

Four Seasons (Bamford) Limited

Langley Park Care Home

Inspection report

Front Street
Langley Park
Durham
County Durham
DH7 9YY

Tel: 01913735599

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12 May 2017

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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?

Outstanding 

Is the service well-led?

Good 

Summary of findings

Overall summary

This inspection was carried out on 9, 10 and 12 May 2017 and was unannounced. Langley Park provides residential care for up to 46 people over two floors in the centre of a village in County Durham. At the time of our inspection there were 45 people using the service. The home is not registered to provide nursing care.

Following our last inspection in March 2015 Langley Park was rated overall as "Good".

There was a registered manager in post. 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.

We found staff in the home were extremely caring. People who used the service, relatives and visiting professionals were highly complimentary about the staff team. They used words such as, "Brilliant" or "Outstanding" to describe them.

Staff had very positive relationships with people and their relatives. We found staff knew people exceptionally well and had found ways to engage with people which promoted their emotional and physical well-being to a high degree. We saw every member of staff approached people with kindness. Staff anticipated people's needs and offered their help.

We saw the staff in the home provided people with meaningful activities which met every aspect of the National Institute for Health and Care Excellence (NICE). The activities and events in the home permitted relatives to have social times with the people who used the service. We found staff had successfully engaged people in a wide variety of activities which met their preferences and reflected their individual preferred lifestyles. The home was full of laughter. Music was used to enhance people's emotional well-being and this was infectious through the home. Relatives described their family members as being "Happy" and "Content."

People received consistent, personalised care and support which was documented in detail in people's care records. These were regularly reviewed and updated when people's needs changed. Staff demonstrated they clearly understood people's needs and were able to provide several examples of how they delivered individualised care to each person who used the service.

Visiting professionals told us they were confident in the care provided to people at the end of their life. One professional said, "They give people very good end of life care." Relatives had sent cards to the home to say "Thank you" to the staff for providing sympathetic and thoughtful care when people who used the service approached the end of their life.

We found if relatives raised any concerns or wished to discuss issues these were promptly addressed by the

registered manager. There had been no complaints in the last 12 months. Seven relatives had used a web based review site to leave comments about the service. All of their reviews highly praised the staff.

We checked people's medicines records and talked to staff about how they administered people's medicines. We found people received their medicines in a safe manner. Guidance was given to staff on signs to look out for if people were in pain.

We found regular checks were carried out on the building to ensure people lived in a safe and secure environment. People had personal emergency evacuation plans in place which were accessible to emergency services to help them locate people in the building and support them to leave.

The registered manager maintained safe staffing levels. Relatives told us they thought there were enough staff on duty. We found staff were able to respond quickly to people's care needs.

Robust checks were carried out on staff to ensure they had the appropriate skills, experiences and attitudes to work in the home. Once recruited, staff were supported through internal and external training, supervision and appraisals which meant people in the home were cared for by staff who were competent in their roles.

People were weighed on a weekly basis and their weights were given to the kitchen staff. Kitchen staff told us they meant they could see if anyone had lost weight and could provide additional calories to the person to try and reverse any unnecessary weight loss.

The service was led-led. People, relatives, staff and other professionals were complimentary about the registered manager. Everyone felt the registered manager was approachable.

We saw the provider's monitoring systems were used in the home. These included audits to assess and monitor the quality of the home. The registered manager used a daily walk around the home to monitor the environment in order to organise any remedial repairs.

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.

Risks to people were identified and guidance had been put in place so staff knew how to prevent accidents and incidents occurring.

There was enough staff on duty to meet people's care needs.

People were given their medicines in a safe manner. Checks were carried out on people's medicines by the night shift to ensure records and stocks of medicines were accurate.

Good 

Is the service effective?

The service was effective.

The service was meeting the requirements of the Mental Capacity Act 2005 and had made appropriate applications to the local authority to seek authorisation to deprive people of their liberty and keep them safe.

Staff understood the need to have good nutrition and hydration in place for people. Arrangements were in place to ensure care staff and kitchen staff worked together to monitor people's weight.

Visiting health professionals were confident in the abilities of the staff team to monitor people's health care needs and request appropriate support from medical staff when they detected subtle changes in a person's presentation.

Good 

Is the service caring?

The service was exceptionally caring.

There were exceptionally positive relationships between everyone involved in the service including people who used the service, staff, professionals and the registered manager. This led to a warm and friendly atmosphere in the home.

