Inspection Report

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: 15 October 2013

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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	✓ Met this standard
Meeting nutritional needs	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Staffing	✓ Met this standard
Records	✓ Met this standard

Details about this location

Registered Provider	Horizon Health Care Partnership Limited
Registered Manager	Ms. Amanda Jane Inglesfield
Overview of the service	Langley Lodge is registered to provide accommodation for up to six people who require nursing or personal care. The home is situated in the Deighton area of Huddersfield around two miles from the town centre.
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 15 October 2013, 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

On the day of our inspection in October 2013 there were six people living at the home.

We observed this home to be a modern, well furnished, single storey Lodge

The people were unable to talk as a result of their condition but exhibited joy, laughter, and were spontaneously dancing to the background music playing.

The staff told us they "enjoyed working here" and had sufficient staff to meet the needs of the people living at the home.

Relatives we spoke with described the home as "brilliant" and "perfect" and they told us that they especially valued the 'family days' which were organised by the service manager.

Systems and processes were in place and all the business and management- related documentation was kept in one room. This allowed all other parts of the Lodge to be in keeping with a home.

We observed that the people living at the Lodge were happy, relaxed and spontaneous. Staff were equally relaxed and fully engaged with the people in the home.

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.

We observed that the people living in the home were taken to their rooms to change clothes and their faces were wiped when needed.

People living in the home were asked when they wanted to rise and get dressed. We saw that they chose their own food and drink for breakfast and received individualised care.

We observed that staff encouraged people at the home to be independent. For example we heard staff asking people if they wanted to help with routine domestic tasks. For example we saw people vacuuming and preparing food and drinks.

Relatives as advocates told us that they were fully involved in the care planning for the people in the home, and could instigate changes as the needs of the people changed.

Visiting arrangements were fully flexible to meet the needs of the people in the home and their family and this was appreciated by the family that we spoke to.

Specific family days organised by the home three times per year were also valued by relatives and they felt able to make suggestions to the running of the home.

We were told by the manager of a best interests decision being made on behalf of one person at the home. The best interest concerned a family requirement for the individual to not eat a particular form of meat for religious reasons, but when other people in the home were eating the food the individual was offered an alternative. The individual clearly expressed a desire to eat the same as the other people in the home, but this choice was not allowed by the staff in the home . The situation was discussed by the home manager and the relatives of the individual who felt strongly about their religious views. A best interest decision has been made and documented that the individual continues to refrain from the particular meat source.

Care and welfare of people who use services ✓ Met this standard

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

We spoke to the manager and all three support staff on duty on the day of the inspection. We also spoke to two relatives.

During our visit we looked at three care records. We observed that care plans, and care was individualised in all key aspects such as meeting the nutritional needs, safety needs, social needs and included individual risk assessments and mental capacity assessments.

We saw that records were well organised so that all essential information was in the first section of the records and these could be accessed in an emergency situation. This meant that whatever emergency may arise essential information could be readily accessed reducing the risk of inappropriate care.

People living in the home were individually risk assessed. Examples of risk assessments and modifications made to ensure maximum independence without affecting their safety were observed. This included preferences of the people living in the home for having their bedroom doors open or closed at night.

We observed that the people living in the home were encouraged to help in the kitchen and had full access to the kitchen. We saw that a 'counter' could be lowered to prevent people using the service entering the cooking area when food was being cooked. This could be dangerous if individuals were unsupervised; for example when cooking with a hot oven. At the time of the visit we observed that the counter was in a raised position at all times allowing people living in the home unrestricted access to the kitchen.

We saw that the mental capacity of each resident had been assessed and care planned accordingly.

We saw that appropriate policies were in place for example fire safety. This helped to demonstrate that the home ensured peoples safety and welfare.

External agencies were used to ensure up to date knowledge and practices were adopted. For example we found that the Macmillan nurse advised on assessment and control of pain.

We spoke to two relatives and they told us that they were fully involved in the care planning and instigated changes to the care plans if and when the persons' needs changed.

Meeting nutritional needs ✓ Met this standard

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from risks of inadequate nutrition and dehydration.

Reasons for our judgement

People were provided with a choice of suitable and nutritious food and drink.

We observed a variety of foods were offered to the people living at the home.

Breakfast was individually chosen. We were told that main meal menus were devised by the staff based on the likes and dislikes of the people living in the Lodge. As the people in the home were unable to talk to express their likes and dislikes these were established by speaking to relatives and observing the people at mealtimes. We were assured that if the people in the home expressed dislike of any foods, for example by facial expression or pushing the food away, these were noted in the care plans. Likewise when the individuals in the home expressed pleasure with some food choices these were also noted in the care plans.

We observed that hot and cold drinks were offered to people using the service and staff actively encouraged the consumption of drinks.

We saw that nutritional needs and likes and dislikes were assessed and documented in the care plans and that choice was respected.

People's weights and body mass index were recorded monthly in the individual people's care records. This showed that people's well-being was monitored and any adjustments to diet plans were be made. We observed one individual had specific medical requirements and risk assessments were in place regarding the associated risks of the individuals condition.

We observed that there were sufficient staff on duty to support the people in the home with their meals, no-one was left waiting.

We observed all people in the home to be eating at the dining table. This appeared to be the accepted location for eating meals.

Two individuals in the home were on specific diets, one for medical reasons and one for religious reasons. Both diets were accommodated by the home.

Safeguarding people who use services from abuse ✓ Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

All staff had undertaken mandatory safeguarding training. Two staff had undertaken four safeguarding qualifications and demonstrated a high level of competency .This indicated that safeguarding was taken seriously by the provider and that staff had sufficient education to appreciate the importance of this aspect of care.

Safeguarding was assessed and planned for in each person's care record. This included risk assessments to keep people safe and included measures to minimise the risk of financial abuse.

The staff we spoke to demonstrated to us that they were knowledgeable about what to do if abuse was suspected.

We observed the safeguarding policies in place the home.These were linked to the West Yorkshire multi-agency safeguarding policy.

Staffing ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs

Reasons for our judgement

On the day of the inspection the manager was assisted by three support staff.

The manager explained to us that the normal staffing levels were three support staff on the morning shift, three support staff working the afternoon shift, and two support staff working nights, one waking and one sleeping nights. This level of staffing was believed to be appropriate by the staff in the home, the manager and the relatives we spoke to.

We observed people living at the home had their needs met on the day of the inspection.

The manager, staff and relatives spoken to all believed the staffing was sufficient to meet the needs of the people living at the home.. The skills and qualifications of the staff working at the home were adequate; staff were trained to National Vocational Level 2 in care.

People living at the home all received at least one day of one to one time with staff each week. This time was care planned and included time spent shopping, time at a hydrotherapy pool or other activities as chosen by the individual people at this home.

In addition we were told by both the staff and relatives of a regular weekly "girls night out" and a "lads night out" which supported the safe socialisation of the people in the home in the community.

Records ✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

People's personal records including medical records were accurate and fit for purpose.

Staff files were kept in a locked cabinet in a lockable room. Records for people living at the home were also stored securely. We saw that records contained all relevant information in a single file which was well organised and clear.

Recording of medicines was clear, well organised and audited on an annual basis by an external pharmacy organisation. We saw that a photograph of each person in the home were on each of the medicine files relating to them. This minimised the risk of people receiving medication prescribed for another person in the home.

Staff signature sheets were evident in all care files, showing clearly which staff member had delivered care.

The provider may find it useful to note that the files contained a substantial number of records which were older than 12 months old not yet archived. The home may wish to consider improving the archive system to remove the risk of out of date records being referred to by staff.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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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