home a comprehensive assessment of people's needs was completed with relatives and health professionals supporting the process where possible. This meant staff had sufficient information to determine whether they were able to meet people's needs before they moved into the home. Once the person had moved in, a full care plan was put in place to meet their needs which had earlier been identified. There were care plans for every aspect of people's care including information on how best to communicate with people and respond to their needs in a person centred way. A compliment received praised the team for the, 'smooth transition' between services.

Support needs highlighted in assessments were reflected in people's support plans and the support we observed. Support plans contained personal and social histories, which gave an insight into the person's life before coming to live at the home. The plans had been compiled with people and with families where possible and contained information staff could use to help build relationships. People had 'about me' documents outside their rooms, which informed staff about the person's past career, family, where they used to live and their choices and preferences. This was implemented to prompt meaningful discussions.

Staff respected wishes and celebrated independence. The home supported German, French and Italian speakers. The registered manager had arranged for people to speak with them in these languages. The registered manager said that one of the staff who helped out is one of the housekeepers at the service. They explained this arrangement was mutually beneficial as the member of staff enjoyed having the opportunity to speak in their native tongue. This enhanced the experience for the person and ensured their wishes were fully understood.

Where possible the registered manager had matched people at similar points of dementia and ability within the home. This ensured people of similar abilities had meal times and activities together if they choose to. This allowed people to communicate with each other more effectively and establish and maintain meaningful relationships. The registered manager completed functional behaviour profiles with people to assess what stage of dementia they were, which aided this process. These profiles were regularly reviewed.

People told us staff were responsive to their individual nursing needs. When a blister was noticed on a person they received responsive care that included cleaning the area, monitoring, applying prescribed creams and commencing a turning chart to ensure that the area was not subject to prolonged pressure. The person was effectively supported and the blister reduced and cleared up. We also saw that people's medicines were reviewed with their GP when it was noticed that people were falling asleep for prolonged periods of time during the day. The registered manager said they did this because, "It's all about quality of life."

People's weight was monitored to ensure that their nutritional intake was adequate to their needs so they

remained healthy. Where people were at risk of losing a significant amount of weight there was evidence this had been quickly addressed, and the trend reversed. The support and interventions required for each person had been appropriately recorded and were in line with advice and guidance provided by healthcare professionals.

People were supported by staff who were responsive to unforeseen situations. The service had systems in place to effectively monitor and respond to any changes to a person's health and wellbeing. The registered manager explained that they use 'The Abbey Pain Scale', which is a monitoring tool to assess the level of pain people are experiencing. On the day of inspection a person became unwell. The person's condition was monitored and they were supported so they received the appropriate medical support. The home also monitored key outcome measures, such as falls, infections and pressure sores so that they could respond to changing needs appropriately.

People were provided with numerous opportunities to take part in a varied range of stimulating activities of their choice inside and outside the home. People were supported to follow their interests, take part in social activities and follow their religious beliefs. This allowed them to maintain meaningful relationships and avoided isolation. The home employed three activity staff one of which has completed a 'Dementia Care Matters' course and has been nominated for a national award for their approach in supporting people with dementia.

Activities on offer included theatre outings, visits on steam trains and trips to the shops. In house activities included harp therapy, music from entertainers, finger nail painting and poetry sessions. The staff at Langham Court organised themed days. One such day was a themed Caribbean day, which involved having Caribbean activities and menu on offer. One person said, "They are good at providing activities." 'Dementia Care Matters' highlighted, 'The activities coordinator is a great lead coordinating activity throughout the day in groups or individually.' They also state that the activities, 'Bring people together.' On the day of inspection a choir from a local school came in to sing Christmas carols, refreshments were served for the people and the school children and this was seen to bring everyone together.

The activities manager said, "We're passionate about supporting people with dementia." They explained that the impact of having a robust activities timetable is that, "People are less anxious and distressed if they are occupied." We noted during the inspection that there are very few incidents where people had become anxious and distressed.

People had been involved in giving feedback and helped design an innovating dementia care reminiscence tool. People and staff at Langham Court had been supporting 'The Way Back Project' who created a virtual reality 360 degree street part of the Queen's coronation. People had been part of a pilot and had offered feedback about the project and the advantages of having a virtual reality system from people with dementia.

People were made aware of their rights by staff who knew them well and who had an understanding of the organisations complaints procedure. People and relatives knew how to raise complaints and concerns. When received, complaints and concerns were taken seriously by the provider and used as an opportunity to improve the service. There had been three complaints in the last year and these had been investigated thoroughly in line with the organisation's complaints policy. When a family member complained that a person's hearing aid had not been charged the registered manager created a new care plan and instructions for staff on how to charge it. We saw an email from the relative thanking the registered manager for this response.

Is the service well-led?

Our findings

People spoke of the service with high regard. A compliment received praised the care team for their, 'Kindness, warmth and commitment.' Another described the home as, 'Great.'

The registered manager and managing director took pride in explaining the vision and values for the nursing home. The managing director explained that Langham Court was created due to personal experience of a family member living with dementia. He explained, "This is why our vision and values centre round treating people as if they are a member of our extended family." Staff we spoke to understood and followed the values to ensure people received kind, compassionate and person centred care. This ethos was implemented during the day to day running of the service. By putting people at the heart of the service the provider had designed and created a service and environment where people received consistently positive outcomes.