Outstanding 

Staff knew people very well and had detailed in their care plans the best ways to ensure their well-being was enhanced. Staff knew how to get the best out of people.

The home had developed an environment and provided care where people's well-being was paramount. Consequently relatives found their family members to be content and happy living in the service

Is the service responsive?

The service was highly responsive.

Meaningful activities for people were provided which met their individual needs and provided a highly stimulating environment. Events were planned during the week which meant people always had something to look forward to.

People were provided with consistent, personalised care and support which was informed by relatives who knew people well. Staff had documented detailed care plans which showed they knew and understood how to provide individualised care for people.

We found there had been no complaints made about the service in the last 12 months and found the registered manager promptly responded to any concerns and sought solutions.

Outstanding 

Is the service well-led?

The service was well led.

Surveys carried out by the provider demonstrated staff were happy working in the home. Relatives, staff and professionals had confidence in the registered manager and were complimentary about their management skills.

In an independent review involving the views of 31 people living in the home Langley Park had achieved comparably higher scores than the averages obtained across a number of care homes.

Regular audits of the home were carried out to monitor the quality of the service.

Good 

Langley Park Care Home

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 was planned to check 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 9, 10 and 12 May 2017 and was unannounced.

The inspection team consisted of two adult social care inspectors.

Before we visited the home we checked the information we held about this location and the service provider, for example we looked at the inspection history, safeguarding notifications and complaints. A notification is information about important events which the service is required to send to the Commission by law. We also contacted professionals involved in caring for people who used the service; including local authority commissioners.

Prior to the inspection we contacted the local Healthwatch. Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with eight people who used the service and nine relatives and visitors to the home. We also spoke with five professionals who visited the home during our inspection. Throughout the inspection we spoke with 10 staff included the regional manager, the registered manager, the deputy manager, senior carers and care staff, the activity coordinator, kitchen and administration staff. We also looked at records associated with the management of the service.

Is the service safe?

Our findings

People told us they felt safe living in the home and their relatives told us they were happy to leave their relatives in the safe care of the staff. One professional said, "The care here is really good. I've been to see someone who was an emergency placement. They were unsafe in the community. I've just seen them and they are smiling and happy. I could have recommended a placement somewhere else but I didn't."

We saw the provider had in place a safeguarding policy. Staff had received training in safeguarding vulnerable adults and understood how to safeguard people. Staff told us they felt confident to approach the registered manager, if they had any concerns about people's care and were confident they would respond appropriately.

We found the service had in place risk assessments to mitigate any premises risks to people. This included a fire risk assessment. We saw the service carried out regular fire alarm tests, fire drills and checks on fire extinguishers, fire exits and emergency lighting. The service had in place Portable Appliance Testing (PAT) and there were up to date fire certificates along with gas and electrical testing records. Hot water temperature checks were regularly carried out and these were within the 44 degrees maximum recommended in the Health and Safety Executive (HSE) guidance Health and Safety in Care Homes (2014). This meant checks were carried out to ensure that people who used the service were living in a safe environment. We also saw that where a risk to a person was identified staff had documented the risks in their care plans and guidance was given to staff on how to minimise people's personal risks. For example if a person was at risk of falls actions had been taken to reduce those risks.

People had in place personal emergency evacuation plans (PEEPs). Everyone's plan was held in one file and kept in an accessible place for use by emergency services. This meant emergency personnel had information readily available to them to help them locate people and evacuate the building.

We checked people's Medication Administration Records (MARs) and found these were up to date. Controlled drugs are drugs which are liable to misuse and have stricter guidelines for storage, administration and disposal. We found the stocks of controlled drugs matched the records in the home. There were no gaps or individual administration errors on the MARs. We looked at people's topical medicines; these are prescribed creams to be applied to people's skin. We found guidance was available for staff about what and where to apply people's prescribed topical medicines.

Care plans were in place for medicines which people required on an 'as and when basis', these are known as PRN medicines. We saw for example one person was prescribed paracetamol. Staff were given detailed guidance as to what to look out for as the person was unable to tell staff if they felt in pain. This meant people were given their medicines in a prescribed manner.

A daily medicines audit was carried out by nightshift staff which meant any issues could be picked up at the earliest point and rectified. Staff had received training in medicines management and had competency checks in place to demonstrate they were able to give people their medicines in a safe manner.

