Langdale House Limited

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Inspection report

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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

This inspection was unannounced and took place on 16 October 2018. This was the first inspection of the service since the provider changed in April 2017.

Langdale House 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.

Langdale House is registered to provide residential and nursing care for up to 31 older people living with dementia and / or physical disability. The home is on two floors with a passenger lift for access. There is a dining room, lounge and conservatory and an enclosed garden. On the day of our inspection visit there were 28 people living at the home.

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.

Staff treated people with kindness, respect and compassion. They continually engaged with people and most shared conversation with them as they went about their work supporting people. From people's reactions and responses, we saw that this contributed to a relaxed and friendly atmosphere at the home.

The staff team was established and people had the opportunity to get to know the staff supporting them. Staff were knowledgeable about the people they supported and used information about their life histories to enhance their daily lives. For example, staff helped a person to enjoy their favourite music.

Staff understood the importance of supporting people to express their views and be actively involved in making decisions about their care and support. People chose what time they got up and when to go to bed and where they had their meals. Staff respected people's privacy, dignity and independence.

People told us they felt safe at the home and staff were knowledgeable about how to keep them safe from accidents and incidents. People had risk assessments in place which staff followed to increase their safety. During our inspection we saw staff providing people with safe and appropriate assistance to make their way around the home.

Staffing levels were safe. People did not have to wait if they needed support including during the busiest time of the day when people were supported to have their lunch. Records showed staff were safely recruited, in line with the providers' staff recruitment policy, to ensure they were safe to work with people using care services.

The registered manager carried out audits of the home and acted to ensure the premises and equipment were safe to use. All areas of the premises were clean and fresh.

People's cultural needs were met and staff had a good understanding of equality and diversity and how to provide non-discriminatory care and support. Staff had the training they needed to provide effective care. All staff completed a range of training courses including health and safety, moving and handling, and safeguarding. The providers and managers were keen for staff to develop their skills and arranged training that was relevant to the needs of the people living at the home.

People told us they enjoyed their meals at the home and had a varied diet and choice. If people had any dietary requirements or preferences staff ensured these were met. People were referred to dieticians if they needed specialised support with their nutrition and records showed staff followed their advice.

People saw GPs and other healthcare professionals when they needed to. Staff worked closely with visiting health care professionals to ensure people's healthcare needs were met. Staff were trained in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards and understood the importance of people consenting to their care and support.

Activities were central to people's lives at the home and the providers had invested time and resources into ensuring people had varied opportunities for exercise, hobbies, and entertainment.

The home was well-led and staff said they had confidence in the providers and managers to support them to deliver high-quality care. The provider carried out annual surveys to find out what people, relatives, visiting professionals and staff thought of the home and whether any improvements were needed. The survey results showed a high level of satisfaction with the service.

There were effective systems in place to monitor the quality of the service. These included a series of audits carried out by the registered manager or, in their absence, a support manager. The audits covered all aspects of the home. An area manager ensured that audits were carried out effectively. Records showed that the home's audits led to improvements being made where necessary.

The staff worked closely with the local authority, the NHS, and other health and social care professionals to ensure people's needs were met.

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 from the risk of harm and staff knew how to provide them with safe care and support.

Trained staff ensured people had their medicines when they needed them.

The home was clean and hygienic and staff understood the importance of following health and safety policies and procedures.

If accidents or incidents occurred staff learnt from these and acted to improve people's safety.□

Is the service effective?

Good

The service was effective.

People's needs were assessed before they came to the home.

Staff had the training they needed to provide effective care. Staff were supported to improve their practice.

Staff supported people to maintain their health and well-being and ensured their nutritional needs were met.

Staff understood the principles of the Mental Capacity Act 2005 and people's right to make decisions about their care and support.

Is the service caring?

Good

The service was caring.

The staff treated people with kindness, respect and compassion, and gave them emotional support when they needed it.

Staff respected people's privacy, dignity and independence and supported them to express their views and be actively involved in making decisions about their care.

Is the service responsive?

Good

The service was responsive.

People received personalised care that was responsive to their needs.

A complaints policy was in place and people knew how to complain if they needed to.

Staff supported people at the end of their lives to ensure they were comfortable and pain-free.

Is the service well-led?

Good

The service was well-led

The home was well-led and staff had the support, knowledge and skills they needed to provide good care.

Feedback from people, relatives, health and social services visitors was used to drive improvements.

The providers and managers carried our regular audits to review the quality of care provided and worked with other agencies to ensure people's needs were met.

