Langley Lodge Residential Home

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Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This unannounced inspection took place on 20 September 2018. This is the second comprehensive inspection of this service. At the previous inspection the service was rated as good. At this inspection the overall rating for the service remained Good. However, the rating for 'is the service safe' had deteriorated to requires improvement.

Langley Lodge Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

At the time of our inspection there were 18 people using the service. Langley Lodge Residential Home can accommodate up to 20 people in individual or double bedrooms in one adapted building. It is a two-storey building with a stair lift to access the first floor.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service was not always safe. Medicines were not always administered as prescribed and the recording of some medicines was not accurate. Healthcare professional advice had not always been sought when errors occurred. Incidents of potential neglect had not been referred to the local safeguarding authority. Risks to people were identified but they were not always well managed. This put people's safety at risk.

We have made a recommendation about the management of some medicines.

Sufficient staff were in post and the recruitment process for new staff had helped ensure that only suitable staff were employed. Lessons were learned when things had not always gone well. Staff adhered to the provider's policies in maintaining a clean environment.

The service was effective. People's needs were met by staff who had the right training and skills to do this. People at healthily and they had sufficient quantities of food and drink. People were enabled to access health care services. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The registered manager worked with others involved in people's care, such as health professionals when people moved into the service so they received consistent care.

The service was caring. People received compassionate care from staff who took account of each person's care needs. People's privacy and dignity was promoted and respected. People were given support and information to access advocacy services. Staff involved people in their care with care and consideration of

how they wanted to be cared for. People were cared for without discrimination. People's confidential records were held securely.

The service was responsive. People received person centred care that was based upon their what their preferences were. People could be as independent as they wanted to be. Technology was used to enhance the quality of people's lives. People concerns were identified and responded to and this helped drive improvement. People, relatives and staff, when required, had the support they needed if any person needed end of life care.

The service was well-led. The registered manager led by example and ensured the staff they supported had the right skills and values. Staff worked as a team to help people and each other. Quality assurance and governance systems were mostly effective in identifying and acting upon improvements when these were needed. People had a say in how the service was run. Staff were given feedback and support with their work in a positive way. An open and honest staff team culture was in place. The registered manager and staff worked in partnership with others who contributed to the quality of people's care.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service had deteriorated to requires improvement.

Medicines were not always administered or recorded as prescribed.

Risks to people's safety were not always reported or managed well.

Infection control measures helped keep the service clean and free from odours.

Sufficient staff with the right skills had been recruited and deployed in a way which kept people safe. Staff were knowledgeable about keep people safe from harm.

Lessons were learned when things had not always gone well.

Is the service effective?

Good

The service remains good.

Is the service caring?

Good

The service remains good.

Is the service responsive?

Good

The service remains good.

Is the service well-led?

Good

The service remains good.

Langley Lodge Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 20 September 2018 and was unannounced. The inspection was undertaken by one inspector.

We reviewed information we held about the service to aid with our inspection planning. This included the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at notifications. A notification is information about important events which the service is required to send us by law.

We received feedback from representatives of social care organisations such as the local authority commissioning department and the local safeguarding authority. We also received feedback from health care professionals both before and during our inspection. This was to ask their views about the service provided at Langley Lodge Residential Home. Their views helped us in the planning of our inspection and the judgements we made.

We spoke with five people living at the service and four relatives or friends who were visiting the service. We also observed staff interactions throughout the inspection. This was to help us understand the experience of people who were unable to talk with us.

We spoke with the registered manager, the deputy manager, three care staff and the chef.

We looked at care documentation for three people living at the service and their medicines records. We also looked at two staff files, staff supervision and training planning records. In addition, we looked at other records relating to the management of the service including audits and action plans; accident and incident records; surveys; recruitment and supervision policies; meeting minutes and complaint and compliment records.

Requires Improvement

Is the service safe?

Our findings

The storage and disposal of medicines was in line with good medicines management in a care home. Systems were in place to ensure people continued to receive their medicines when they needed them and in a safe way. One person said, "I always get all my tablets and creams." A relative told us that their family member had been so much better since moving into the service. This was because they now had all their medicines as prescribed. Although staff were trained to safely administer people's medicines and their competency to do this was checked regularly, these systems were not always consistently followed. There were occasions where people had not had all their medicines as prescribed for up to two days. Effective action had not been taken at the time to ensure people were safe or if staff had improved their care practices. This included the registered manager not promptly seeking healthcare advice to confirm there would be no adverse effect in people missing these medicines. This situation had also not been reported to the local safeguarding authority for any support such as retraining of staff or removing them from administering people's medicines until such time they were deemed competent. This limited the provider's ability to make the necessary and timely improvements.

