# Inspection Report

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

# Langholme

Arwenack Avenue, Falmouth, TR11 3LD

Tel: 01326314512

Date of Inspection: 09 March 2013

Date of Publication: April 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 |
| **Care and welfare of people who use services** | ✗ Action needed |
| **Cleanliness and infection control** | ✓ Met this standard |
| **Management of medicines** | ✓ Met this standard |
| **Staffing** | ✗ Action needed |

## Details about this location

| | |
|---|---|
| Registered Provider | Methodist Homes |
| Registered Manager | Ms. Pat Bagley |
| Overview of the service | Langholme is a residential care home. The home provides residential care for up to 32 predominantly older people, some of who require dementia care. |
| 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'.*

## 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 9 March 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 and talked with staff.

### What people told us and what we found

We spoke with four people who lived at Langholme to seek their views of the service that they received. People said the home was clean and tidy and the staff were generally kind and helpful. One person told us "some staff are better than others". They then added "some of the staff are excellent and will do anything to help you they are lovely but some don't seem to care as much". Another person commented "the staff are kind, look after me well and I feel happy and safe here".

Staff and people who used the service expressed concerns regarding the staffing levels in the home. We saw that staff were busy during our inspection and records showed that at times the planned and / or requested care had not been able to be delivered due to insufficient staff on duty.

The privacy and dignity of people who used the service was promoted and respected by the staff.

People were protected by the systems and procedures in place for the administration of medication.

The environment that people lived in was clean, tidy, comfortable and the control of infection promoted. People were complimentary about the home they lived in and positive comments were made about their bedrooms.

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

### What we have told the provider to do

We have asked the provider to send us a report by 01 May 2013, setting out the action

they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

## 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 dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

### Reasons for our judgement

We spoke with four people who lived at Langholme during our inspection to seek their views of the service they received. Comments made included "the staff are helpful and polite", "there are things to do, sometimes I join in but I like to spend time quietly" and "the staff offer choices regarding the food, which is good, and I can choose where to eat it".

We saw that people who lived at Langholme were offered choices regarding how they spent their day. We observed some people came to the dining room for their breakfast and were given a choice as to where they sat and what they ate. We saw one person did not eat their breakfast and staff offered them alternatives and encouraged them to eat their breakfast. One person told us they chose to eat their breakfast in their room or in bed. Another person told us they got up when they wanted to and also were offered assistance to bed at a time convenient to them.

We saw the main meal of the day was served at 12.30pm. A menu was displayed on each table. The main meal on the day of our inspection was coq au vin or pork casserole or salad with ham / egg / cheese / tuna or salmon. Staff told us that people chose what they wanted to eat at the lunchtime. We were told this was because they often changed their mind if asked prior to the meal time.

We looked at the care plans for three people who lived at Langholme. Care plans are a tool used to inform and direct staff about people's health and social care needs.

We saw that the care plans showed individual preferences and choices. For example, the person's preferred form of address and the person's life histories and interests. We saw in all care plans we looked at, that people's life histories and their social and leisure preferences were documented. It is important a person's life history is gained so staff can understand a person's past and how it can impact on who they are today.

Two of the care plans we looked at had been signed by a relative but the registered provider may wish to note that one did not evidence the person and / or their relative had been involved in the development of their care plan.

We saw people's bedrooms were personalised with pictures and furnishings. The activities coordinator had encouraged people to design a name plate for their door which included a picture of their interests. For example, one person had a picture of a television and another of knitting. This helped people to locate their room.

We saw that staff respected people's privacy and dignity by knocking prior to entering toilets, bathrooms and people's bedrooms. We saw one bedroom had a sign on the door that indicated the person was hard of hearing and would not hear staff knocking, so advised staff to enter. This showed that people's individual care needs were met.

**Care and welfare of people who use services** ✖ Action needed

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

## Our judgement

The provider was not meeting this standard.

People did not consistently experience care, treatment and support that met their needs and protected their rights.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

## Reasons for our judgement

During our inspection we spoke with four people who used the service about the care they were provided with. People told us they liked to live at Langholme and that the staff were kind and helpful. Additional comments made included "the staff are helpful and polite" and "there are things to do, sometimes I join in but I like to spend time quietly".

We saw the activities coordinator spent time in the communal areas talking with people and helping them access drinks and supported them with activities. People were informed of the activities for the week with a daily activity planned and written information on each dining table. We saw that crafts, art, quiz's, exercises and musical entertainment were planned for the week our inspection took place in. One person was registered blind. Their records showed they had a daily paper delivered each day but did not specify if they needed specific assistance with reading the paper. For example, spectacles, specific lighting or if someone was needed to read the news to them. This did not show consideration to their personal and specific preferences and needs.

