Langdale Lodge Limited

Langdale Lodge

Inspection report

56 Selhurst Road
Chesterfield
Derbyshire
S41 7HR

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17 July 2018

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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 of Langdale Lodge took place on 17 July 2018 and it was unannounced. Langdale Lodge is a is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home provides care across two floors and has communal rooms that people can use. There are quieter spaces for people to meet families and friends privately and an accessible garden. It is a care home for 27 older people and at the time of our inspection 25 people were living there.

This was Langdale Lodge's first inspection under a new registration. Their registration changed in April 2017.

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. There was also a management team in place who were responsible for the day to day running of the home. They ensured that the systems which were in place to drive quality improvement were completed and actions embedded. They also gained feedback from people who used the service and used this to make changes. There were good relationships with other organisations and professionals.

Staff received regular supervision and training to enable them to do their job well. There were enough staff to meet people's needs promptly and safe recruitment procedures were followed to ensure they were suitable to support people. People were kept safe by staff who understood their responsibilities to detect and report abuse. They had developed caring, respectful relationships with people and ensured their dignity and privacy were upheld.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. They were supported to maintain good health and had regular access to healthcare professionals. Mealtimes were not rushed and people were given a choice of meal. We saw that food and drink was regularly provided and records were maintained for people who were nutritionally at risk. Care plans were regularly reviewed to correspond with changing support needs and they were personalised and accessible.

People were encouraged to pursue interests and hobbies and regular activities were planned. Visitors were welcomed at any time. People knew the managers and felt confident that any concerns they raised would be resolved promptly. There were regular meetings with people and their relatives and surveys were carried out; the feedback was used to improve the home.

Risk was assessed and actions were put in place to reduce it. The effectiveness of the action taken was monitored and regularly reviewed. Lessons were learnt when things went wrong to reduce the likelihood of

it happening again. There were systems in the home to keep it clean and free from infection. Medicines were managed to reduce the risks associated with them and people received them when they needed them.

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.

People were protected by staff who knew how to keep them safe from harm and how to report any concerns. They were supported to take their medicines safely and there were systems in place to store them securely. There were sufficient staff to ensure that people were supported safely. Risks to people health and wellbeing were assessed and plans to manage them were followed. Lessons were learnt when things went wrong to avoid repetition. Safe recruitment procedures had been followed when employing new staff. Infection control procedures were embedded.

Is the service effective?

Good

The service was effective.

Staff received training and support to enable them to work with people effectively. They understood how to support people to make decisions about their care. If they did not have capacity to do this, then assessments were completed to ensure decisions were made in the person's best interest. People were supported to maintain a balanced diet and to access healthcare when required. This was done through close collaboration with other professionals. The environment was designed to meet people's needs.

Is the service caring?

Good

The service was caring.

Staff had developed caring, respectful relationships with the people they supported. People were supported to make choices about their care and their privacy and dignity were respected and upheld. If they could not communicate their choices independent advocates were provided. Relatives and friends were welcomed to visit freely.

Is the service responsive?

Good

The service was responsive.

People and their families were involved in planning their care. Care was reviewed to meet people's changing needs and new plans were devised. People were encouraged to participate in hobbies and interests. Complaints were investigated and responded to in line with their procedure.

Is the service well-led?

Good

The service was well led.

People knew the registered manager well and reported that they were approachable. There were systems in place to drive quality improvement, which the provider had an oversight of. The staff team felt well supported and understood their responsibilities.

Langdale Lodge

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 17 July 2018 and was unannounced. It was completed by one inspector, one assistant 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.

We used information the provider sent us in the Provider Information Return (PIR) to plan the inspection. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. As the PIR had been completed four months before the inspection visit we also ensured that we allowed time for the provider to update us on more recent developments during the inspection visit.

We used a range of different methods to help us understand people's experiences. We spoke with five people who lived at the home about their experience of the care and support they received. People who lived at the home had variable verbal communication and some people were living with dementia. Therefore, we observed the interaction between people and the staff who supported them in communal areas throughout the inspection visit. We also spoke with five visiting families and friends to gain their feedback and to one relative (who was unable to visit) by telephone.

We spoke with the care home manager, the head of care, one nurse, the chef, the activities co-ordinator, one senior member of care staff and four other care staff. In addition, the provider and their health and safety manager, the clinical manager, the assistant operations manager and the activities and wellbeing manager attended the inspection. They also attended the feedback session at the end of the inspection visit.

We reviewed care plans for five people to check they were accurate and up to date. We also looked at systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement. We reviewed audits and quality checks for infection control, medicines management, accidents and incidents, and health and safety checks. We reviewed three staff files to ensure

they were recruited safely and staff supervision and training records to ensure they were receiving enough support.

Good

Is the service safe?

