Michael C S Kainth

Langdale Residential Home

Inspection report

23 Bierley Lane
Bierley
Bradford
West Yorkshire
BD4 6AB

Tel: 01274682164

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection was carried out on 9 October 2017 and was unannounced. Langdale is registered to provide personal care for up to 19 older people. Accommodation is provided in single and shared rooms some of which have en-suite facilities. The home is situated in the Bierley area of Bradford. At the time of the inspection there were 17 people living in the home.

The last inspection was in October 2016 and the service was rated 'requires improvement' overall. We found one breach of regulation in relation to Good Governance (Regulation 17). At this inspection we found improvements had been made with better documentation kept. For example in relation to the management of medicines.

A registered manager was in post who had worked at the home for a number of years. 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.

People and relatives spoke positively about the home. They said good quality care was provided. People said the staff team were friendly and kind and the registered manager was approachable.

Medicines were managed safely. People received their medicines as prescribed and clear records were kept demonstrating the support people had been provided with.

People said they felt safe. Safeguarding procedures had been followed to help protect people from harm. Risks to people's health and safety were assessed and measures put in place to keep people safe. These measures were regularly reviewed.

The premises were safely managed with appropriate checks undertaken to the building. The décor in some areas of the building was tired and would benefit from decoration.

There were enough staff deployed to ensure safe and prompt care. The staff team were seen to respond quickly to people's requests for assistance. Safe recruitment procedures were in place to help ensure staff were of suitable character to work with vulnerable people.

People praised the staff who supported them. Staff received a range of training and support to give them the skills to do their role effectively. This included regular supervision.

People had access to a suitable choice of food. Nutritional risks were assessed and measures put in place to protect people from harm.

The service was acting within the legal framework of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

The service worked with a range of health professionals to help ensure people's healthcare needs were met.

Staff treated people with kindness, compassion, dignity and respect. People were listened to and there was a friendly atmosphere within the home. Where possible, people's independence was promoted.

People's care needs were assessed and used to formulate detailed and person centred plans of care. These reflected people's needs and preferences. Staff knew people well and their plans of care which gave us assurance they were consistently followed.

An activities co-ordinator was employed who worked at the home five days a week, and provided people with a range of activities and social opportunities.

People and staff praised the way the home was run. They described it as personalised and friendly and said the registered manager dealt with any issues that arose. We saw the staff team worked well together.

Audits and checks were undertaken by the management team to monitor how the service was performing. People's feedback was sought and used to make improvements to the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Medicines were managed safely. People received their medicines as prescribed and clear documentation was in place to demonstrate this.

Risks to people's health and safety were assessed and measures put in place to protect people from harm. This included obtaining specialist equipment.

There were enough staff to ensure people were appropriately supervised and their needs were responded to in a timely way. Staff were recruited safely to help ensure they were of suitable character to work with vulnerable people.

Is the service effective?

Good

The service was effective.

Staff received a range of training which was updated regularly. Staff demonstrated a good knowledge of the people and topics we asked them about.

The service was acting within the legal framework of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

People's healthcare needs were assessed. The service worked with a range of health professionals to ensure healthcare needs were met.

Is the service caring?

Good

The service was caring.

People said staff treated them well and this was confirmed by the interactions we observed during the inspection.

Staff knew people well and had developed good, positive relationships with them.

Where possible, people's independence was promoted.

Is the service responsive?

Good

The service was responsive.

People's care needs were assessed and used to produce a range of suitable care plans. People said care was appropriate and met their individual needs.

An activities co-ordinator was employed who provided people with a range of activities, five days a week.

People said they were satisfied with the service and had no cause to complain. Mechanisms were in place to support people to raise complaints.

Is the service well-led?

Good

The service was well led.

People, relatives and staff all spoke positively about the way the home was run. We found a warm and friendly atmosphere where staff knew people well.

Audits and checks were undertaken to help ensure the service was operating at the required standard.

People's views and feedback was sought and used to make positive changes to the service.

Langdale Residential 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.

The inspection was carried out on 9 October 2017 and was unannounced. The inspection team consisted of one adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. In this case our expert was experienced in the care of older people and people living with dementia.

During the inspection we spoke with six people who lived at the home and three people's relatives. We spoke with the registered manager, a deputy manager, a senior care worker, three care workers, the activities co-ordinator and the cook. We also spoke with a health professional who worked with the service.

We observed people being supported in the communal rooms and observed meal service at breakfast and lunch time. We looked at two people's care records and other records such as, medication records, meeting notes, accident and incident reports, training records and maintenance records. We looked around the home.