We recommend that the service consider current guidance on the recording and safe administration of people's prescribed medication and take action to update their practice accordingly.

Furthermore, some people required repositioning at specific intervals when in bed to help prevent or cure pressure sore areas. We saw that on five occasions staff had not completed the record for repositioning which had exceeded the guidance from a health professional by up to three hours. People's care records were not always accurate or reliably completed. This meant that people's safety was put at risk. A visiting nurse however confirmed to us the person was healing well. This was a reporting error and not a lack of care. One staff member told us, "I do remind staff to complete the records when care has been provided."

Staff undertook regular reviews of the risks to each person and updated their care records. These reviews included risks to people such as swallowing, which was managed with a pureed diet or food cut into a safe size for the person. Other risks such as, moving and handling and people's mobility in and around the service were also managed well. One relative said, "My [family member] needs to only eat low sugar foods and this is what staff provide." This helped keep people safe. Staff shared information with those organisations involved in the safety of people's care such as a speech and language therapist or dietician. One staff member told us, "If I ever saw another staff member providing any care that was not acceptable or safe, I would report them. We are responsible for people's lives." Risks to people were managed well.

Staff continued to be kept up-to-date with safeguarding recording and reporting procedures including regular training and discussions at supervision about keeping people safe. One staff member said, "I would know if a person was being harmed such as unexplained bruising, being withdrawn or not eating. I would tell the [registered] manager straight away." For most situations we found that incidents of harm had been reported to the local authority and the Care Quality Commission (CQC).

We saw that people were supported to stay safe by a sufficient number of staff with the necessary skills and

who continued to be recruited safely. The registered manager assessed people's levels of dependency using a recognised assessment tool. Staffing levels were based upon people's individual needs and fluctuated on a day to day basis according to the support each person needed. For example, during social and planned activities. The staff rota reflected this. One person said, "If I press my call bell. [Staff] come within a few minutes. They check me and if there is anything I need."

The staff recruitment process helped ensure that only suitable staff were employed. This process included checks to establish their good character, that they had a clear criminal record and satisfactory previous employment references. The registered manager had final oversight to decide which staff were employed. This showed that systems were in place to ensure that only suitable staff worked at the service. People had emergency evacuation plans in place to guide staff on the assistance they would need to evacuate safely in the event of an emergency, such as a fire. Training records showed that staff were trained in fire safety.

Various areas of the service were kept clean by staff who had training in infection prevention and control; policies and procedures and checks by the registered manager helped maintain this standard. We saw that following a recent food hygiene standards inspection the service had retained its rating of 'five,' the highest. One person told us that the service, "Always looks and smells clean. If there are any spillages, staff clean them up quickly." We saw that staff wore personal protective clothing including gloves and aprons.

There were inconsistencies in how lessons were learned when things went wrong. This included where incidents were not identified as such by the registered manager and inaccurate record keeping. In other situations, the provider had taken on board learning following incidents and improvements had been sustained. For example, an additional member of staff now worked the night shift to ensure that there were enough staff in an emergency situation and for staff to support each other. One staff member said, "If someone has a fall, we look at the causes, what could be changed to prevent a further fall as well as any new equipment such as, a bed rail."

Good

Is the service effective?

Our findings

Staff with the right skills were in place to meet people's assessed needs. The registered manager or their deputy reviewed staff skills alongside information from health professionals and relatives to help decide if they could meet people's care and support needs. People's care was based on national care standards such as, those associated with dementia and diabetes. Staff were trained to ensure no person experienced any discrimination. Staff worked together with each person to successfully meet their changing needs.

We saw that staff continued to be kept current with the training and refreshers for this. Subjects covered included, equality and diversity, food hygiene, moving and handling, dementia care the Mental Capacity Act 2005 (MCA) and end of life care. One person told us, "[Staff] are very good at looking after me. I am a fussy eater but that's no problem at all. I can have what I want and eat it where I prefer. I can't fault any of their skills." We saw how the registered manager used staff who had developed a bond with people to the benefit of each person. One relative said, "[Staff] are really good at getting my [family member] to eat in the dining room. This also means they eat better." One staff member told us, "I haven't worked here that long but I soon got to know people well."