Our findings

People were protected from abuse by staff who understood how to identify signs and report in line with procedures. One member of staff said, "I understand about safeguarding and have had training in it. Information about any safeguarding concerns is shared with us; for example, we may be asked to monitor somebody more closely." When safeguarding concerns had been reported we saw that a thorough investigation had been completed and some actions were taken in response to them; for example, reviewing how detailed daily records were.

Medicines were managed to ensure that people received them as prescribed. We observed that people received their medicines on time and that staff took time to explain what they were. People we spoke with told us they were happy that staff managed their medicines and they trusted them to do it well. The medicines were stored, recorded and monitored to reduce the risks associated with them. When people received medicines which were prescribed to take 'as required' there was guidance in place for staff to know when it was needed.

Risk was managed to protect people from harm. One person we spoke with told us that they were confident that staff understood their particular needs and said they were, "On the ball." When we spoke with staff they talked to us knowledgeably about the risk management systems that were in place. We saw that they were confident in moving people using equipment, that they did not rush people and took time to explain their actions. When some people were distressed and did not want assistance we observed that staff reassured them gently and left them for a while before approaching and trying again.

Some people were at risk of skin damage and were using equipment such as cushions and specialised mattresses to reduce the risk. One member of staff we spoke with told us about changes that had been made to one person's pressure relief because the previous approach hadn't resolved it. They said that the person had a review the previous day and the professional recommendation had altered. This showed us that staff were up to date with any changes to people's risk management. We reviewed records which demonstrated that staff had clear guidance in managing risk and that it was regularly reviewed.

The environment was regularly checked to ensure that it was a safe place to live; including regular examination of the building and equipment, to ensure they were safe to use. We raised some concerns about the integrity of some pressure relief cushions on the day of the inspection because they were worn and one had some tears in it. This could reduce their effectiveness and increase the risk of infection spreading. They were removed on the day of inspection and the provider confirmed that new ones were ordered the day after the inspection visit.

The home was clean and odour free and there were infection control checks in place. People we spoke with reported that they were happy with the cleaning of their rooms. One person joked with us, "The home is kept clean even though I do my best to be untidy!" Another person said, "My room is so clean you could eat off the floor." One relative told us, "The communal areas are always very clean." We saw domestic staff cleaning individual rooms and communal spaces throughout the day of the inspection visit. We also saw staff used

protective equipment such as gloves and aprons, which helped to control the risk of infections spreading. The home had been rated five stars by the food standards agency, which is the highest possible rating. The food standards agency is responsible for protecting public health in relation to food. This demonstrated to us that systems to manage infection were embedded throughout the home.

There were enough staff to ensure that people's needs were met safely. One relative we spoke with said, "I visit a lot and there always seems to be enough staff on duty. I know some better than others and my relative also responds better to some staff. They do try to make sure they are helped by those staff when they can." Another relative said, "There are always enough staff" Staffing levels were planned around individual needs and staff told us they felt the staffing levels were good. One member of staff said, "We do have enough staff and we work well together. Everyone knows what they need to do on a shift and we support each other." We saw that staff had time to spend with people throughout the day of the inspection and were able to attend to them promptly when required.

The provider followed safe recruitment procedures to ensure that staff were safe to work with people. One member of staff told us, "They completed all of my checks and took references before I started work here." We reviewed records and saw that police checks had been completed and the provider had obtained two references to evidence the staff member's experience and good character.

Lessons were learnt from when things went wrong and actions taken to reduce the risk. For example, when people had falls there was a thorough analysis of them and we saw that actions were taken to reduce the risk. Referrals were made to other professionals; new equipment was obtained and additional checks by staff were implemented. This demonstrated to us that the provider was committed to ensuring that actions were taken to reduce the risk of repetition.

Good

Is the service effective?

Our findings

Care and support was planned and delivered in line with current legislation and best practice guidance. Staff understood people's assessments about their needs and were given guidance to assist them to meet them. For example, in the PIR the provider told us, 'Everyone has a nutrition and hydration plan; this identifies any risks associated with poor nutrition, dehydration, swallowing problems and other medical problems. These plans are monitored and reviewed on a monthly basis and relevant professionals and people using the service are involved.' We saw that these were in place for people and when people were at risk there was additional monitoring implemented. This was in line with NICE guidance. NICE stands for the National Institute for Health and Care Excellence and their guidelines are evidence-based recommendations, for health and care in England.

People were supported to have enough to eat and drink. One person told us, "The food is very nice and my favourite meal is bacon and hardboiled egg." Another person said, "The food is good, but I am not a fussy eater." We did have some mixed feedback about the quality of the food and we spoke with the provider about this. They were able to demonstrate the actions they had taken after food surveys were completed with people earlier in the year. For example, they had introduced different meals which people requested, like bread and dripping. This was an ongoing review and they assured us they would follow up on the concerns that some people raised to ensure they met more people's preferences.