The registered manager reviewed any accidents or incidents in the home and checked to see if people were safe. We saw they analysed the number of accidents, where they took place and who was involved. The outcome of the analysis was discussed at the health and safety meeting to ensure all actions which could be taken were in place to keep people safe.

We saw the provider had in place a whistleblowing policy which supported staff to raise any concerns. The registered manager told us there were no whistleblowing concerns under investigation. The provider also had in place a staff disciplinary policy. During our inspection we found there were no on-going investigations into the conduct of staff members.

We reviewed three staff files and found the recruitment of staff was robust. Prospective staff members were required to complete an application form detailing their previous employment history, training and knowledge. They were required to give the names and contact details of two referees. We found references had been taken up and the referee had been contacted by telephone to verify they had written the reference. The Disclosure and Barring Service (DBS) carry out criminal record and barring checks on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also prevents unsuitable people from working with children and vulnerable adults. We saw the provider had used DBS checks to assess if staff were able to work in the service. This meant the provider had in place systems for ensuring people employed in the service were suitable.

The service had in place a dependency tool which the registered manager used to calculate the amount of staff hours required in the home. We looked at the staff rotas and found the registered manager provided consistent levels of staffing throughout the home. We saw some staff started work at 7am; the registered manager explained this was to support the transition from night to day staff at the point where people wanted to get up. Relatives reported to us there were enough staff on duty to meet people's care needs and they had experienced staff having the time to give people the required amounts of care they needed. We observed staff engaging with people in a positive way to distract them and prevent any unnecessary occurrences. This meant the home had enough staff on duty.

We found the home was clean and tidy and well presented. Laundry arrangements were in place to reduce the risks of cross infection. We spoke to the local Infection Prevention and Control Team who found minor issues when they visited the home early in 2016. The registered manager quickly addressed the issues and reported back to the team actions which had been taken and what they had put in place to prevent any re-occurrence.

Is the service effective?

Our findings

One relative told us, "The care is excellent. Staff always have time to spend with people. All the staff know people well and interact with all the residents. It might not look like a five star hotel like some care homes do but they do the job damned well. The décor chimes with what the residents want. Staff seem to have had all the relevant training especially on dementia. Staff do the simple stuff well. It seems they choose staff carefully so that they're the right fit. Everyone has a caring attitude."

Staff new to the service received an induction. Induction records were held within staff files. The Care Certificate is a set of national minimum standards that social care and health workers are required to adhere to in their daily working life. Care workers new to the service were required to complete the certificate. We found two senior members of staff had been trained as coaches to support new staff complete the certificate. This meant the service was able to ensure new staff understood the requirements of the certificate.

We looked at staff training and found there was a high degree of compliance with the provider's training requirements including e-learning in safeguarding, health and safety, and medicines administration. Arrangements were in place to check staff had completed the training and records demonstrated staff had been advised when their training was overdue. We saw in the staff rota's file there was a list of staff and which training they were required to complete that month. This meant the home maintained the levels of training required by the provider.

In addition we found the registered manager had sourced training appropriate to the needs of people who used the service. One professional told us they had recommended some training in dementia and the registered manager had sought places for staff. We saw certificates for some staff who had attended an external course on delirium. One member of staff told us, "It is another string to your bow." They described to us how the training had impacted on them seeking medical attention for someone who was diagnosed with delirium. Another member of staff told us they found the course useful and informative and had helped them think about the people's symptoms.

Staff had recently undergone training using the provider's Dementia Framework. Staff explained to us they had completed the previous framework and had increased their knowledge. From our last inspection report we found the staff understood the needs of people with dementia type conditions. Staff told us with the new framework they had been able to reflect on their learning and continue to learn.

We found staff had regular supervision meetings with their manager. Supervision meetings were used to monitor if staff had any concerns and their progress whilst working in the home. These were planned on a matrix held by the registered manager and we saw the notes from each meeting were securely stored on staff files. Staff had an annual appraisal.