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Detailed findings

Background to this inspection

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

This inspection was unannounced and took place on 16 October 2018. It was carried out by an 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. Our expert by experience had experience of services that provide care and support for older people some of whom are living with dementia.

We reviewed information that we held about the service such as notifications, which are events, which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies.

We sought feedback from the local authority that paid for the care of some of people who used the service.

During this inspection we spoke with seven people, six relatives, a visiting health care professional, and a visiting social care professional. We spoke with the registered manager, a support manager, an area manager and the provider's lead activities co-ordinator. We spoke with two care workers.

We looked at two people's care records to see if they reflected the care provided. We looked at other information related to the running of the service including quality assurance audits, staff recruitment and training information. We looked at how medicines records were managed and how complaints were dealt with.

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.

Good

Is the service safe?

Our findings

People told us they felt safe at the home. One person said, "I certainly feel safe here. We always have someone [staff] around." Another person told us, "Of course I feel safe! There is nothing to worry about."

Staff were knowledgeable about how to keep people safe and knew the signs of possible abuse and who to report them to. One staff member told us, "I would recognise changes in a person's behaviour and if they were worried. We would notice if a person had bruising and would report it." Staff knew how to raise concerns using the provider's incident reporting procedures. They were confident that if they raised concerns they would be taken seriously by the registered manager and senior staff. They also knew they could raise concerns directly with the local authority adult safeguarding team and the Care Quality Commission (CQC).

Records showed that if a safeguarding incident occurred staff took appropriate action in response. For example, following a recent incident where a person had an unwitnessed fall resulting in serious injuries, the appropriate authorities were informed and a referral made to a mental health team. In addition, the person's risk assessments and care plan were reviewed and their medication was reviewed to minimise potential risks.

People had risk assessments in place where necessary. For example, some people were assessed as being at medium and high risk of falls when walking. To reduce this risk staff ensured that people had equipment to help them walk safely. A person told us, "I have never fallen, not here. I have my walking frame." People at risk of falls had fall mats and sensors which triggered an alarm that alerted staff when people were moving in their rooms. People had call alarms in their rooms and communal areas they could use if they felt unsafe or required assistance.

During our inspection we saw staff providing people with safe and appropriate assistance to make their way around the home either by supporting them to walk or supporting them in their wheelchairs. Staff used safety equipment such as hoists to transfer people, for example from bed to chair or from chair to wheelchair. People told us they felt safe when they were supported in this way. Staff had received training to use the equipment which was safe to use because it was serviced in accordance with the manufacturer's instructions.

The provider had up-to-date health and safety policies and procedures in place. These included personal evacuation plans for people in the event of an emergency.

People said they were satisfied with the staffing levels at the home. One person told us, "When I use my call bell carers will respond as soon as they are able to." During our inspection visit we heard call bells being used and saw that staff arrived in less than a minute to make sure the person was safe. We also saw that all areas of the home were well-staffed and people did not have to wait if they needed support. We saw staff spending time having conversations with people and they did not rush when they supported people. A social care professional who was visiting the home told us, "There are good staffing levels here." Staff told us

they thought the staffing levels were good. One staff member said, "There are enough staff working here. We all work together really well."

The registered manager calculated staffing levels depending on people's needs. If people required more than one member of staff to support them with personal care or other activities this was made clear in their care plans which staff followed. A staff member told us, "Two staff will always support a person when we use a hoist." Records showed staff were safely recruited, in line with the provider's staff recruitment policy, to ensure they were safe to work with people using care services. The service employed nurses who maintained their professional registration with the Nursing and Midwifery Council.

Staff managed people's medicines safely and ensured they had them at the right time. Medicines were administered only by trained staff. A person told us, "The staff help me with my medicines. I know what my medication is for." Medicines administration records we looked at showed that people had their medicines at the right time. People who requested medicines for pain relief on a PRN (as required) basis were given them when required. People had PRN protocols which instructed staff how these medicines should be administered. This ensured that PRN medicines were used safely.

Medicines were kept securely in a locked room and stored according to manufacturer's recommendations. Medicines that were unused or no longer required were safely disposed of under arrangements made with the supplying pharmacist.

All areas of the premises were clean and fresh. A person told us, "My room is spotless." The home's up-to-date infection control policy set out the roles and responsibilities of different staff members regarding infection control and these had been followed. Staff understood the importance of thorough hand-washing and used aprons and gloves when they needed to.