People had a choice of meals and desserts offered to them and were able to look at the food to assist them to make their choices. Some people required support to eat and we saw that it was given patiently and with respect. Some people had aids and adaptations to assist them to eat more independently, such as adapted cutlery or plate guards. Staff were knowledgeable about specialist diets that people required and food was prepared to assessed needs. We saw that there was close monitoring of whether people were losing or gaining weight and that records of people's nutritional intake were recorded when they were at risk.

People's healthcare needs were met to ensure their wellbeing. People we spoke with told us they had access to a range of health services such as opticians, dentists and podiatrists. There was a regular surgery with the GP and relatives we spoke with told us they were reassured by that. The nursing staff at the home told us how they worked closely with other professionals to ensure that people's health needs were met. For example, we reviewed records with a nurse which showed the collaborative approach they had with the tissue viability team. They said, "We have taken photos and sent reports and we then speak with them on the telephone to discuss other approaches as well as organising personal consultations." This demonstrated to us that the staff team worked effectively across organisations to ensure that people's needs were met.

People were supported by staff who were skilled and knowledgeable. One relative we spoke with said, "The staff are very good and do know people really well." One person told us, "They are all great." Staff confirmed that they received regular training and supervision to be able to do their job well. One member of staff said, "I have done lots of training; recently it was advanced dementia and managing behaviours that challenge. It was really useful to get us thinking of how we approach people and give them time to understand." We saw

that staff used this to help people when they were distressed; for example, one person was anxious when asked if they wanted to move into a chair. We saw staff leave them for a short time and then approach differently engaging the person in conversation and putting them at ease so they were happy to do it. This showed us that staff were able to use their training to provide people with individualised support.

There was a planned induction for new staff. One member of staff told us that they felt very well supported in starting their job. They said, "I did some training sessions and then spent time with the team leader to make sure I knew all about the people before I worked on my own." Another member of staff said, "I have done some shadow shifts and now I am supporting people who need two staff to make sure I am not on my own until I am fully confident."

The Mental Capacity Act 2005 (MCA) provides the 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 capacity to take particular decisions, any made on their behalf must be in their best interests and least restrictive as possible. People told us that staff always explained care to them and asked them for permission. We saw and heard this throughout the inspection. When people did not have capacity to make their own decisions there were systems in place to make them in their best interest. There were specific capacity assessments and relatives and other professionals had also been consulted when appropriate.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the MCA, and whether any conditions are authorisations to deprive a person of their liberty were being met. DoLS authorisations were in place when people did have restrictions in place that they could not consent to and we saw further applications were in process.

The environment was accessible and met people's needs. There was quieter space for people wo liked that environment or for families to visit more privately. People could go out to an accessible garden. There was signage and direction around the home to assist people to orientate. One member of staff also told us that there had been purchases of pictures and soft furnishings recently to make it more 'homely.'

Good

Is the service caring?

Our findings

People had caring, kind relationships with the staff who supported them. One person told us, "The staff care about getting things right, which is good. They are very good; polite, friendly and all the good words I can think of." A relative we spoke with said, "My relative gets on with all the staff. They are always chatting with them." We saw warm interactions between staff and the people they supported. They had conversations which showed that staff knew about people's past lives and their family situations. Staff we spoke with told us how much they enjoyed their work and cared for the people they supported. One member of staff said, "This is the first job I have ever felt comfortable in and I look forward to coming to work."

People were involved in making choices about their care. One person told us, "The staff always ask me how I want things done and are very careful with how they do my care." We saw that people were asked what they wanted to do throughout the day and were supported to do so. For example, people chose to sit with friends in the main lounge and others chose to spend time in their own rooms.

Dignity and privacy were upheld for people to ensure that their rights were respected. When people required personal assistance, they were spoken with discreetly and asked if they needed help. One relative told us, "The staff respect privacy. They always knock and always ask my relative before providing personal care." Another relative said, "I can't fault the staff and yes absolutely they always treat my relative with respect." One member of staff confirmed by saying, "I always make sure that the door is closed when I am caring for someone in their room." We saw that people were well-dressed, and well-presented. One member of staff told us they hold a 'pop-up shop' at the home sometimes for people to browse and purchase clothes, jewellery and accessories and there had been one the day before the inspection visit. This showed us that the provider understood the importance of people's presentation in maintaining their dignity.

Relatives and friends were welcome to visit freely and we saw friendly interaction with staff when they did. Staff assisted those who wanted to see their relatives in private spaces. Relatives told us that staff were friendly and respectful towards them, offering them drinks on arrival and often updating them on their relative's wellbeing during the visit.

Good

Is the service responsive?