We observed the care staff were kind and caring in their attitude to people who lived at Langholme. Staff were knowledgeable about people's care needs during their conversations with us, during which they demonstrated an empathy towards those they cared for.

We reviewed the care plans of three people who used the service. Care plans are essential to plan and review the specific care needs of a person. They are a tool used to inform and direct staff about a person and their individual care needs. The care plans made reference to a person's health and social care needs and provided staff with information on the action they had to take to meet the person's identified care needs.

We saw documentation, known as skin bundles, had been implemented. These provided information and guidance for staff to ensure that people's skin integrity was promoted and staff were clear of the action they needed to take to meet people's skin care needs.

We saw risk assessments were in place regarding moving and handling, pressure relief, falls and nutrition. Risk assessments are a tool to identify any hazards and the action that staff must take to reduce the risk from the hazard. Specific equipment that people required to assist with moving and handling was identified within the risk assessment.

The care workers in the home completed daily records that showed the care provided to people who used the service and how they spent their day. These records were signed, dated, factual and legible. They demonstrated the choices people made during the day and identified that in the main, people's likes, dislikes, preferences and choices were respected.

We saw that one daily record identified one person had been assisted to have a shower. The person's care plan stated that the person liked to have a bath. The daily record stated that four members of staff had been required to help the person in the shower due to them being violent and verbally abusive. This did not ensure that the person's preferences had been respected or their care needs met in accordance with the printed care plan. We discussed this with the registered manager who was aware of the incident and stated it was not an acceptable level of care. We did not see evidence of any action taken by the registered manager to ensure the person received appropriate care in the future.

**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 protected from the risk of infection because appropriate guidance had been followed.

## Reasons for our judgement

We spoke with four people who lived at Langholme who all told us they thought the home was clean and tidy.

We saw domestic staff were on duty during our inspection who carried out cleaning tasks in the home. We walked around the building and found it to be clean and tidy. The provider may like to note we found two bedrooms had an odour. Two bedrooms also had marks on bedside tables from cups / mugs and glasses that had not been cleaned. The home was going through a period of modernisation and building work. Therefore some areas were untidy as normal storage areas had been included in the areas being modified. For example information and supplies for the activities were on a desk in an upstairs corridor and looked cluttered and untidy.

Cleaning schedules were in place for staff which included guidance on the cleaning products to use and where to use them. The domestic staff had cleaning trolleys that were stored in an unlocked cupboard on the first floor. The cupboard also stored supplies of cleaning fluids. The trolleys had a lockable space for the storage of cleaning chemicals. However, air freshener and fabric fresheners were hanging on the trolley and not stored in the lockable space. The provider may like to note that this did not ensure that the control of substances hazardous to health (COSHH) guidance was followed and did not ensure people were fully protected.

The registered manager was aware of 'The Code of Practice for health and adult social care on the prevention and control of infections and related guidance' published by the Department of Health. The registered manager told us there was a designated infection control person for the home who ensured staff followed correct procedures.
The home had an infection control policy and procedure which provided guidance to staff regarding the control of substances hazardous to health (COSHH), personal protective equipment, laundry systems, clinical waste and cleaning spillages.

The training matrix showed that care workers, with the exception of two, had attended infection control and COSHH training. This ensured the control of infection was promoted in the home as staff were aware of the policies and procedures in place.

The laundry room was located on the first floor and systems were in place promote the control of infection. The room was equipped with washing machines, that had the facility to wash at high temperatures to reduce the risk of cross infection, and an industrial tumble drier. We were shown the systems in place in the laundry to reduce the risk of cross contamination. These systems included a clean and dirty area, with separate entrances for each, impermeable walls and floors and the use of alginate bags for when transporting and washing soiled linen. Alginate sacks are a tool to minimise handling of soiled material, and can be put straight into a washing machine were they will dissolve in the wash.

We saw protective gloves and aprons were provided for staff. Hand washing facilities were available throughout the home with liquid soap, paper towels and hand gel in place.

**Management of medicines** ✓ Met this standard

**People should be given the medicines they need when they need them, and in a safe way**

## Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

## Reasons for our judgement

We spoke with the registered manager and staff about how medicines were managed in the home.

We checked the storage arrangements for medicines. We found medicines were stored securely and in accordance with the manufacturer's instructions. We saw that there was a medicines refrigerator in use and that minimum and maximum temperatures were recorded. This meant staff knew the medicines were safe to use and be given to people.

We checked the arrangements for controlled drugs. We found controlled drugs were recorded and stored correctly. We audited two controlled drugs held by the home and found the balance of medication in the register matching the medications stored in the home.

We saw topical medication was stored in people's bedrooms. The provider may like to note that the creams were not consistently dated upon opening so staff were not aware of the expiry date, which may have been a risk to people who used the service if used when they were out of date.