Staff were supported to further develop their skills with help to gain health or care related qualifications. Staff used their skills based on national standards of care such as, the Care Certificate. This is the foundation of expected care standards on which staff could build on and develop. Other more advanced training was provided such as diabetes care. One staff member told us, "I get a bi-monthly supervision with my manager. It is an opportunity to discuss my knowledge, skills and the chance to learn about any changes in people's needs, any new equipment and what I am doing well." We saw that a planned programme of training and supervision was in place to provide ongoing support to staff. Team leaders and the deputy manager cascaded their skills and knowledge to care staff. Staff told us that having this support had helped improve their care skills. Another staff member said that it didn't matter what shifts they worked, there was always a senior staff member or the owner to ask for assistance and that a solution to the matter was provided.

People were supported to eat and drink a healthy balanced diet including freshly made home cooked food. People who needed a diet to support their health condition such as, diabetes had this provided for. One relative said, "The food looks and smells good. My [family member] always eats it all." It was clear from the chatter and laughter at lunch time that mealtimes were relaxed and informal. People told us, and we could see for ourselves, that they could choose what to eat. One person told us, "I like to eat in my room. There is a varied menu but I have never had to ask for anything else as it is so lovely." We also observed that people being supported to eat in a place of their choosing such as, the lounge, had the support from staff they needed. For example, with pureed food, adapted cutlery and being given as much time as they needed to eat each mouthful.

We found the provider and the staff team maintained regular liaison with health professionals such as community nurses. The provider told us in their PIR, "We regularly refer service users to 'other services' like falls prevention, nutritional support and hearing services, to ensure they can access the latest advice and support available to them. One visiting health professional told us, "The staff always have the information I

need, previous care records and any changes in people's health. Staff are very good at calling us but only when needed. We don't have wasted journeys." The deputy manager said, "We have a really good working relationship with the community nursing team. If we call them they give us advice or tell us what we need to do until they arrive."

People were enabled to access other health care services such as hospital appointments and visits to, or by, a dentist. Records showed where people were attended to by community nurses such as for insulin injections for the management of their diabetes. We also saw how people with health conditions got to see those involved in their health care such as a GP. A relative told us how much better their family member had been since returning from hospital and how their skin integrity had improved due to the attention and care from staff.

Various adaptations had been made to the service including a safely maintained stair lift and ramps for people who used a wheelchair. It is important that people living with dementia are supported to orientate themselves around the service. The bright and contrasting colours for furniture and furnishings helped people see things more easily. This included different coloured tables and chairs and walls and the floor. These adaptations helped people to orientate themselves around the service with greater independence. This included picture signs for toilets and dining areas. We saw how people could independently find their way around with minimal support from staff.

The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Detailed records showed us how people's mental capacity to make decisions had been determined. This included decisions people could make as well as those they needed support with, such as people using the service who needed to be deprived of their liberty to keep them safe. We found that the registered manager had submitted applications to a 'supervisory body' (local authority) for authority to lawfully deprive people of their liberty. Authorised DoLS, policies and procedures as well as staff training on the MCA helped support people to be safe but also independent with this support. Staff were aware of the advocacy arrangements in place for people such as a lasting power of attorney for people's health and welfare or finances.

People were regularly offered choices in all areas of their care and wellbeing. One staff member said, "I offer two or three choices of clothes and let the person choose." A relative said, "My [family member] does need prompting but [staff] always give them a chance to decide. There is no rushing." People were only deprived of their liberty where this had been lawfully authorised and restrictions on people's liberty were in the least restrictive manner. For example, with a sensor mat to inform staff of people's movement rather than a bed rail to stop them getting up.

Good

Is the service caring?

Our findings

Staff cared for, looked after and supported each person with compassion. One person told us, "[Staff] look after me very well. They know me better than I do. They would go to the ends of the earth for me." A relative said, "[Staff] understand dementia by giving people time." We saw throughout our inspection how all members of the staff and management team treated people with respect and kindness. We saw how staff knelt down to speak with people and offer gentle reassurance and never passed a person by without an exchange of words or stop to offer a cushion, drink, or general chat.