We spoke with professionals about their contact with staff in the home. One health professional told us, "They always tell me what's happening with people's medical needs. I've never had any safeguarding

concerns. They're always on the ball. What they do particularly well is communication with professionals." Another health professional said, "Staff are very supportive. I've never seen anything to be concerned about. The staff are helpful and keep me up to date. They always follow my instructions to the letter and they know when to call for help, for example, if people are unwell or staff suspect an infection. They don't go beyond their remit and they don't take risks." Other health care professionals told us when they were allocated visits to Langley Park they were always very happy as the home not only provided very good care but they had confidence in the staff to work with them to meet people's health care needs. During our inspection one healthcare professional made a special visit to the home when they found out we were inspecting to speak to us about how they valued the service. This meant the health care professionals highly valued the work of the staff to maintain people's health.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw the registered manager had made applications to the local authority to seek authorisation to deprive people of their liberty. They had followed up the applications and requested information from the local authority about the progress made. We saw the service had engaged with other professionals to look at the least restrictive options of working with people. People were given freedom of movement within their own home with restrictions fixed to external doors. Staff sought people's consent before supporting them. This meant staff understood the requirements and were compliant with the MCA.

We spoke with kitchen staff and found they were knowledgeable about people's dietary needs. They told us about one person who did not always like what was on the menu and how alternative choices were given. Staff submitted dietary notifications to the kitchen with people's food likes and dislikes and dietary requirements. One person who had been diagnosed with diabetes preferred fruit as a dessert. We found there was a fruit bowl provided with a choice of fruit for people. We observed in the kitchen staff had access to people's weekly weights and asked why this was the case. Kitchen staff told us they were able to monitor the weights and if a person had lost any weight this reminded them to think about how they could provide additional calories for individual people. They gave an example of offering milky coffees. They showed us their kitchen records which were up to date including the reheating of food where necessary, however kitchen staff told us if a person had attended a hospital appointment and was late back for lunch they preferred to cook them something fresh to their taste rather than reheat food. We saw the service had incorporated good practice by serving people's food on blue plate crockery. This enabled people with dementia type conditions to distinguish their food on their plate and enabled them to eat independently.

We carried out observations of a lunchtime period. It was clear from the conversations at lunch time that mealtimes were relaxed and informal. We observed staff engaging with people during their meal time and encouraging and supporting people to eat. People were given a choice of meals and pictorial menus were available on the dining room wall to assist people to choose their meals. During a staff meeting we saw the registered manager had required staff to think about putting more soft food onto the trolley. Staff had responded immediately. Kitchen staff showed us how they provided yoghurts for people and we saw the tea

trolley reflected a range of items to meet individual tastes.

The staff weighed people on a regular basis to check to see if people needed any further assistance if they were for example losing weight. Staff ensured people had enough to drink to keep them appropriately hydrated. One staff member told us a person had been admitted because they were not eating properly and were losing weight at home. They showed us they were monitoring the person's weight and felt confident they could support the person to gain some of their lost weight. One relative said, "I don't know how but staff have got my mother in law drinking water. They wouldn't touch it before." They were pleased staff were encouraging people to drink. This meant staff knew the importance of nutrition and hydration.

Is the service caring?

Our findings

Without exception during our inspection we received highly positive comments about the staff and the way they cared for the people who used the service. One professional told us, "There's a core group of staff that haven't changed in years. Staff here are friendly and really accommodating." Another professional said, "This service is outstanding in that staff genuinely care and want to make a difference across the board." A third professional told us, "Staff treat people with the utmost respect and dignity. I came in today specifically to speak to the CQC inspector so that tells you something." A fourth professional told us, "I come in about once a month to do dementia care reviews/ I've always found the staff really obliging and caring. They're never sharp with the residents, always speak to them appropriately. They have a good approach to caring for people and good communication with families."

People who use the service shared with us their thoughts. One person said, "It's great. It's absolutely smashing here. The staff are brilliant. They're very courteous and helpful." A second person told us, "Staff have a very nice approach, they really are the best. The food is superb."

We carried out observations of people who were unable to communicate what they thought of the staff to the inspection team. We saw staff had warm and affectionate relationships with people. There was a great deal of banter and humour in the home. We observed where staff had initiated singing and dancing with people, the people continued to sing and dance as they walked along the corridor. They lifted their arms as if to engage inspectors in dancing. We found the mood set by staff was infectious. This led to a happy and contented atmosphere. Two relatives described how this had impacted on them, one relative said, "All of the staff are nice. They comfort mam when she's upset and talk to them all the time. I'm very happy because I can go home and relax." The other relative said, "I'm really happy with the care here. The staff are great. I know my [relative] is safe so I can relax when I go home." A third relative we spoke with said, "They're brilliant in here. The staff are so lovely especially if mum gets upset. I would say this home is outstanding because staff are so incredibly kind and understanding. It feels like someone's home and they have lots of laughs here."