Our findings

People were given the opportunity to pursue their interests and hobbies and they were encouraged to engage in a diverse number of activities on offer. There was a dedicated member of staff who completed assessments about people's previous interests and experiences; recorded on a document called the 'map of life.' The member of staff described how this process had been successful in engaging one person. They said the person had previously been a keen gardener and so they had organised for a raised bed to be installed. The person now grows a range of vegetables and they talked to us proudly about their garden and their plans to plant roses and a cherry tree. They also explained that they took primary responsibility for the care of the pet rabbit who they spoke about with affection and care.

Another person told us how staff had been proactive in assisting their rehabilitation through participation in kick boxing. A qualified instructor visited once a month and the person said, "I enjoy it is good for me. I can now move my arm and leg more." A member of staff who had been involved in organising the activity told us that the person had written and published an article about their participation in this for the provider's magazine. This demonstrated to us that thought was given to design individual activities and success was then celebrated.

People were encouraged to make choices about activities and outings. The member of staff told us that music and singing were popular and we saw that a singer entertained people in the communal area on the day of our visit. We observed staff checking that people were comfortable during the session and one person was given individual support throughout to ensure they enjoyed it. People also told us about individual activities such as playing games or visiting local shops and cafes.

People were supported by staff who knew them very well and understood their preferences and interests. One relative we spoke with said, "The staff here understand what is important to [Name] and have worked with me to plan their care." Staff we spoke with were aware of people's needs and talked to us confidently about their care and support. One member of staff said, "We have a handover at the beginning of each shift where we discuss important things for people; for example, nutrition and mobilisation. If we have a new person move in we keep them on the handover for a week so that we can maintain a close eye on their needs to help with the assessment." We reviewed records of handover meetings and saw that they were detailed and personalised.

Staff understood people's diverse needs and ensured they were met and that people did not suffer any discrimination in line with their protected characteristics. For example, one person used assistive technology to communicate. They explained to us that staff used it to ensure they were happy with their care. The staff asked verbal questions and the person responded in writing. They also communicated to us that information was shared with them in writing. We saw that other information in the home was displayed on posters, including some with pictures and symbols. This demonstrated to us that the provider complied with the Accessible Information Standard (AIS) which was introduced to make sure that people with a disability or sensory loss are given information in a way they can understand.

Care plans provided staff with detailed information on how to meet people's needs in a personalised manner. We saw that they were regularly reviewed and amended when required. They included information about people's wishes for the end of their life, including decision's around whether people wanted active resuscitation. There was nobody receiving end of life care at the time of our inspection.

There was a complaints procedure in place that people and their relatives felt confident to use when needed. One person told us, "If I have ever needed to raise a concern I have been fully satisfied with the outcome." A relative said, "I would speak with the manager if I had any concerns, but I have never needed to complain." We reviewed records and saw that when the provider did receive complaints, they were responded to in line with their procedure.

Good

Is the service well-led?

Our findings

There was a registered manager in post, who held the position of operations manager in the organisation. They were not available on the day of inspection but there was a management team in place who were responsible for the day to day running of the home. This included a care home manager and a head of care. The provider told us that it was their intention for the care home manager to become the registered manager in the near future. All of the people and relatives we spoke with knew the care home manager and head of care well and said that they were approachable.

Staff felt that they were well supported and able to develop in their role. One member of staff told us, "All of the managers are really supportive. They are lovely and will drop what they are doing to help you or talk to you." Staff were clear about their roles and responsibilities; for example, there was a team leader in post who explained their responsibilities which included making sure checks, like people's weights, had been completed.

There were quality audits in place to measure the success of the service and to continue to develop it. Monthly checks were completed by operational managers, including the registered manager and one member of staff told us that there were no outstanding action points at the time of the inspection. There was also specialist support for the home's managers through the provider's health and safety manager, the clinical manager, and the activities and wellbeing manager. They all had responsibility to audit and check aspects of the home and the care people received.

The provider gained feedback from people who used the service and their relatives to ensure that their approach to quality improvement was effective. They held regular meetings and sent out surveys. The results of these were displayed in a communal area. For example, when asked about whether people felt their privacy, respect and equality and diversity needs were met 30% said they strongly agreed in 2017 (and 69% said they agreed) and this had increased to 60% in 2018 (with 40% agreeing). Similarly, the food survey at the beginning of 2018 had demonstrated that 88% of people thought the food was good or very good. Alterations had been made to the menu on the suggestion of the people who didn't think it was good. This demonstrated to us that the response of people and their relatives was important to the provider and drove changes in the service.

There were links with other agencies and professionals to ensure that people's needs were met effectively and information was shared when needed. There were regular meetings with other professionals to ensure a joined-up approach to people's support. The provider also told us that they now received an enhanced payment from commissioners for meeting all of their quality standards. This was confirmed to us by the commissioners and demonstrated a collaborative approach.

The registered manager understood the responsibilities of their registration and ensured that we (CQC) received notifications about important events so that we could check that appropriate action had been taken.