Lessons were learned and improvements made when things went wrong. When necessary disciplinary procedures were used. For example, the provider took appropriate action when a staff member breached the provider's data protection policy.

Good

Is the service effective?

Our findings

People had their needs assessed before coming to the home to ensure they could be met. The assessment covered people's nursing and personal care needs and preferences. When people came to the home with pre-existing injuries staff completed a body map and report about the injury. For example, a person came to the home with a pressure ulcer. Staff were immediately aware of this and able to write a care plan ensuring the person received effective care.

The assessment also recorded people's ethnic origin, first language, and religion, and any cultural needs they might have relating to these or any other areas in their lives. Staff had a good understanding of equality and diversity and supported people with their beliefs. For example, people with faith needs were supported to attend religious services or receive visitors from their faith group. A person told us this was important to them.

Staff had the training they needed to provide effective care. This included a two weeks induction, followed by a period of shadowing more experienced staff. All staff completed a range of training courses including health and safety, moving and handling, and safeguarding. Managers made sure staff understood their training by carrying out informal competence checks when they asked staff questions and used scenarios to ensure they understood their responsibilities and the policies and procedures that were in place.
Staff told us that their training had supported them to carry out their roles. A staff member told us, "My training helped me a great deal. The training about dementia was very effective. The training also helped me to understand people's medical conditions."

People told us that they felt staff were well trained. A relative told us that staff provided good care; they said, "Hand on heart my [family member] is really well looked after." Two GPs who participated in the provider's survey of health and social care professionals praised the staff. One wrote the staff were "Knowledgeable" and the other wrote, "The manager and nurse on duty gave me comprehensive feedback for several clients that I came to review." Another health professional wrote, `I feel very happy that the care patients receive is excellent. Staff knowledge is excellent.' People could be confident that they were being supported by staff who understood their needs.

People told us they had a varied diet and enjoyed their meals. People with communication difficulties were supported to make informed choices about what they ate. For example, staff showed them a range of plated meals which made it easier for them to indicate which one they wanted. People had enough to eat and drink. A person said, "I can always ask for some more if I want" and another person told us, "I always have a drink when I want."

If people had any dietary requirements or preferences staff ensured these were met. Some people needed to have their food softened or pureed, others required their food to be cut into small pieces. This protected those people from the risk of choking. People who required support with eating received that support. We saw staff supporting people in line with their care plans when they verbally encouraged people to eat. For example, a person's eating and drinking care plan said `Clear communication is essential for [person] to

ensure that they can process information'. The staff member supporting the person explained what the meal was and how they would support the person to eat it. They offered the person verbal encouragement and praise as they ate their meal.

The amounts of food people ate were recorded shortly after people finished their meals. This meant that staff kept accurate records of what people had to eat and drink so those at risk of malnutrition could have their intake monitored.

People were supported to see their GP and other healthcare professionals when they needed to. The service arranged for GPs to visit the home regularly to review people's needs. People told us they had been visited by GPs, opticians and dentists. When people had suffered an injury, staff arranged for paramedics to attend.

The premises were designed to suit people's needs. People had a choice of communal areas where they could sit including a 'quieter' area. A person told us they enjoyed where they sat. They said, "I love this place, I can look through the window and see the outside and people moving about." People told us that they liked being able to choose where they had their meals because they did not have to always use the dining area. A person told us, "We can have meals at the table or where ever you want." We saw people having their lunch where they preferred, for example in the dining area, in lounges or in their rooms.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 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 the Deprivation of Liberty Safeguards (DoLS).

Some people had restrictions on their liberty authorised by the local DoLS team and their care plans included instructions to staff on how to support them in line with these. For example, if a person was unable to leave the premises unaccompanied due to risk this was authorised by the DoLS team to ensure people were being cared for lawfully.

Staff were trained in the MCA and DoLS and understood the importance of people consenting to their care and support. Care plans stated that staff must always 'seek consent for any task before starting' and advised them how best to do this depending on the way the person best communicated. A person told us, "They always ask for consent and offer choices." Another person said, "No one makes me do anything I don't want." During our inspection we saw staff asking for people's permission before they assisted them. This meant staff were working within the principles of the MCA and seeking people's consent to care and treatment in line with legislation and guidance.

Good

Is the service caring?

Our findings

Staff treated people with kindness, respect and compassion. One person said, "This place is very caring, it's full of smiles." A relative told us, "I visit often, at different times, so I see it as it is. The staff are very caring, they are all angels."