We looked at people's medication administration records (MAR) and found it was clearly recorded when medicines were given to people. MAR's provide a recognised recording process in respect of the administration, storage and recording of medication and are commonly used in residential and respite services. We found that if people did not take their medication the reason for this was clearly recorded. However the provider may wish to note that one person consistently refused their eye drops with the reason given as nausea and vomiting. We discussed this with the registered manager who could not provide an explanation of why nausea and vomiting meant that the person could not have their eye drops administered, or that consultation with the GP had occurred.

We observed the administration of medication during our inspection and found it was administered safely to people.

The MAR sheets provided a record of the medicines received into the home for people. The provider may like to note that changes to people's prescribed medication had been

handwritten on the MAR by one member of staff. This practice runs the risk of errors or discrepancies being made as there is no second person to check the information.

The provider may like to note that when variable doses of medicines were prescribed, for example one or two tablets, we saw it had not consistently been recorded how many were given. This did not make it possible to assess the effectiveness of the medicine.

We looked at the policies and procedures in place regarding medication and found these provided detailed guidance for staff on how to obtain, store and administer medications safely.

Staff we spoke with told us they had been provided with medication training prior to administering medicines in the home. We were told training was provided by both Boots who were the supplying pharmacist, and via e learning. The training was reflected on the training matrix.

**Staffing** ✖ Action needed

**There should be enough members of staff to keep people safe and meet their health and welfare needs**

## Our judgement

The provider was not meeting this standard.

There were not sufficient numbers of staff consistently on duty to meet people's care needs.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

## Reasons for our judgement

People who used the service told us that staff were kind and helpful to them and that they were satisfied with the care they received. People did not make comments directly relating to the numbers of staff on duty, although one person said if they needed help staff usually responded quickly. Another person commented that sometimes they had had to wait for assistance when they pressed their call bell. We noted that during the afternoon of our inspection the call bells rang frequently and at times for periods of time for up to six minutes. We noted that staff were busy during our inspection.

During the inspection, we saw the staff provided care and support to people who used the service in a kind manner.

We observed that people who lived at Langholme asked staff for assistance if they needed it. Staff stopped what they were doing and helped people when requested or when they noticed people required support.

On the day of our inspection there were four carers and a senior carer on duty during the morning. In the afternoon / evening shift there were three care workers initially with another recently employed member of staff coming on duty at 5pm. One member of staff who was due on at 2 – 9pm had cancelled their shift and up until the time we completed our inspection at 4.30pm this shift had not been covered by another member of staff. We spoke with the staff and registered manager and we were told shifts were covered by existing staff working additional hours. The registered manager told us staff could request agency staff but they were not clear whether the agency had been rung by the senior carer who had tried to cover the shift during the morning. At the time of our discussion this person had gone home. We were told that there were two waking members of night staff due to work that night.

We discussed the staffing arrangements with the registered manager and were told the ration of staff was determined by one member of staff for every eight people who used the service. One member of staff told us that since some rooms had become empty the

number of staff had decreased and this had meant there did not seem to be enough staff on duty to spend sufficient time with people,  This did not ensure that the dependency and complexities of people's care needs were considered.

We spoke with staff members regarding the staffing levels and they expressed concerns regarding the numbers of staff on duty.  Staff told us and we evidenced from care plan documentation that a number of people who lived at Langholme required assistance from two members of staff in order to meet their care needs.  Staff also commented that on occasions people with dementia care needs required one to one assistance for their safety and / or that of others.  One member of staff said it was upsetting when they could not support people as they wanted to and the people needed.  We were told how sometimes staff did not have time to bath people as the care plans instructed.  We saw from care plans that it was planned for people to have a weekly bath.  One person's daily records identified their bath had been missed due to insufficient staff on duty and the staff being too busy.

We saw from daily records that the staffing levels had affected the care and wellbeing of people who used the service.  Comments included ' X rang the bell and was very cross as had to wait for ten minutes for us to get to them' and 'X rang for comfort but couldn't stay as other bells were ringing'.  This did not ensure that the care needs of people who used the service were met.

**This section is primarily information for the provider**

## Action we have told the provider to take

### Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | **Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010**<br><br>**Care and welfare of people who use services** |
| | **How the regulation was not being met:**<br><br>People did not always experience care or treatment as identified within their care plan. This did not ensure compliance with Regulation 9(1)((b)(i)(ii) |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | **Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010**<br><br>**Staffing** |
| | **How the regulation was not being met:**<br><br>There were not sufficient numbers of staff consistently on duty to meet people's care needs. This did not ensure the registered provider was compliant with Regulation 22. |

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 01 May 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will

**This section is primarily information for the provider**

report on our judgements.

## 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.<br>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.<br>We monitor the implementation of action plans in these reports and, if necessary, take further action.<br>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

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|---|---|
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