

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Langley Lodge Residential Home

26 Queens Road, Wisbech, PE13 2PE

Tel: 01945582324

Date of Inspection: 18 September 2012

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We inspected the following standards to check that action had been taken to meet them. This is what we found:

Cleanliness and infection control

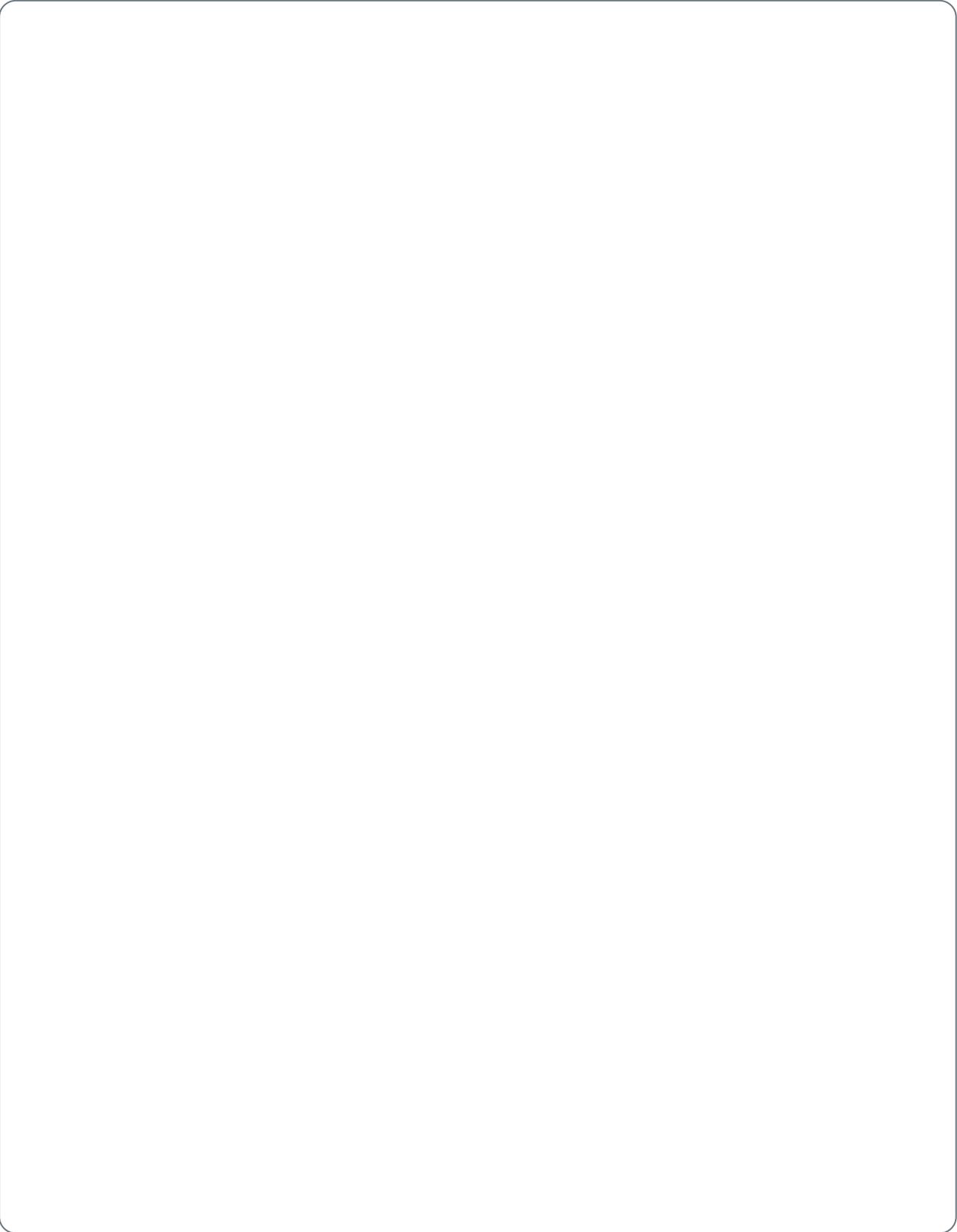
✓ Met this standard

Details about this location

Registered Provider	Langley Lodge Residential Home
Overview of the service	Langley Lodge Residential Care Home is registered to provide support and care for up to 20, mainly older, people. The home is registered not to provide nursing care.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.



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Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Langley Lodge Residential Home had taken action to meet the following essential standards:

- Cleanliness and infection control

This was an unannounced inspection.

How we carried out this inspection

We carried out a visit on 18 September 2012, observed how people were being cared for and talked with staff.

We carried out a tour of the premises.

What people told us and what we found

Although we did not speak to any person about this standard, we found that they had access to improved hand washing and drying facilities in their bedrooms and communal toilet and bathing facilities.

We found that that remedial action was taken to minimise people's health risks associated with acquired infections. This included improved cleaning systems of bathing equipment and the removal of communal creams and toiletries.

There were some improvements in staff training and instruction regarding cleaning products and management, and control of infection. However, more formal infection control training had not been made available. This is an area where improvements could be made to ensure that staff had up-to-date knowledge to provide people with continued safe and appropriate care.

The infection control policy remained out-of-date and was not revised by the timescale set by the provider for completion. We were advised that this delay was due to other priorities that had taken place. The manager advised us that the revised infection control policy would be made available by 21 September 2012.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Cleanliness and infection control

✓ Met this standard

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were cared for in a clean, hygienic environment. Improvements had been made to ensure people were safer from the health risk associated with acquiring infections.

Reasons for our judgement

There were improved systems in place to reduce the risk and spread of infection.

During our visit on 02 July 2012 we found that the provider was not meeting this standard. We judged that this had a moderate impact on people using the service and action was needed for this essential standard. Although people were cared for in a clean, hygienic environment, they were not protected from the risk of infection because appropriate guidance had not been followed.

Before our visit of 18 September 2012, the provider wrote and told us what remedial action was taken to meet this standard and become compliant with the regulation. We found evidence to support this.

From our observations we found there were improved cleaning systems in place in respect of the communal shower chair.

We noted that people who used the service and staff had improved hand washing and hand drying facilities in communal toilets, bathrooms and bedrooms, including shared bedrooms.

Communal toiletries and tubs of cream were no longer available in the used shower and bathroom areas. The removal of these had minimised the risk of infection occurring between people.

Through speaking with staff and examination of staff training certificates we found that they had attended training regarding the use of appropriate cleaning agents and cleaning equipment.

The manager told us that staff were instructed during handover periods and during one-to-one supervision sessions about appropriate infection control procedures. Examination of two staff supervision records confirmed that this was the case.

Staff who we spoke with were knowledgeable about their responsibilities in protecting people from the risk of infection. This included knowledge about isolation procedures ('barrier nursing') until a person was assessed to be free from infection and deemed medically fit to come out of their room. Staff also demonstrated their knowledge regarding the appropriate wearing and disposal of protective clothing to minimise the risk of infection occurring between people who used the service.

The provider may find it useful to note that staff were unaware if training and development arrangements were made to ensure that their skills and knowledge were up-to-date regarding the management and control of infection

During our last inspection on 02 July 2012 we noted that the infection control policy was out-of-date. This meant that staff had inadequate guidance to protect people from the health risks associated with infection. Following our last inspection the provider wrote and told us that this policy was to be up dated by 20 August 2012. During our inspection of 18 September 2012, the manager advised us that there was a delay in developing this revised infection control policy due to other priorities taking place.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists, primary medical services and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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