

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

Langley Lodge

136 Deighton Road, Deighton, Huddersfield, HD2
1JS

Tel: 01484430320

Date of Inspection: 19 December 2012

Date of Publication: January
2013

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

Respecting and involving people who use services	✓ Met this standard
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
Complaints	✓ Met this standard

Details about this location

Registered Provider	Horizon Health Care Partnership Limited
Registered Manager	Ms. Amanda Jane Inglesfield
Overview of the service	<p>Langley Lodge is registered to provide accommodation for up to 6 people who require nursing or personal care.</p> <p>The home is situated in the Deighton area of Huddersfield around two miles from the town centre.</p>
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

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'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
Our judgements for each standard inspected:	
Respecting and involving people who use services	5
Consent to care and treatment	7
Care and welfare of people who use services	8
Safety, availability and suitability of equipment	9
Supporting workers	10
Complaints	11
About CQC Inspections	12
How we define our judgements	13
Glossary of terms we use in this report	15
Contact us	17

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 19 December 2012, observed how people were being cared for and talked with carers and / or family members. We talked with staff.

What people told us and what we found

All the people who use the service were unable to communicate verbally, and as we were not familiar with everyone's way of communicating were unable to gain their views.

We spoke with three relatives and they spoke highly of the manager and care staff. All the relatives commented that Langley Lodge feels homely and clean.

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

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

People were supported in promoting their independence and community involvement.

We observed that staff engaged with people who use the service and saw positive interaction. Staff spoke with people in a caring and sensitive manner. We observed how staff respected people's privacy and dignity whilst providing care. One staff member we spoke with said, "If people need to use the bathroom we assist them to their room rather than use the communal facility." We spoke with three staff in total and all described how they protected people's dignity by anticipating people's care needs; for example by looking out for non-verbal cues.

We noted from the care plans we looked at that people's care needs had been assessed; for example in one care plan we saw instruction about the assistance one person needed to dress/undress. In another care plan staff had documented how to assist a person to take oral medications.

Most of the people who use the service had a limited ability to communicate in any form. Staff told us and we saw evidence in care plans that for those people with capacity staff used prompts and pictorial information. We observed how the manager communicated with some people using sign language. We did observe that people's facial expression and their body language appeared at ease when approached by staff.

Staff told us how they supported people to maintain their independence whilst taking into account their different cultural, religious and lifestyle needs. We observed how staff supported one person with visual difficulties to eat independently. One relative told us that since the person using the service moved into the home, the person had become more independent.

We looked at three care plans in total and they were person centred and demonstrated that staff had taken into consideration people's likes/dislikes; for example in one care plan staff had documented the person enjoyed hand massage. In another person's care plan it said, "Please leave me in the shower for a few minutes as I love the sensation."

The care plans we looked at identified people's level of interest in activities and we saw from the daily activity log these took place. The manager told us and we were shown that each person living in the home had a photograph album and we saw from photographs that people enjoyed a range of activities; for example wheelchair ice skating, We saw from photographs people had enjoyed a trip to the seaside.

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.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

Before people who use the service received any care or treatment, their relative/next of kin was asked for their consent and the provider acted in accordance with their wishes.

We saw from looking at care records that when people first arrived at the home staff completed a care plan assessment with the involvement of the person's relative/next of kin. One relative told us they had met with the manager and provider and the person's transition from community based care to home care at Langley Lodge had been seamless.

We saw evidence that where residents had their photograph taken, the person's relative/next of kin had given consent. Staff told us they obtained consent from the person's relative/next of kin when any new activities were proposed.

All the relatives we spoke with said they were fully involved in making decisions and staff updated them where there had been any change in the health care needs of people living at the home. One relative said, "Staff always keep me informed and don't do anything without speaking with me first."

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 was planned and delivered in line with their individual care plan.

All the relatives we spoke with told us they were happy with the care people living in the home received. One relative told us, "I am absolutely delighted with the care staff provide and choosing Langley Lodge is the best decision I have made."

We observed that people looked well cared for and staff provided person centred care. We looked at three care records which contained information about people's personal, psychological, emotional and social wellbeing. People also had an health action plan which was specific to their health needs. This means that people are more likely to receive care from staff who understand their needs.

Risk assessments were in place so that potential risks to people's health, safety and welfare were identified. These included medications, moving and handling, environmental hazards and out in the community. We saw from one risk assessment how staff recognised triggers for people with epilepsy. Whilst we saw some risk assessments and care reviews were up to date some required updating. The manager told us and we saw evidence this was being addressed.

Staff told us and we saw evidence that people who use the service had frequent contact with community health care professionals including GP's, district nurses and other specialist nurses. One relative told us they were impressed at how staff had responded when the person living in the home became suddenly ill.

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

There was enough equipment to promote the independence and comfort of people who use the service.

Staff checked that prior to use equipment such as hoists and wheelchairs were in good order. We saw from monitoring records the hoist had recently been serviced. The manager told us and we observed that all the people living in the home mobilise independently and the manager said wheelchairs were used mainly for when people went on outings. We saw from monitoring records that the home uses a contract company to repair wheelchairs and saw that faults to wheelchairs are rectified quickly. We saw in one care plan, a person centred protocol for wheelchair use.

We saw from records annual audits included fire extinguishers and gas safety, and we saw service records for the bus used to transport people to and from the home. Daily checklists were done for hot water and boiler temperatures, and fridge and freezer.

We saw from the minutes of staff team meetings that any equipment issues were discussed and action was taken. The manager and staff told us they never had a problem obtaining equipment.

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.

We spoke with three staff in total and they said they enjoyed the job and felt supported by the manager. One staff member told us, "Langley Lodge is a very good home to work for." Another member of staff said, "The service the home provides is very person centred."

We looked at three training records and spent time talking with staff about the training and support they received. The manager told us and we saw from training records all but one new staff member had completed mandatory training and all staff had attained the National Vocational Qualification (NVQ) at either level 2 or level 3. Mandatory training included safeguarding, moving and handling and fire safety, and we saw that staff had completed training specific to learning disabilities such as autism. The manager told us staff had completed or were in the process of completing mental health capacity act training. We saw that the manager had completed a staff training matrix to identify the training needs of staff.

We looked at three sets of supervision records and staff confirmed they had supervision on a regular basis. One staff member told us they were assigned to and observed by a more senior colleague following completion of induction training.

Staff told us they had a formal appraisal yearly and staff meetings monthly. Staff said they were kept up to date with any changes to policies and procedures and were able to discuss any issues that might affect the running of the service and the care people received.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. 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.

All the relatives we spoke with said they were aware of the complaints procedure. They told us where there had been any concerns or issues they spoke with the manager and they were quickly resolved.

The staff who we spoke with understood the process for receiving and handling complaints.

From speaking with the manager and looking at the complaints log we noted the service had received no formal complaints since the last inspection. However we did find the service had received a number of compliments from health care professionals and relatives of people who use the service.

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

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.