In an independent survey carried out in the home in 2016 which considered the views of 31 people, 100% felt they were treated with kindness, dignity and respect and 100% felt their privacy was respected. The home subscribed to a web based review site where people can leave comments about the home. We saw there were seven reviews of the home on the website, and every review described the staff as, "Excellent." One relative wrote, "I can't praise the staff enough for their dedication and hard work." Another relative wrote, "The staff have been excellent in their care of [relative], they are always very professional but in a very caring way. They do their very best to keep [relative] happy."

We found there were significantly positive and caring relationships in the home between the people who used the service, the staff and the relatives. This was confirmed by relatives in their observations in the home. One relative told us they had watched their family member joining in with activities encouraged and supported by staff. This had made one relative feel they had made the perfect choice of home for their family member. Relatives also described to us finding people in the home happy, contented and smiling. We

observed staff laughing and joking with people and their relatives. One relative told us, "It's the staff, very caring." They told us they were prepared to travel longer distances to see their relative because of the standards of care the home provided. One relative had described to the staff their family member's behaviour which they found challenging. They told us staff had not experienced the behaviour and were amazed at the skills of the staff to manage the person. All this led to the home having a warm and friendly atmosphere where people were very relaxed and contented, with their relatives trusting the staff to care for their family members.

We saw people were well groomed and well presented. They looked as if they were well cared for; one professional told us, "This is the first time I've been here and it's very nice and welcoming. It's clean and everyone looks well dressed and cared for."

One relative told us, "Interaction between staff and residents is actively encouraged and people are encouraged to be themselves." We found this interaction was continuous and supported people's well-being. For example staff supported people to walk along corridors and chatted to them en-route to their destination. We observed staff were continually engaged with people and understood when their moods changed. For one person the staff found a remedy to engage with a person whose mood had dropped was to play a traditional north east song. This was documented in their care plans to help alleviate the person's mood. Staff we spoke with and people who used the service were able to use the electronic iPads and access music.

We found in people's care documents guidance was given to staff by managers and senior care workers who knew them well about how to maintain people's dignity. For example, one person had previously become agitated when being changed. Staff had found if they engaged them in conversation about their family they were less likely to become agitated and were able to maintain their dignity. We heard another person make noises as if they were distressed. Staff assured us this was about the person seeing their visitor for the first time and what actions were needed to help the person adjust. They reassured us the person would stop making the noises very shortly and they did. We found staff knew people exceptionally well and had developed effective responses to preserve people's dignity and promote their emotional and physical well-being.

We found the home had created an environment where people's well-being was supported. There were items of visual and tactile interest for people living with dementia, e.g. themed areas, gardening items and a washing line. We observed people stopping and looking at these items and engaging with them. Snapshots of people's family and social history were outside people's rooms. Photographs of people participating in the home's activities were on view. The home had a pet parrot on one floor and two birds on another floor. The registered manager explained that the birds were named according to which person was speaking to them. This meant people were not challenged or corrected about their names. We found this approach contributed to the relaxed atmosphere of the home. Other pets were permitted in the home, one relative brought their dog in to visit a person and put it in a buggy so it was contained. A visiting manager to the service had brought their dog with them on the day because they knew one person in the home loved dogs and they would enjoy seeing their dog. We found staff understood what people enjoyed doing to promote good mental health.

Relative were encouraged by the staff to participate in the home. We saw they were invited to coffee mornings and other such events. Relatives were joining in the cocktail party during our inspection. They told us they felt extremely welcomed into the home by staff. We found the registered manager held meetings for relatives where they were updated on events in the home and progress made. Relatives confirmed they felt involved in the care of their family member and staff were approachable to discuss any issues. They told us

they felt confident in the service because the service understood their relatives. We saw relatives had approached staff and acted as natural advocates to discuss people's care. Staff had responded positively. The registered manager raised concerns with us about a person's treatment when they were taken by ambulance to hospital. They told us the person had no one to speak for them and they wanted to advocate on behalf of the person to ensure their experience was not repeated. A local advocacy service was also available to people and displayed in the information rack. All this meant the service understood the principles of advocacy.

Information was provided in the reception area about the provider including their work on dementia and how this affects people. Relatives were informed about people's key workers by information in people's rooms. Staff told us keyworkers looked after people's clothing. One relative told us they had been informed when their family member needed new clothing and they were offered support to help buy the clothing. The registered manager told us one person had been admitted to the home without clothes, staff had taken them shopping in the first instance where they had bought a CD and enjoyed choosing their item.