Before visiting the home we reviewed the information we held about the service, this included notifications sent to us by the provider. We contacted the local authority commissioning and safeguarding teams to ask for their views of the service.

We asked the provider to complete a Provider Information Return (PIR). This is a document which gives the provider the opportunity to tell us about their service and any planned improvements. All this information was taken into consideration when we rated the service.

Good

Is the service safe?

Our findings

People said they felt safe living in the home. A relative said "I don't have to worry about [relative]." We observed a calm atmosphere and saw staff were patient with people, treating them well. Staff said they were confident people were safe from abuse living in the home. They had received training in safeguarding vulnerable adults and were aware how to identify and raise concerns. There had been a low number of safeguarding incidents. However following any incidents, appropriate referrals had been made to the local authority and measures put in place to protect people from harm.

Risks to people's health and safety were assessed in areas such as moving and handling , falls, skin integrity and nutrition. Where risks were identified, plans of care were put in place to help keep people safe. This included sourcing equipment such as specialist mattresses to reduce the risk of pressure sores and pressure mats to reduce the impact of falls. We saw this equipment was used correctly in line with plans of care. People's moving and handling needs were assessed, with clear plans developed for staff to follow. Equipment such as slings were assessed for each individual and subject to regular checks. We witnessed the hoist being used several times and saw this was done competently, with people provided with reassurance throughout. A new staff member told us "I am confident using the hoist now; I wasn't allowed to use it until I was fully confident." One of the deputy managers was the manual handling assessor for the home and was able to offer advice and training to other staff to ensure safe techniques were maintained.

Incidents and accidents were recorded and investigated. Following incidents, care plans were updated and specialist input was sought when required. Staff we spoke with were able to clearly describe the measures in place following incidents; giving us assurance plans of care were followed.

Safe staffing levels were maintained. During the day there were two care workers and a senior care worker on duty to care for the 17 people living in the home. They were supported by the registered manager who regularly assisted with care and support, an activities co-ordinator and ancillary staff such as a cook and cleaner. Staff said they thought there were enough staff, shifts were always covered and as such there was never a need to use agency. People told us there were enough staff and their requests were responded to promptly. One person said" They are there if we need them. We are never left alone." Another person said "It is well staffed." A third person said "Sometimes it's too long; sometimes I am waiting and sometimes it's easier." A relative said "The buzzer goes and people answer fairly quickly." During observations of care and support we saw people were appropriately supervised and staff were able to step in and respond if people needed anything or became distressed.

Safe recruitment procedures were in place. These included ensuring candidates completed an application form detailing their work history and attended a competency based interview. Successful candidates had to prove their identity, provide satisfactory references and complete a Disclosure and Baring Service (DBS) check before they started work. A new member of staff who confirmed these checks had been carried out.

Medicines were given out by trained senior care workers who had their competency assessed to ensure they continued to retain the skills to give medicines safely. People told us they received appropriate support with

their medicines. We observed staff administering medicines and saw they were kind and patient with people.

Medicine care plans were in place which assessed the support people required and provided staff with guidance on how to provide this support. Where people were prescribed "as required" medicines, protocols were in place to ensure the safe and consistent administration of these medicines. These were rewritten monthly to ensure they reflected people's up-to-date needs. People's medication was subject to regular review and staff liaised with people's GP if people refused their medicines.

Since the last inspection, improvements had been made to the way medicines were managed. For example, documentation demonstrating the administration of topical medicines such as creams was much improved. New topical medicine administration records (TMAR) had been introduced and provided a clear record of the support provided to people. We looked at a selection of Medicine Administration Records (MAR) for other medicines and saw they were well completed indicating people had received their medicines as prescribed. Stock balances were recorded to provide accountability for all medicines in the home. We counted a selection of tablets and found the number in stock corresponded to what records indicated should have been present. This provided further evidence people had consistently received their medicines as prescribed. Medicines were stored securely and safely. This included the safe storage of controlled drugs.

People generally spoke positively about the home and its environment. One person said "Yes, it's a nice room. I have my own pictures and a tele." There were several communal areas where people could spent time including two lounges and a large dining room. The building was kept in a safe condition with safety features such as window restrictors installed to reduce the risk of falls. Radiators were guarded to protect against the risk of burns, and hot water outlets were kept at safe temperatures to reduce the risk of scalds. Checks and maintenance took place on the gas, electric systems and equipment such as bed rails and lifting equipment.