Staff supported people to express their views and take an active part in deciding how their care and support was provided. For example, one person told us that when they first moved to the service they were asked various questions such as, what foods and pastimes they liked or didn't like. We saw that staff understood people's support needs well. They promoted people's independence by encouraging the use of walking aids or hand rails.

Staff created relationships with people they cared for to be more social such as by developing a bond. People's care plans gave staff enough information to provide person-centred care including the age or gender of their care staff. For instance, using people's life histories, preferences for care staff and any religious beliefs or diets such as, vegetarian. This helped promote people's wellbeing. We saw that staff provided people's care and supporting a meaningful way by responding to them kindly but respectfully.

Staff continued to respect people's privacy and dignity as well as promoting their independence. We observed staff throughout the day knocking on people's doors, asking permission before undertaking any tasks and checking to make sure people were pleased with what they had done. One person said, "[Staff] could not be politer to me. They are all absolutely wonderful." One staff member told us how they ran a bath and got people's clothes and toiletries ready before inviting the person into their bathroom. People did not have to wait long for their care needs to be responded to. People's confidential information was held securely and staff kept people's personal information private.

During our inspection there was a steady flow of visiting relatives and friends. The deputy manager told us, "Today is like every day. Full of visitors." The provider confirmed this in their PIR, "Every effort is made to ensure that relatives and friends can maintain relationships with their loved ones." This included private meeting areas, aside from bedrooms, as well as the opportunity to take meals with people. This was confirmed during our inspection.

Good

Is the service responsive?

Our findings

People's care was person-centred and based on their individual needs. For example, with eating and drinking, moving and handling and pastimes. We saw how people who enjoyed music and singing were taking part in these activities as well as staff singing along with them. One person told us, "I like my newspaper which is delivered every day, to my room." We saw how staff had helped one person to recover from a pressure ulcer by being attentive and providing timely care based on their repositioning needs. Staff had adhered to the person's care plan and as a result the person had healed much quicker. This had improved their wellbeing and ability to be more independent. A relative said, "I would like to live here one day. The difference [staff] make to my loved one is that they can still be independent but with a little help with their care."

People contributed to their care and how this was provided. This was enabled with face to face meetings and information from relatives, friends and health professionals. One person said, "I like my peace and quiet in my room, doing word search games and reading magazines. I do go downstairs when there are live singing artists as I like them." People were encouraged to follow their interests.

The registered manager told us how they had enhanced people's wellbeing with staff's support. This had been achieved by tailoring people's care to their abilities and strengths. Where people liked signing or listening to a live singer staff had helped them with this and also joined in with them. The person said, "I absolutely love singing. It's my life." People were either, singing along, clapping their hands in rhythm or humming the tune. We saw how people's smiles and pleasure they got from this which made a positive difference to their lives. Another person told us that they continued to be supported to access hair dressing services by having this done at Langley Lodge. Regular church groups visited the service which people and relatives had attended. A third person told us they were no longer physically able to knit. To prevent stiffness in their hands staff had arranged personalised physiotherapy and gentle seated exercise classes to improve the person's flexibility. Other stimulation included playing cards to help improve dexterity.

Various technology was used to help people receive timely care such as call bells and sensor mats, which alerted staff to people's movements and helped staff to attend to people's needs promptly. One person told us, "As soon as you press the buzzer, [staff] come and ask what you want. If they are busy they just tell you when they will be back. It is never long."

People's care plans were detailed and gave staff essential information about each person they cared for. One staff member said, "We review each person's care needs every day. We have a shift handover where any changes are shared with the staff team and included in people's care plans." Examples of this included new equipment such as hospital type bed, newly prescribed glasses or the stopping of a prescribed medicine. People's lives were enhanced by staff adhering to their care plans.

People or those representing them could raise concerns about the care that was provided. Information of concern was also used as an opportunity for improvement. We saw that the provider had followed their complaints process to the complainants' satisfaction, when concerns had been raised. The provider had

reinforced to staff where they had not always followed policies and procedures. This had been successful in preventing recurrences. A common theme throughout our inspection was that people's concerns were acted on before they became a complaint. One person told us, "I know how to raise a concern but I have never had a need to complain." A relative said that the management team was "Always on the ball" and improvements were made promptly.