Staff described their enjoyment in working in the home and spoke fondly of the people who lived there. When we spoke with staff about people they were able to tell us in detail about people's individual needs and the best way to care for them. We saw every member of staff approached people with kindness, anticipated their needs and offered their help. People's care plans promoted their independence and guided staff on how to ensure people retained as much independence as possible. This included for example how people liked to read their newspapers. We observed staff seek permission from people before they provided help and support. This meant staff listened to people and made them feel valued.

We discussed how end of life care is provided by the staff with other professionals. Langley Park is registered to provide residential care and not nursing care. This might mean for some people they may need to move to another home for 24 hour nursing care. Members of the local nursing team told us they appreciated the home tried to keep people in the home, in their familiar surroundings for as long as possible. They also told us that they were willing to support people's wishes to remain in the home at the end of their life because they were confident in working with the staff team's ability to carry out their instructions. One professional said, "I put the [registered] manager in touch with Bishop Auckland College regarding an end of life course which she got staff on. I felt this was over and above. They give people very good end of life care." This sentiment was reflected in the thank you cards sent to the service whose family members had passed away. One relative told us, "The staff couldn't have been more helpful, thoughtful and sympathetic when my [relative] passed away."

Staff understood confidentiality and supported the inspection team by returning documents to lockable cupboards. They spoke to us about people's care needs in private. This meant staff maintained people's confidentiality.

Is the service responsive?

Our findings

We carried out observations of people being cared for in the home and saw they enjoyed the company of staff and responded to staff with smiles. One person told us, "I'm well looked after, no doubt about it." A relative told us, "It's outstanding because the care is individual. Staff have endless patience. The manager is very nice, kind and welcoming and has very high standards." A staff member told us, "It's a great place to work. It's like an extended family."

The evidence we saw demonstrated that National Institute for Health and Care Excellence (NICE) guidance, "Mental wellbeing of older people in care homes" published in 2013 was fully embedded in Langley Park.

Each person's individual care and activity plans were based on a detailed profile of the person and assessment of their needs. We found these needs were based on people's lifestyles living and working in local communities in County Durham. The home was a part of the community and people were enabled to continue their chosen lifestyles in the home.

Plans described the levels of participation people chose or were able to engage in. For example, a person who no longer felt able to go to the pub was given an alternative of having a beer in the home's bar arrangements. Another person who felt they could no longer dance still wanted to be involved and was brought into the lounge for the cocktail party so they could observe the dancing. There were a number of people sitting around the room, some were tapping their feet, others were clapping their hands whilst others danced. We found the staff had detailed ways of continually involving people in activities which reflect their lifestyle choices, and which ensured a strong continuity with their life as a community member before they came to live at Langley Park. This meant people were valued by the service and were engaged in activities which were personal to them.

During our inspection we saw there were a large number of activities organised in the home. There was a cocktail party on one afternoon where people along with their relatives were invited to join in. Cocktails including those without alcohol were served from a hatch next to which there were small dining tables and chairs in an upstairs lounge. This was known in the home as the, "Coffee shop." Staff told us the coffee shop was a flexible space where they took people on a morning who preferred a quiet breakfast. People were then engaged in clearing the tables and washing up. One staff member said, "They love to wash up." At our last inspection we noted the themed walls which the registered manager had instigated to provide people living with dementia with a stimulating environment. With the implementation of the provider's dementia framework we saw these walls had been pared back to meet the required standards. One of the walls was entitled a "Siegfried line" from which there was a washing line with a vest hanging. Staff told us the vest often disappears but gets returned and pegged out again.

In an independent survey carried out in the home in 2016 which considered the views of 31 people; 100% said they could take part in hobbies if they wanted to. We found the home had adapted activities for people. One person had previously liked their garden and was given the responsibility for tending plants. Staff explained the plants in a trough were known to go missing but they explained with good humour,

acceptance and tolerance of people with dementia type conditions that, "Plants can always be replaced." We found staff had an exceptionally tolerant attitude toward people's individuality and encouraged and supported people to be themselves. We saw a number of people in the home enjoyed their morning newspaper and people had different capacities to utilise their papers. Staff discussed headlines with some or read out the articles, they explained to us the newspaper articles were long enough for people to be able to concentrate on the subject matter. One relative told us they visited the home and their family member told them to go away as they were too busy joining in the karaoke. The relative told us they could not believe how the staff had succeeded in getting the person involved in activities which they were clearly enjoying. This showed staff were able to engage people and prevent them from becoming socially isolated.

