

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: 22 April 2013

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We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safety, availability and suitability of equipment	✓ Met this standard
Supporting workers	✓ Met this standard
Statement of purpose	✓ Met this standard
Complaints	✓ 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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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 22 April 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

We carried out a tour of the premises.

What people told us and what we found

People's right to give their consent was valued. However the systems used to assess people's mental capacity to make valid decisions about their care and support, should be improved.

All of the people who we spoke with were satisfied with the quality and standard of their support and care. Assessments of people's risks and health and social care needs were carried out and planned. People received their support and care as planned.

Arrangements were in place to ensure that people who used the service had access to safe equipment.

Staff were supported to do their job, which they said was rewarding. There were arrangements in place for staff to attend training relevant to their role.

People had access to up-to-date information about the services provided at Langley Lodge Residential Home.

There was a system in place which allowed people to make their concerns and complaints known. People who we spoke with said that they knew who to speak with if they were unhappy about something and were satisfied with the response that they received.

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

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. Where people did not have the capacity to consent, the provider generally acted in accordance with legal requirements.

People who we spoke with said that they gave their consent to their support and care. They also told us that their rights to make choices about when they wanted to get up and go to bed and the clothes that they wanted to wear, were respected.

Representatives of a person living at the home told us that they were actively consulted in the decision making process about the support, care and medical treatment provided to their relative.

There was a system in place to record a person's decision about their end-of-life care. However, the provider may wish to note that from our examination of four out of 20 sets of people's care records, not all people had their end-of-life wishes recorded.

From speaking with senior staff and examination of one person's care records, we noted that people were supported, if needed, to have access to an independent mental capacity advisor.

Senior members of staff told us that people's mental capacity assessments were carried out by external agencies, including local authority care managers and GPs. However, the provider may wish to note that there was no documented or reported evidence found to indicate there was an internal system in place to confirm that people's mental capacity was assessed. This included mental capacity assessments to make a valid decision, or otherwise, to have their whereabouts monitored as a safety measure by means of specialist equipment.

To ensure that people consented to live at Langley Lodge Residential Home, there was an

assessment system in place to ensure that their liberty was not unlawfully restricted.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

All of the people that were spoken with had positive things to say about the standard and quality of their support and care. One person described this to be, "Excellent".

To maintain and promote people's sense of well being, we observed that people who used the service were supported to maintain relationships with members of their families. This included by means of a telephone or by receiving their guests at the home. From speaking with senior members of staff, we found that people were also supported to visit their members of their family during trips outside of the home.

People who used the service told us that they had enjoyed activities provided by visiting entertainers. However, one person said that they would like to be given the opportunity to play a game of cards or a (named) word game. Other people who we spoke with said that they did not get bored and had plenty to do to occupy their time. This included the reading of their personal daily newspaper.

We observed that members of staff carried out checks on people who used the service. These checks were to ensure that people were comfortable and if they wanted a drink. One person who we spoke with said that they were comfortable while sitting in their armchair.

From our examination of the sample of people's care records we noted that risk assessments were in place to prevent the development of health issues such as pressure ulcers and malnutrition. Measures were taken to minimise these risks. These included the provision of pressure-relieving aids and monthly monitoring and reviewing of people's body weights. Where people were assessed to be at risk of malnutrition, we noted that their daily consumption of food and drink was monitored and recorded.

Our review of the sample of people's care records indicated that people were supported to access health care services. These included, but were not limited to, GPs, opticians and

district nursing services. People who we spoke with said that they had received visits by their GP and also had foot treatments carried out by a visiting chiropodist.

We saw that people were well-presented, wore clean clothes and had clean hair and fingernails.

People should be safe from harm from unsafe or unsuitable equipment

Our judgement

The provider was meeting this standard.

People were protected from unsafe or unsuitable equipment.

Reasons for our judgement

People were protected from unsafe or unsuitable equipment because the provider had ensured its safety.

One person who we spoke with said that they felt safe when they were supported with their mobility. They said that they had no concerns about how members of staff assisted them to transfer from their armchair by means of a hoist.

We observed staff operating this hoist and we found that they used this piece of equipment in a safe way. We also saw a member of staff safely supporting a person when using the stair lift.

Service checks had been carried out to ensure that all of the available moving and handling hoists and the stair lift were safe for people to use.

People assessed to be at risk of falls were provided with monitoring equipment for safety reasons. At the time of our inspection visit the supplier of this specialist equipment was visiting the home. Senior members of staff told us that this was to assess the effectiveness of their supplied equipment. The visit was also to supply additional monitoring equipment for individual people using the service who had been assessed and required this specialist equipment.

We saw that there was a testing system in place to ensure that portable electric appliance equipment was safe to use.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Staff received appropriate professional development. Staff were able, from time to time, to obtain further relevant qualifications.

All members of staff who we spoke with said that they felt very well supported to do their job, which they found to be rewarding.

Members of staff who we spoke with said that they had attended training in a range of topics. Moving and handling and safeguarding of vulnerable adults were the most recent training sessions that they had attended during April 2013. Staff told us that they had found that the training was beneficial and had positively informed their practice.

Staff training records that we reviewed indicated that staff had attended this training. We also noted that forthcoming training arrangements had been made for 2013 with an external trainer. These included, but were not limited to, the Mental Capacity Act 2005, infection control and health and safety.

Staff supervision records that we reviewed indicated that there was a competency framework in place to assess members of staffs' care practices against set standards. From speaking with members of staff and examination of their supervision records, we noted that staff were assessed to be competent in, for instance, moving and handling and providing people who used the service with their personal care.

Members of staff who we spoke with said that they had had face-to-face supervision with their manager, although were unclear when this had last taken place. However, we noted that work was in progress to formalise this. The staff supervision records indicated that the first formal face-to-face supervision sessions were due to commence during April 2013.

To support the staff training programme, the provider had taken action to improve on-site staff training facilities.

Statement of purpose

✓ Met this standard

The service must tell us about what kinds of services it provides

Our judgement

The provider was meeting this standard.

The provider has ensured that people have access to an up-to-date document about the services which they provide.

Reasons for our judgement

The current Statement of Purpose (SoP) was seen and we found that this had been reviewed since our last inspection visit of 2012. We found that all the required information was held in the SoP.

The registered manager advised us that this updated SoP would be distributed throughout the home for people to access and read if they chose to do so.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

Comments and complaints people made were responded to appropriately.

Reasons for our judgement

People were made aware of the complaints system. This was provided in a format that met their needs. People had their comments and complaints listened to and acted on, without the fear that they would be discriminated against for making a complaint.

People who we spoke with said that they knew who to speak with if they were unhappy about something. One person said that they were satisfied with the standard and quality of their care. They said that because of this, they had no cause to make a complaint.

Where people had concerns they told us that they were satisfied with the response that they received from the registered manager. They also said that they were satisfied with the promptness of the response to their concerns.

People using and visiting the service had access to publicly held information about how to make a complaint. However, the provider may wish to note that this contained inadequate contact details for the local authorities, should any person wish to contact them with their concern or complaint.

By the visitors' signing in book we found a questionnaire for people to complete. This provided people with the opportunity to make their suggestions, concerns and comments known, with or without disclosing their identity.

The registered manager advised us that there had been no formal concerns or complaints made against the service since our last inspection, which we carried out in 2012. We have received no complaints against the service since then.

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, acute 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 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 may have 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. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ 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

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

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