

Four Seasons (Bamford) Limited

Langley Park Care Home

Inspection report

Front Street
Langley Park
Durham
County Durham
DH7 9YY

Tel: 01913735599

Date of inspection visit:
05 February 2020
06 February 2020

Date of publication:
17 April 2020

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

About the service

Langley Park care home is a residential care home providing personal care to 41 people aged 65 and over at the time of the inspection. Nursing care is not provided. The service can support up to 46 people.

People's experience of using this service and what we found

People felt safe and secure living in the home. People and their relatives were very happy with the service and had good relationships with staff members. There was a warm and welcoming atmosphere.

There were enough staff to meet people's needs. Safe recruitment procedures were followed. Medicines were managed effectively. Staff followed infection prevention and control guidelines. The premises were well maintained, clean and tidy.

People were supported by kind and caring staff. People and relatives said the quality of care was excellent as people were treated with respect and valued as individuals. Professionals gave us excellent feedback about the service.

Staff sought people's consent before providing care and support. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People received personalised care that was responsive to their needs and preferences. Relatives told us this improved people's wellbeing. Staff knew people's needs well. People and relatives knew how to raise concerns but nobody we spoke with had any. There were a wide range of activities for people to enjoy both inside the home and in the local community.

People and relatives felt the service was well managed. An effective quality assurance process was in place. People and relatives were regularly consulted about the quality of the service via meetings and surveys. Staff were involved in the ongoing development and improvement of the service through regular meetings.

There was a positive culture and ethos at the service which was driven by the management team. The registered manager led by example and actively promoted responsive care which improved people's quality of life.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was outstanding (published 24 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Langley Park Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one 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.

Service and service type

Langley Park 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 service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with 12 people who used the service and eight relatives about their experience of the care

provided. We spoke with the registered manager and 11 staff members which included the deputy manager, two senior care assistants, three care assistants, two members of kitchen staff, one member of domestic staff, the administrator and the maintenance person. We spoke with three health professionals.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe and were very happy with the care provided. One person said, "I feel very safe here. Since I've come in here, I feel more relaxed." Another person told us, "I feel safe because there's always somebody there."
- People were protected from the risk of abuse. Staff received safeguarding training and knew how to recognise and report any concerns.
- The provider had systems in place to protect people from harm. The registered manager understood their responsibilities and any concerns were acted on appropriately.

Assessing risk, safety monitoring and management

- Risks to people's safety and welfare were identified and managed. People's care plans included risk assessments about individual care needs. This information supported staff to care for people safely.
- Fire drills happened regularly. Each person had a personal emergency evacuation plan (PEEP) which contained details about their individual needs.
- Regular planned and preventative maintenance checks were up to date.

Staffing and recruitment

- There were enough staff to meet people's needs and keep them safe. Staff were visible supporting people around the home and call bells were answered quickly.
- Recruitment procedures were safe and thorough.

Using medicines safely

- Medicines administration records showed people received their medicines regularly.
- Staff were trained in handling medicines and a process was in place to make sure each staff member's competency was assessed.

Preventing and controlling infection

- The home was clean and there were no unpleasant odours.
- Staff were provided with and used personal protective equipment.

Learning lessons when things go wrong

- The provider had systems in place to support the learning of lessons if things went wrong.
- Accidents and incidents were recorded and reviewed to look for trends. This included looking at actions to reduce the risk of recurrence.

- Information was shared across the organisation and discussed in staff meetings to support learning and promote good practice.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff were trained and had the appropriate skills to care for people. They completed regular training to keep their knowledge up to date.
- Staff felt supported in their roles. They received regular supervisions and an annual appraisal.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Comprehensive assessments of each person's needs were completed before a care placement was agreed or put in place, to ensure the service could meet people's needs. This was carried out in line with best practice guidance.
- Following the initial assessment, all risk assessments and individual support plans were developed with the person and their representative where appropriate. These were regularly reviewed and updated.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to have enough to eat and drink. Meals were nutritious, appetising and well presented. People enjoyed their meals and told us if there was anything they wanted, they only had to ask.
- There were enough staff to support people to eat safely. The meal time experience was pleasant and relaxed.
- Staff had a good understanding of people's nutritional needs. Where people were at risk of poor nutrition, plans were in place to monitor their needs closely and professionals were involved where required. Where people required their food to be prepared differently, for example, because of problems with swallowing, this was catered for.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

- People were supported with their oral health needs and access to dentists.
- People were supported to attend medical appointments. Advice from health professionals was added to care records and followed appropriately.
- Staff understood people's healthcare needs and acted quickly when they recognised changes in people's health.

Adapting service, design, decoration to meet people's needs

- The premises were designed to offer people choices about where they spent their time.
- People's bedrooms were personalised. Communal lounges and dining areas were comfortable and had a

homely feel.

- There were visual and tactile items on display to engage people living with dementia and to help people to find their way around the home.

Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- The provider was working within the principles of the MCA. People's capacity to make specific decisions were assessed; best interest decisions were made on their behalf if they lacked capacity.
- The registered manager monitored people's DoLS applications to ensure no one was unlawfully restricted.
- Staff sought consent before supporting people and encouraged people to make daily choices and decisions.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as outstanding. At this inspection this key question is now rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Without exception, people and their relatives told us staff were kind and caring, and the standard of care was high. Comments included, "The staff are great, you couldn't get better staff, "I'm happy and very contented. I love it here" and "It's a wonderful place."
- Relatives spoke positively about the staff team. Comments included, "The staff are all lovely and very friendly," "Staff are absolutely brilliant, second to none" and "They're all very caring. When I came in to get [family member's] clothes when they were in hospital, the staff practically knocked me over asking how they were."
- Health professionals gave us excellent feedback. One health professional told us, "The care is fabulous here. The staff genuinely care about the people here. The staff are so lovely and always treat people as if they were their own. They're always looking for ways to improve to give the residents the best care."
- Interactions between people and staff were relaxed. People knew staff well and we saw them chatting, smiling and showing affection. Staff showed an interest in what people were doing. When people showed signs of anxiety staff were patient, reassured them and engaged them in activities which reduced their distress.
- Staff were keen to ensure people's rights were respected and were aware of their cultural and spiritual needs.

Supporting people to express their views and be involved in making decisions about their care

- People felt involved and were able to express their views. People were encouraged to make decisions about their day to day routines and express their personal preferences.
- People and their relatives were involved in care planning.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was considered and upheld by staff. Staff knocked on doors and waited for a response before entering.
- People's independence was respected and promoted. Some people preferred to do some aspects of their personal care. People said staff respected their independence and provided support when needed.
- People were supported to maintain relationships with those close to them. Relatives were made to feel welcome.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as outstanding. At this inspection this key question is now rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff were responsive to people's needs which had a positive impact on people's wellbeing. One person said, "Since I came here, I feel more relaxed. I've put weight on since I've come in and people who have visited me say I look like a different person. I'm more content here because I get so well looked after." Another person told us, "I must tell you [registered manager] has turned my life around. Before I was depressed and didn't want to do anything. But [registered manager] has helped me to go out shopping and visit my daughter which is marvellous."
- People received person-centred care. One relative told us, "They treat people as individuals. [Family member] has dementia but they're still an individual and the staff always respect that."
- People were encouraged to make choices about their day to day care. Staff supported people to follow their preferred routines for daily living.
- Care plans were person centred, up to date and reviewed regularly. People's care needs were clearly set out and included guidance for staff about how to support people with their specific needs.
- People's care plans had information about their previous occupations, interests and lifestyle choices. This helped staff to understand what was important to each person and plan their care and support accordingly.
- The registered manager was due to start a new project. This was called the 'PJ challenge' and was designed to help orientate people to time and minimise their anxiety during the night.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care records outlined people's communication needs. For example, one person used a white board and picture cards. Where necessary, information was available in different formats.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged to stay in touch with friends and family and visitors were always welcome. One relative said, "We can visit every day and are welcomed every day. We are provided with food and drink. [Family member] was really poorly one night so the manager suggested we stay for the night as there were two spare bedrooms. This enabled us to be on site if [family member's] condition deteriorated. The care is unbelievable for [family member] and us. It's definitely improved their quality of life being here. This home has made a tremendous difference."

- Staff supported people to take part in activities such as cake making, knitting, gardening, regular coffee mornings and trips to the local club. People and relatives were very happy with the activities and social stimulation provided.

Improving care quality in response to complaints or concerns

- People and relatives knew how to raise concerns, but nobody we spoke with had any. People and relatives were confident any concerns raised would be resolved quickly.
- Where the service had received a complaint, this had been investigated and responded to appropriately.

End of life care and support

- Staff provided excellent end of life care. One relative told us, "When [family member] was taking their last breath the staff were there for them and that was so important to us. The staff here are amazing. We can't thank them enough for the care and love they gave [family member]."
- Staff were appropriately trained in end of life care. Care records contained people's wishes in relation to end of life care and included details about their spiritual needs and funeral plans. They also recorded if people had a Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) and whether emergency health care plans were in place.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service was well managed. The registered manager was well liked and respected; they were well known by people and were visible around the service. Comments from relatives included, "The manager is very approachable," "The manager is not frightened to muck in...they lead by example" and "The home is run smoothly and efficiently."
- Staff felt listened to and felt supported by the registered manager and deputy manager. One staff member said, "[Registered manager] is fabulous. They're very supportive and approachable."
- Health professionals spoke positively about the registered manager. One professional told us, "[Registered manager] is fantastic and goes the extra mile. They told us we could base ourselves here in the winter and get a hot drink. They even invited the district nurses for Christmas dinner for those who were on duty on Christmas Day."
- The registered manager promoted openness and transparency. People's feedback was sought regularly and acted upon.
- There was a positive culture and ethos at the service which was driven by the management team. The registered manager led by example and actively promoted responsive care which improved people's quality of life.
- The service was an integral part of the local community with close links to several churches and schools.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities regarding the duty of candour. They were responsive to concerns identified and quick to put things right.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; continuous learning and improving care

- The registered manager and staff understood their roles and responsibilities.
- The provider and the registered manager monitored the quality of the service to make sure they delivered a high standard of care. This included the completion of regular audits which covered key aspects of the service.
- When an incident occurred, this was investigated thoroughly and lessons were learnt where appropriate.

Working in partnership with others

- People benefitted from highly effective working with other professionals. We received excellent feedback from professionals involved with the service.
- Staff worked in partnership with relatives to ensure family members were well cared for.