We saw staff continually engage with people to show they mattered to them. A staff member took the home's pet rabbit to people and it was evident from people's reactions that they enjoyed this. The staff member told us, "The rabbit calms people. They love it." The rabbit had been introduced into the home to see if people would enjoy it. The provider's activities manager later evaluated the success of the initiative and people's feedback was unanimously positive. People's comments included, "I love to cuddle and stroke the rabbit and "It makes everyone happier."

Staff were attentive to people's needs. After a person had sat alone for a few minutes a staff member took them a magazine to read. The person responded by looking through the magazine and singing. People told us that staff showed they were genuinely caring towards them by making an effort to get to know them. A person told us, "They have got to know me well, they know what I like." A relative told us that staff knew what was important to people. They said, "The staff support [person] to look well, brush their hair and give a pedicure. It's important to [person] that they look well."

Staff knowledge of people and what they liked added quality to people's lives. A person told us that staff brought them books to read after they told staff they liked reading books. These examples showed that staff respected people's preferences.

Records showed that people, and their relatives, were routinely involved in care planning. This was confirmed by what people told us. A relative said, "I'm involved in decisions and in the six-monthly reviews [of care plans]. This adds to my very positive experience of the home." They explained that their involvement meant that staff knew what was important and mattered to the person using the service and they experienced the care and support they wanted.

Relatives of people who lacked mental capacity to make decisions told us they were involved. One relative told us, "We are involved because my [person] does not always know what to do or choose." Relatives were confident that their family members experienced the care and support they needed. A relative said, "Because we get involved we know what's going on."

People told us staff respected their privacy and dignity. We saw this happening. For example, when staff supported people to eat they did so discretely so as to not attract the attention of others and they did so with kindness and respect. Staff did not intrude on people's privacy when they moved to a quiet area but they ensured they were comfortable. We saw that when staff went to people's rooms they knocked before entering. A person told us that routinely happened. When people had visitors, they could spend time with them in the privacy of their rooms. The service placed no restriction on relative's visiting times.

Staff respected people's independence by respecting their choices to perform aspects of personal care themselves when they wanted. A person told us they appreciated this. They said, "Sometimes I want to wash myself, other times I prefer the staff to help me." Another person told us, "The care is the way I like all the time" and another person said, "They help me be as independent as possible." A relative told us, "I have never seen anyone being stopped or discouraged from doing something."

Staff understood the importance of treating people respectfully. Promoting dignity was covered in training and in supervision meeting and staff meetings. The registered manager carried out observations of how staff supported people. A person told us, "I'm assisted with personal care in a discreet way. My privacy is always respected." Another person said that they were never rushed by staff. They said, "I can always ask for some more if need." The service's promotion and practice of dignity in care was recognised by the local authority who awarded Langdale House a 'Dignity in Care' certificate.

Good

Is the service responsive?

Our findings

People's care plans included information for staff about how people needed to be supported, their preferences and likes and dislikes. Staff were familiar with people's care plans. They knew, for example, when people wanted to wake up or go to bed at night, what they liked to eat and drink and about their hobbies and interests. A person told us, "The staff are interested in my life." We saw staff use that knowledge. They knew which people were comforted by having the pet rabbit to interact with; they knew what books or magazines people liked to read and they provided people with those.

The care plans we looked at were up to date and comprehensive. They included a description of people's daily care needs and, where relevant, food and fluid and re-positioning charts so staff were clear about when a person needed support and could record when they provided it. Care plans were read by staff. They told us they found the care plans to a valuable source of information about people. People's detailed preferences were respected. Health and social care professionals who had participated in a survey reported that staff had excellent knowledge of people's care needs.

A person had experienced an outstanding outcome because of the care and support they received. For many years they had been wholly dependent on a variety of services for everyday support. Staff involved the person in their care plan and supported them to increase their confidence and independence through increased participation in social and recreational activities. This showed the service's commitment to ensuring that all people's human rights were respected.

The provider, registered manager and staff looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given.

People were supported to have information available to them in an easy read or large print format if this was their preference, or if this was not available staff communicated information to people so they could understand it. For example, when some people were offered a choice of meals they were shown plated meals to assist them in choosing.

Activities were central to people's lives at the home and the providers had invested time and resources into ensuring people had varied opportunities for exercise, hobbies, and entertainment.

Regular activities included `kickboxing sessions' people could do whilst seated. This activity promoted physical activity. Other activities included visiting entertainers and weekly visits by a hairdresser which we saw were very popular. People were also supported to attend activities in the local community.