We saw the service worked with the local community for example, the home enjoyed a close relationship with local schools. The registered manager told us they had learned of a local school doing a celebration of a VE day. Arrangements were put in place for a person who had joined the army at a young age to attend the school celebration. Photographs of the person showed they were smiling during their visit. The registered manager also found a local swimming baths with a gentle slope into the pool were holding "Dementia Friendly" swimming sessions. People had been taken along for a trial session. Photographs showed people sitting in wheelchairs paddling their feet and smiling. Relatives confirmed people had been swimming. We saw there were regular religious services held in the home from different church denominations. It was recorded in people's plans if they liked to attend the church services. We found the staff had found a wide variety of ways to ensure people were provided with stimulating activities.

The provider's mini bus was located at the home. The activities coordinator told us they took groups of people out in the mini bus and gave them choices where they would like to go. The most popular choice was a visit to the seaside with fish and chips. They explained to us that due to the circumstances of people having grown up in mining communities a trip to the seaside was a real treat. They told us it may have been the only trip people went on each year and it was probably organised via the local mine. We saw one person on their trip out to the coast had bought sticks of rock for the staff. Their daily records showed they had returned and handed out their rock "In a jovial mood." This meant staff understood the social and cultural aspect of people's former communities and carried out enjoyable activities which reflected their early life and their experiences

We saw the home had points in the week where people were enabled to come together and join in activities. These included a coffee morning where relatives were invited to join the cocktail party, go to the Tuesday Club at a local church and a visit to the pub on a Friday afternoon. Staff explained this gave people things to look forward to as they would if they were living in their own homes. We found all staff were engaged in the activities of the home. One member of staff said, "The girls are fantastic and keep everything going."

People were given choices and their decisions were respected. We found the staff had successfully worked to give people more choices in their daily lives. All of this meant people's lifestyles experienced in the home matched their expectations and preferences, and satisfied their social, cultural, religious and recreational interests and needs. We found the home was able to evidence to us how they maintained the diverse stimulating activities with every aspect of the national NICE guidance on providing activities in care homes.

People received consistent, personalised care and support. People's support needs and how to meet them were set out in a written plan that described what staff needed to do to make sure personalised care was provided. This included for example the numbers of pillows people liked and how they liked their room to be kept at night. It was clear from the plans staff knew people well and were able to provide detailed and accurate information. In one person's plan we saw the person liked their hand held if they became distressed and staff were to, "Go along with thoughts and conversations to avoid distress." On reading the

care plans we found they accurately reflected people's needs to a high degree and the detail of the plans meant irrespective of who was on duty staff were provided with detailed guidance on how to meet people's needs.

During our inspection one member of staff apologised to us for not completing the care documents to their expected high standard. We found the person had been admitted the day before and the staff member had documented all the information available to them including observations about the person's eating, their weight and what they liked to do and had included information from the referring agency. They had not yet had the opportunity to involve relatives in a conversation about their expectations of care. We found this apology was unnecessary as they had documented all that was available to them in a short space of time to enable staff to provide the person's care. They had identified risks to the person and had put in place actions to mitigate the risks including observations to check if the person was settling in. In other people's files we found family members and people had been involved in assessing a person's needs and had influenced the design of people's care. This assessment provided in depth information about the person's background and social history, relationships that were important to them, their abilities and physical needs. People's plans were reviewed every month or sooner if their needs changed and they were provided with support that met their needs and preferences.

Records we looked at confirmed the service had a clear complaints policy. We looked at the home's record of complaints. There hadn't been any formal complaints within the last 12 months and there was a clear record of investigations and outcomes recorded previously to this. The registered manager stated they dealt with any issues quickly and as they arose. One relative confirmed this and said, "Anything raised gets dealt with immediately. Staff make sure residents are as involved in activities as much as they can be. People go out for fish and chips or go on trips to the coast. They've just started taking people to a swimming club which is suitable for people with dementia." We observed the registered manager respond to a relative who wanted their family member to have contact with another family member who lived several miles away. The issue of deafness prevented the relatives from having a telephone conversation and the registered manager tried to find ways with the relative to promote communication between the two family members.

Is the service well-led?

Our findings

There was a registered manager in post. We found the registered manager led by example and set the culture of the home. The staff had a 'can-do' approach to people's care and as a result of the registered manager finding out about community activities and events the diverse range of activities had extended. People were supported in a warm friendly environment.