The service had a positive culture that was person-centred, open, inclusive and empowering. The culture was summarised by a compliment the service received praising the, 'Family atmosphere.' The provider had invested in the 'Dementia Care Matters Butterfly Household Approach,' which is a leadership and cultural change project specifically designed to improve the lives of people living with dementia. The impact of this was that staff had specific training about dementia and they used this understanding when they cared for people as we have described throughout the report.

People were involved in the running of the service and the care delivered. Some people had written wishes on a 'Memory Tree'. One person wished to go to the theatre, which we saw had been arranged to their delight. The registered manager interacted well with people. She was observed to make time for them and always had her lunch with them. This gave her the opportunity to talk with people and gain a personal insight into the delivery of care. We saw that people responded well to her and were pleased to see her.

Staff were involved in the running of the home. Team meetings were used in an effective way to concentrate on important themes when they arose. Best practice guidance was discussed during these meetings, for example the implementation of The MCA and the implications this had on people living in the home. Staff were given the opportunity to raise concerns in these meetings and there was a response from the management team in the minutes.

People, relatives and staff felt that they could approach the management team with any problems they had. We saw that when a relative raised concerns about the meals offered, the registered manager, managing director and the head chef made time to meet with them and discuss the issues. The relative was very happy with this outcome.

The management team had an inclusive way of leading the service. The registered manager said, "I make a point of getting to know staff, you get to know their strengths, so you can play to their strengths." We saw that staff at all levels had additional responsibilities and were set objectives around these areas. One such responsibility was health and safety lead. A member of staff said they felt listened to. Another member of

staff said, "All staff feel valued."

People were supported by staff who had regular supervision (one to one meeting) with their line manager. Nursing staff received regular clinical supervisions so they kept up to date with best practice and they were supported with the revalidation of their PIN. We saw that actions made in supervisions were monitored to ensure that they were completed.

The care and support provided to people was regularly monitored so continuous improvement could be made. A new auditing system which was based on CQC's five questions (safe, effective, caring, responsive and well led) had recently been started. Other audits covered areas such as medicines, care plans and nursing hygiene. The manager audited complaints, accidents and incidents in order to determine if there were patterns or factors that could be learnt from. There was a clinical improvement audit which fed into the clinical supervisions that nurses received. Each audit included an action plan which identified when the work needed to be done by. The managing director had arranged a mock inspection focusing on the home's ethos and mission, safeguarding, DoLS and person centred support. The findings of audits and the mock inspection fed into an overall service improvement plan. The registered manager highlighted areas of improvement. One such area of improvement was the administration of medicines where a robust auditing system was put in place to reduce the risk of errors. The registered manager was open and honest about improvements that had recently been made. These improvements included introducing a medicines audit, increasing staff morale and developing communication care plans for people.

The management team demonstrated that they are committed to delivering high quality care in all aspects of their responsibilities. Prior to the inspection, when the timing of a notification was questioned by CQC the provider carried out a focused audit and learning sets to highlight staff responsibilities regarding submitting notifications. This aided staff knowledge and learning in this area.

The 'Dementia Care Matters' audit suggested actions the registered manager could take to improve the service for people living with dementia. One such action was for staff to show people objects of reference to aid their decision making. We saw that this had been successfully implemented as at lunch staff were showing people the choices of meals. Another action was to make people's memory boxes that were outside their rooms more person centred and less 'Sparse.' We saw that this had been achieved. When discussing the improvements the home has made the registered manager said, "We have been focusing on the residents rather than just clinical aspects."

The registered manager understood their legal responsibilities. They sent us notifications about important events at the service and their provider information return (PIR) explained how they checked they delivered a quality service and the improvements they planned, which ensured CQC can monitor and regulate the service effectively.

The service had a culture that encouraged staff to reflect on their practice. As part of the Dementia Care Matters project the registered manager appraised the service's care culture and psychology which was linked to staff observations and reflective practice. There was a person-centred workshop for staff that had a focus of reflecting on practice and improving support for people. This empowered staff to give opinions on how support could be improved. It also gave them advice and support tips. For example, one member of staff wrote, 'Enjoyed the role play- thought it was a great way to 'feel' how the residents 'feel'.' Another member of staff wrote, 'This heightened the awareness of what dementia is and how it can impact on a person. It really highlights how the simple things make such a huge difference to our residents.'

The registered manager and staff worked effectively with other agencies to meaningfully enhance the lives

of people living with dementia. They worked with Dementia Care Matters to promote inspiring leadership in person-centred dementia care. They worked with a hydration team called 'hydrate' to implement the 'Hydrate in Care Homes Project'. This project's goal is to encourage people to drink more and reduce the amount of urine infections they contracted. At the time of inspection it was too early to tell how successful this project had been but staff confirmed people were drinking more as a result of the project. They worked in partnership with McMillian when people were nearing the end of their lives. People had also worked with 'The Way Back Project' on developing an innovating dementia care reminiscence tool. The tool when fully developed would be a virtual reality 360 degree street party of the Queen's coronation that people with dementia could dip in and out of. People had been part of a pilot and had offered feedback about the project and the advantages of having a virtual reality system for people with dementia.