Fire checks and maintenance took place. A fire risk assessment had recently been carried out and actions had been signed off as complete to improve fire safety. Staff received training in fire safety and fire drills had been carried out. Personal evacuation plans were in place. These demonstrated the service had assessed how to safely evacuate people in the event of an emergency. Plans were clear and provided appropriate advice to staff.

Whist the building was safe, some areas of the building would benefit from redecoration. Some areas of the building were dull due to the combination of décor and lighting used. In addition, some bedroom taps would benefit from changing to make them more user friendly for people living with dementia. We raised these issues with the registered manager and were confident they would be addressed. Overall the building was kept clean and we identified no malodours. Cleaning staff were employed and regular checks were undertaken to ensure the building was kept clean and tidy. We saw staff had access to personal protective equipment (PPE) and adhered to good hand hygiene.

Good

Is the service effective?

Our findings

People spoke positively about the staff that supported them and said they had the knowledge and attributes to do their job effectively. Staff we spoke with demonstrated a good knowledge of the people and topics we asked them about, providing assurance that training was effective.

Staff were provided with a range of appropriate training and support. New staff received a local induction to the service and undertook a period of shadowing. We spoke with a new staff member who said the training provided was good and gave them the skills they needed. They told us "After shadowing they checked how I was getting on to make sure everything was ok, I felt like they made any effort with me." New staff that had no previous experience or qualifications in care were supported to undertake the Care Certificate. This is a government recognised scheme which provides the necessary training to equip people new to care with the necessary skills to provide effective care and support.

Existing staff received regular training updates in topics which included safeguarding, manual handling, mental capacity & equality and diversity. Training records showed this training was kept up-to-date. Specialist training had been provided in some subjects such as pressure area care and catheter care. Staff were supported to do further qualifications in health and social care such as National Vocational Qualifications (NVQ's). Staff received regular supervision and annual appraisal, where any performance or developmental needs could be addressed.

Overall, people spoke positively about the food provided. People said there were choices at each mealtime. For example, one person said "The cooks will go out of their way to accommodate if someone changes their mind." Another person said "We are short of nothing." At breakfast time people had access to a range of foods including cereals, toast, porridge or a cooked option. One person liked to have beef paste sandwiches for breakfast and another person liked cheese on toast and this was provided by the cook, demonstrating a person centred approach. At lunchtime, there was one main option and an alternative for those who did not like the meal on offer. For example, on the day of the inspection sausages were made for lunch, but a number of people did not like these so fish cakes were provided instead. In the evening a range of lighter options were available. This included sandwiches and omelettes. Fresh cakes and buns were prepared daily. A light super was provided before bed. The menu rotated on a four week cycle to provide sufficient variability of meals.

We observed mealtimes and saw the food looked appetising. There was a pleasant atmosphere. Tables were set , with people provided with water although there were no choices of other drinks
We saw people were encouraged to eat. Whilst we saw good examples of people being supported appropriately, on some occasions we found people who required assistance at mealtimes could have been provided with more consistency of help from staff. For example, one person was assisted by two different staff members during the course of their lunchtime meal. We saw people had access to drinks throughout the day. One person said "They come round [regularly] but if you wanted one in between, you would get one" It's like a big family; like being at home."

We spoke with the cook who was clear about people's individual needs around food and consistency of food and drink. Food was fortified with butter and cream to provide additional calories. People's nutritional needs were assessed and where weight loss was identified referral to the GP and /or dietician was undertaken. We looked at food charts where people's intake was monitored and saw these were well completed. Fluid input was totalled and we saw people were offered lots of fluid during the day.

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. The service was acting within the Mental Capacity Act. People's capacity to make specific decisions was assessed for example around the provision of pressure mats, and medicines. The restrictions placed on people were used to make an assessment of whether a DoLS application was required. We saw appropriate applications had been made for people the service believed were likely to be deprived of their liberty. At the time of the inspection there were no DoLS in place, with all applications and re-applications awaiting assessment by the supervisory body. We saw previously, where DoLS had been in place conditions had been complied with.

Staff we spoke with had received training in the Mental Capacity Act (MCA) and demonstrated they adhered to the principals of the Act. We saw evidence best interest processes had been followed where people lacked the capacity to make decisions for themselves. For example, we saw a decision over the use of covert medicines had been made in a person's best interests although this could have been documented more clearly. The registered manager said they would ensure the record of this process was documented on a dedicated form, rather than spread out throughout the persons care records.