The provider worked with a local school nursery to organise weekly visits by children so that they and people at Langdale House could share inter-generational activities. A visit by 11 children occurred on the

day of our inspection. It was evident that the activity was tremendously enjoyed by all those present. People and children sang together, played games and exchanged stories. A staff member told us, "A person comes out of themselves with the children. Normally they are quiet but they love to play and sing with the children." People had reported through the provider's survey that they valued this activity.

The service had introduced 'doll therapy' for people with dementia. The dolls were realistic. This provided people living with dementia with tactile and sensory comfort and was known to reduce anxiety.

The activities provided demonstrated a creative and innovative approach and an awareness of the latest research and ideas about activities for people in residential homes. A visiting professional told us that the provider "Very good at thinking outside of the box." We were informed after our visit that the local council had nominated the home's activities co-ordinator to receive an award for the work they did. The awards ceremony was to take place on 14 November 2018.

At the time of our inspection a small number of people were receiving end of life care. Staff supported people who were at the end of their lives so they remained comfortable, dignified and pain-free. They worked closely with healthcare professionals to ensure people's needs were met. People's wishes for how they wanted to be cared for were in their end of life care plans so staff were aware of these.

The local authority that funded the care of some of the people had awarded Langdale House a 'gold star' Quality Assessment Framework certificate in August 2018 for the quality of personalised care provided by the service.

People and relatives told us they would speak to staff if they had any concerns about the home. A person told us that staff were always checking to see if people were happy with the service. People and relatives we spoke with told us that whilst they had not had to raise any concerns they were confident that if they did they would be listened to.
The home's complaints procedure was displayed in the reception area. Complaints were acted upon and if necessary apologies were made and actions taken to reduce the risk of matter complained about happening again.

Good

Is the service well-led?

Our findings

People, relatives and staff consistently told us that the home was well-led. They told us the registered manager was approachable.

A staff member told us, "The home is well run. The manager is very approachable and senior managers come often." Another staff member felt motivated to join the service by what they had seen of the home. They told us, "I had a good feeling about the home. I wanted to give something back [to older people] and this was the right place to do it." Staff responses to a staff survey were consistently positive. One staff member wrote, `I feel proud to work at Langdale House. I would recommend it as a place to work. The manager listens, encourages staff to make suggestions to and to get involved. There is open and honest communication. I'm confident in leadership who have communicated a vision for the future that appeals to me.'

Staff were motivated and their efforts were recognised and were rewarded through 'employee of the month' awards. Staff believed in the provider's values of `care: honesty, involvement, compassion, dignity, independence, respect, equality and safety'.

Information about the provider's complaints, whistle-blowing policies and independent advocacy services people could approach if they wanted support with a concern were clearly displayed in reception. People and relatives therefore had access to information about where to go for advice and support. The home's CQC rating from a previous inspection was displayed. These were examples of the home's open and inclusive culture.

The provider and registered manager carried out regular surveys to find out what people, relatives, and professionals thought of the home and whether any improvements were needed. The surveys included questions that asked if people were safe, treated with dignity and respect and had their care needs met. The questions were designed to ensure that the provider would be able to understand about people's experience of the service and identify where improvements could be made. People's responses in the surveys were overwhelmingly positive but the provider still sought to improve the service. For example, people's positive responses about the quality of activities they enjoyed spurred the provider to continually explore introducing more high-quality activities such as the inter-generational visits by children from a local nursery.

Surveys for visiting professionals resulted in unanimously positive feedback about the quality of staff and the care they provided.

There were effective systems in place to monitor the quality of the service. These included a series of audits carried out by the registered manager and support manager covering all aspects of the home. For example, there were audits of people's dependency levels which were used to check that enough staff were on duty. Audits of staff record keeping about medicines administration, how much people ate, drank and their weight and other aspects of their care ensured that records were accurate and reliable.

Audits were used to identify actions that would improve people's safety. For example, falls and incidents audits ensured that people's risk assessments were reviewed and measures put in place to reduce the risk of future falls and injuries. The results of the registered manager's and support manager's audits were checked by the area manager. They carried out their own checks to assure the provider that high standards of care were being maintained.

The registered manager was aware of their regulatory responsibilities, for example notifying CQC of events at the service. This meant we could monitor the service.

The registered manager and staff worked closely with the local authority to improve the service. Their efforts meant that improvement was made and embedded so that people consistently experienced safe, effective, caring and responsive care. The 'inter-generational' link with a local nursery and links with organisations in the local community meant the service was an active part of that community, for example hosting social events such as summer fetes.