We spoke to people in regular contact with the service including relatives and other professionals. Relatives said, "The management team are excellent. We're always kept informed about everything. They are really good, really proactive. They know when people aren't themselves and observe them more closely." They went on to describe a set of personal circumstances which had been well-managed. Another relative told us, "The [registered] manager knows what's going on. The [registered] manager was very supportive to me when [relative] first moved in." The provider had in place Recognition of Care and Kindness (ROCK) awards. Anyone can nominate a member of staff for the award. The registered manager proudly showed us their team had received 16 of these awards. During the inspection we saw the registered manager had been nominated for an award by a relative for the care they had provided to a family. Throughout the inspection we observed the registered manager engaged in frequent conversations with visiting relatives.

One professional told us, "I work really well with [the registered manager]. Most staff have been here a while so they know residents really well. I mentioned to [the registered manager] a dementia care course via the Open University (designing space for dementia care) and she ensured the staff did it. The [registered] manager is very open to making improvements. All the staff want to do their best for the residents and give them the best care." Another professional told us they had worked with the registered manager for a number of years and felt confident if they needed to refer a person to a care home Langley Park was always a safe and secure option. They had just visited a person new to the home and found their expectations of the home had been met and the person had settled in very well.

Staff told us they have confidence in the registered manager and feel they can approach both them and the deputy for help and support. One person said, "I can go straight to [registered manager] and [deputy manager]. They're amazing. People are safe here as we keep an eye on them at all times."

The registered manager was able to give us a good account of the service. They provided us with all of the information we needed, which was organised and easy to follow. It was evident they understood the requirements of CQC and had submitted all of the required notifications.

There were clear community links in place with relationships with local churches, local groups and schools and the use of local services. Health professionals who were visiting the service at the time of our inspection complimented the staff on their partnership working in managing people's health needs. In addition to those professionals we found the service had arrangements in place with a hairdresser, an optician, chiropodists and the Speech and Language Therapy Team.

The provider had systems and processes in place to measure and monitor the quality of the service which

included an electronic system. Every morning the registered manager or a nominated senior staff member conducted a walk around and used the electronic system to record their findings. The registered manager explained to us this was a find and fix process to ensure the building was safe and people's care needs were being met. The daily checks included a conversation with a person who used the service and a staff member. The registered manager told us people in the home no longer liked being approached with iPads and had told staff they did not want to be asked questions. Staff adapted the process, they had memorised the questions to ask people and recorded their responses at a later time.

Other audits were carried out in the home including a dining audit to look at people's mealtime experiences. We saw there were regular audits of people's medicines and fire prevention systems in the home. The registered manager had in place an "Aide Memoire" which listed the monthly checks and audits each home manager had to carry out. We saw the registered manager had carried out the checks and was up to date with their information to the provider. The regional manager carried out regular visits to the home and checked on its performance. Langley Park had been assessed by the provider as a, "Green" home. This meant it was reaching its required standards set by the provider and required less frequent checks.

Staff in the home had been trained in the registered provider's Dementia Care Framework and actions had been taken in the home to ensure it met the needs of people with dementia type conditions. During our inspection checks were being carried out to confirm the home had met the required standards. The registered manager told us the home had been successful and would be given accreditation.

The provider had in place an electronic system for gathering the views of people, their relatives and other professionals. We saw the feedback was without exception positive about the service. The provider had carried out a survey of staff views in 2016. Forty two Langley Park employees responded to the survey. The registered manager told us she was proud of the results and did not have any actions to carry out as the staff had all been positive about the service.

In 2016 an independent survey had been carried out in the home. The resultant report was based on the responses of 31 people who used the service and were compared with the Your Care Rating. We saw that 97% of the people in the home were happy living there and 100% were satisfied with the overall standard of care. The survey asked people questions on 26 survey measures. The results of the home were benchmarked against the average scores of other homes. Langley Park scored 100% for 15 of the measures and exceeded the average score in 24 measures. When these were compared with CQC's key questions – is it safe, is it effective, is it caring, is it responsive and is it well led we saw the scores ranged from 81% based on the menu offers a good variety of choices each day to 100% where people said they could have visitors when they wanted and were happy with access to doctors, nurses and dentists. Everyone also said the home was a safe and secure place to live. This meant there were high levels of satisfaction with the home.

We found records required to demonstrate the service was managing people's care needs and the staff team were up to date and accurate.