People and relatives reported access to health professionals such as GP's. A person said "They are efficient, if I needed the doctor, they would call." Records demonstrated that close liaison took place with a range of professionals including district nurses and speech and language therapists. Contact with them was recorded within care records and any advice used to update plans of care. This helped ensure people's healthcare needs were met.

Good

Is the service caring?

Our findings

People spoke positively about the home and the level of care they received. One person said "We are looked after in here; they look after everyone." Another person said "I'm quite happy as long as I'm being looked after, which is the case." A third person said "I'm used to it; I'm content. They look after me, that's what they are paid for. I find it alright." A fourth person said "Yyou wanted anything; they would do it for you."

People and relatives said staff were always kind and caring. A relative said, "Staff are really good, really caring; it's like a family." A staff member also said "Like one big family here." Staff got to know people well and developed good positive relationships with them. We saw staff knew people's likes and preferences very well including the registered manager. A number of staff had been at the service for several years which helped develop these positive relationships.

Care records demonstrated information on people's likes and preferences had been sought to aid better understanding people and help provide person centred care. Memory boxes were present in some bedrooms to aid reminiscence and conversation. Life history work had previously been done with some people. The registered manager had recognised this was an area for further development and had plans in place to address this matter.

We used the Short Observational Framework for Inspections (SOFI) to review how staff interacted with people in the home. We saw staff interacted in a positive manner with people. Staff sat and chatted to people, asking how they were and waiting patiently for them to respond. They provided people with appropriate comfort when they became distressed. The registered manager was 'hands on' and regularly spent time checking if people were okay. We saw them going around all the residents asking them if they wanted anything from the shop and telling them about the chocolate they were going to bring back for them. Staff were attentive to people's needs. For example, they noted one person was uncomfortable so suggested they move to a comfy chair. However, at lunchtime we did note there was a lack of conversation between staff and people in the dining area.

Visitors were welcome to the service at any point. Relatives said they were made to feel welcome and they were able to visit the home throughout the day. A relative said "I always get offered a drink and a seat, even if they (staff) are working." Staff or the registered manager supported people to hospital and other appointments free of charge. This demonstrated a caring service.

We saw people's dignity and privacy was maintained by staff. Staff knocked on bedroom doors before entering and covered people during hoisting to protect their dignity. We asked a person if they were treated with dignity and respect and they replied, "definitely." People said that laundry was always returned to them and we saw people's clothes were kept clean. Staff were able to confidently given examples of how they preserved people's dignity for example covering body parts and closing doors and curtains during personal care. This demonstrated to us staff understood the importance of ensuring people's privacy and dignity.

Care planning assessed the areas where people were able to remain independence and care plans focused

on allowing people to do as much as they could for themselves. Staff we spoke with demonstrated that promoting people's independence was a feature of the service, for example allowing them to choose their own clothes and wash areas of their body themselves.

People told us they felt listened to by the service. One person said "If you mention it one day, that you want something, it seems to work out in the end." We saw the registered manager chatted with people and relatives on a daily basis to obtain their views and opinions. We saw staff listened to people's choices around food, activities and daily routines.

Religion or belief is one of the protected characteristics set out in the Equalities Act 2010. Other protected characteristics are age, disability, gender, gender reassignment, marital status, pregnancy and maternity status and race. We saw no evidence to suggest anyone who used the service was discriminated against and no one told us anything to contradict this.

People's end of life wishes were assessed and 'end of life books' in place which recorded people's wishes. We saw the service liaised with healthcare professionals over people's end of life needs.

Good

Is the service responsive?

Our findings

People and relatives spoke positively about the care provided by the home. A relative said, "I think this place is really good for [relative]. [Relative] adapted straight away. There is always someone to answer [relatives] needs. [Relatives] not the neediest but if [Relative] does need something, they are there." A health professional was spoke with said they had no concerns about the care provided by the home.

Care plans were in place which demonstrated people's needs had been assessed in a range of areas. These had clear goals and focused on helping people to maintain their independence. Each care plan contained a 'pen picture' and 'daily routine' sections which provided person-centred information on people's likes, dislikes and preferences to help staff better understand the person. Care plans were subject to regular monthly review or more frequently if people's needs changed. For example, one person had fractured their hip and when they returned from hospital, a new mobility plan had been written to help support their safe mobilising around the home.

People's religious and spiritual needs were assessed. A weekly church service was held in the home and staff said they would make arrangements to meet any religious or spiritual preferences that people expressed.