Arrangements were in place to equip staff with the knowledge and skills in care they needed These arrangements included training for staff, up-to-date guidance and contact details for palliative care teams. This enabled staff to support people at the end of their life to have a comfortable, dignified and pain free death. The registered manager confirmed that no one living at the home was receiving end of life care. However, they showed us that they had been working with people's relatives, to establish their wishes and preferences, should the need arise in the future. This information was to guide staff on the actions they needed to take to ensure the person's comfort and wellbeing as far as possible such as, respecting people's do not resuscitate wishes. Compliments from relatives whose family member had lived at the service included, "Thank you for all the care and kindness you showed [family member], especially in their last few weeks with you." Another read, "In the last years, thank you for your patience where [family member] needed extra care and attention."

Good

Is the service well-led?

Our findings

A registered manager remained in post. The registered manager was supported by a deputy and team leaders who covered day and night shifts. The provider was correctly displaying their previous inspection rating conspicuously where people and visitors to the service could see it.

Both the registered manager and their deputy spent a proportion of their day out in the service, helping with day to day activities and stepping in if the need arose. For example, such as when team leaders were on leave. One person told us that they often saw and chatted with the registered manager who would "Pop to see me most days". The person said, "It is a really good opportunity to say how much I love living here. This is down to the staff team making it feel like my home."

Staff were made aware of their responsibilities with regular mentoring, coaching and team meetings. This helped them adhere to the provider's values of promoting and maintaining a culture of openness and transparency. There were however inconsistencies in the recording of medicines where staff had not signed to say if they had administered these as prescribed. This meant that people's MAR records were not accurate or completed correctly. However, despite being reminded of these values and checks being in place of their practice, the lack of oversight of these matters had placed people at risk of harm.

Staff told us that they felt valued and had opportunities for career progression. One staff member said that despite being fairly new to care they had been given all the support they needed as well as having a management team who were very approachable. This had helped them to gain confidence. Another staff member told us, "If I need any help, I just need to ask. The support is always positive and I get feedback if I need to improve. It's all about building me up and giving me the confidence I need to know that I am doing the right thing. We do all work together as a team."

Staff were aware of when to report any poor standards of care. One relative told us that they had only ever seen loving when they visited and that they had no reason to doubt this when they were not there. A health professional said, "The [registered] manager would be the first to know if I saw anything of concern. I never have though." Staff had information on how to report any concerns about the quality of people's care to the registered manager or the CQC.

Audits and governance at the service were mostly effective in defining what had not always gone well. We saw that audits of medicines' administration had found where staff had not administered medicines or not always signed for them. Staff had not alerted the registered manager to all these incidents including where records had not been completed for several days. The registered manager had reported those events they knew of where they needed to do so. However, we found that this was not always consistent. This showed us there was a lack of effective oversight and governance. These issues were brought to the attention of the registered manager who told us they would be taking actions including personally signing off all incidents in future.

The registered manager provided evidence after the inspection that improvements had already been made

in both these areas, such as the quality of recording on repositioning charts and MARs, signing off all medicines' errors and ensuring staff sought advice from a health professional as soon as practicable. However, prior to us making them aware of this issue people were at risk of harm.

The registered manager took on board learning opportunities and had systems in place to improve the service. Where issues were made aware to them or they identified concerns, action was taken such as increasing night staffing levels for additional safety. One staff member said that the registered manager was a constant source of inspiration and someone they could approach at any time. The registered manager continued to keep their skills current and was a member of various schemes that provided the latest information about social and health care such as the Alzheimer's Society and updates from the CQC.

People, relatives, staff and others involved in people's care had a say in how the service was run. One of several positive comments from the provider's previous survey read, "My [family member] has been at Langley Lodge for many years. Staff are always on hand and are excellent all round." A health care professional was complementary of how professional the staff were. As well as how they worked together and had "An excellent working relationship with the GP practice".

The provider told us in their PIR that they had developed close working links with the local community such as, the nursing team who supported staff help people have access to all health services that they were entitled to. One health professional told us that the registered manager was approachable and that they always felt that they could speak with them at any time. The health professional went on to tell us that staff were motivated to provide good care and that "Langley Lodge has the atmosphere of a 'home'."