Staff and the registered manager had a good knowledge of the people living in the home, their routines and plans of care. For example they were aware how much thickening agent people required in their drinks, or how often people required pressure relief. Handovers took place 15 minutes before each shift and were a mechanism for staff to update other staff about people's condition and any changes needs. Staff said these were a valuable source of information. Documentation was maintained which showed the personal care and bathing regimes offered to people, skin checks and pressure relief and was consistently completed in line with people's needs. This gave us assurance consistent and appropriate care was provided to people in line with their needs.

Care plans were reviewed monthly by the staff team. This reviewed and audited a range of areas including a review of any incidents, medical interventions or change in the person's health. This helped ensure responsive care. People and their relatives said care was discussed with them on a regular basis, although some care plans did not contain evidence of formal care plan review. One relative said "There are no formal reviews but it's not necessary as I make daily visits." Formal care plan reviews are a good way to ensure all areas of care and support are reviewed with the person in a structured way. We raised this with the registered manager who said they would ensure all people received an upcoming review.

Most people spoke positively about the activities on offer within the home. One relative said "[Relative] does things every day so you don't get bored." Another relative said "They are always doing events. [Relative has always got her nails painted. There's always something going on."
An activities co-ordinator was employed 25 hours a week across five days. We spoke with the co-ordinator who explained volunteers also provided activities to help further improve the social opportunities available to people. Activities were documented within a file so the activities each person had been involved in could be reviewed. Recent activities included trips to the shop, exercises, films, memory games and reminiscence.

We saw one to one activities took place with those who stayed in their room to reduce the risk of social isolation. During the inspection we observed the activities co-ordinator facilitated a chair exercise session and later in the afternoon, played a memory game with people and they responded well.

People and relatives said they were satisfied with the service and had no cause to complain. They said where minor issues had arisen; the registered manager had resolved these. .One person said "If we mentioned any problems, something would be done." Another person said "If there were any concerns, they would look into it and decide whether it was fair." Information on how to complain was displayed throughout the home and also in the service user guide. We saw no formal complaints had been received since the last inspection but felt assured that should they arise they would be dealt with appropriately by the registered manager.

Good

Is the service well-led?

Our findings

People and relatives all said the service provided high quality care and support. They all told us they had no concerns and told us there was nothing that needed improving about the service. One person said "No, you would have to be picky to want somewhere else." A health professional said "This is one of the better homes. [Registered Manager] is knowledgeable about the residents. Residents seem well cared for."

A long established registered manager was in place. They were supported by two deputy managers and senior care workers to ensure management and on call support was always available. The registered manager was very 'hands on' and regularly assisted with care and support. During the inspection we saw they chatted to people, helped with care and ran errands to the shop and local surgery. This helped them keep up-to-date on people's needs and helped them provide oversight of the home.

People we spoke with all knew who the registered manager was and spoke positively about them. One person said "Yes, she's a lovely person." Another person said "Everyone knows her and I don't worry." Staff also praised the management and the way the home was run. One staff member said "Manager is easy to talk to." Another staff member said "Management is fair and responsive." Staff said morale was good and they enjoyed working at the home. One staff member said "Its small (the home) so we get to know residents a lot better, staff are lovely." During the inspection we observed a positive and inclusive atmosphere with staff working well together and providing friendly support and interaction to people.

Systems were in place to assess, monitor and improve the service. This included a range of audits and checks. A senior care worker was responsible for undertaking medicines audits which were done on a weekly and monthly basis. These checked a range of areas of the medicines system. Any actions were discussed with staff who had to sign to demonstrate they had understood the improvements required. Accidents and incidents were audited to ensure appropriate action was taken and to analyse for any themes or trends. Audits were done in a range of other areas including care plans, infection control, health and safety and cleaning. Some of these audits would benefit from an action plan section to clearly define the actions arising. We discussed this with the registered manager who agreed to put in place. Staff meetings were periodically held and these were an opportunity for any quality issues arising from audits to be discussed as well as communicating any changes to the way the service was operating.

People's feedback was regularly sought. People and relatives said the management team listened to them. Much of this was done on an informal basis by regular contact with the management team. Annual quality questionnaires were sent to people and their relatives. We saw the results from the most recent survey in April 2017 were displayed on the noticeboard. This showed all 12 respondents were satisfied with the home and rated the care as 'excellent.' Where people had raised minor areas for improvement, a 'You said, we did' notice explained what the home was doing to further improve. This showed people's views and feedback were used to improve the service.