

Indigo Care Services Limited

# Langfield Nursing and Residential Home

## Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
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

### About the service

Langfield Nursing and Residential Home is a residential care home which can personal care to 54 people. At the time of the inspection the service was full.

### People's experience of using this service and what we found

People told us they felt safe at Langfield Nursing and Residential Home. Staff understood safeguarding procedures and any risks were identified and well managed. Staff were attentive to people's health needs and diligent when administering medicines. Regular checks ensured the premises were clean and provided a safe environment.

The service worked within legislative guidelines. Staff were well trained and pre-assessments and reviews ensured they could meet the needs of the people who lived at Langfield. People told us they were offered choices. Where people lacked capacity, assessments ensured that any restrictions placed on people were in their best interests and the least restrictive option. People told us that the staff were mindful of their dietary needs and that they liked the food provided.

Care staff were kind and caring in their interactions and knew people's needs and preferences. They communicated easily and comfortably with people and their families, which helped create a pleasant atmosphere.

Detailed care plans were person-centred. They addressed individual needs and people and their relatives had a say in how their care was delivered. Staff were vigilant to any changes in people's needs, and reviews ensured that staff could respond quickly to any of these changes. Care records included information about people's hobbies and activities reflected people's interests. Complaints were well managed, and when upheld there was evidence of action to minimise future errors.

The provider maintained a good oversight of the service which was well led by a manager who was highly involved in the day to day running of the service. They had built an open and welcoming service where people felt happy with the quality of their support. There was excellent communication with people and relatives on a regular basis, and people felt that they could influence how their care was delivered. Staff felt supported and that their hard work was rewarded. They were proud of the care they delivered.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 10 April 2017).

### Why we inspected

This was a planned inspection based on our current methodology.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good 

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good 

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good 

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good 

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good 

The service was well-led.

Details are in our well-Led findings below.

# Langfield Nursing and Residential Home

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector and two Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Langfield Nursing and Residential Home is a 'care home.' People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. At the time of our inspection the service had decided not to provide nursing care and did not employ nursing staff. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

We spoke with fourteen people who used the service and eight visiting relatives and friends. We spent time observing staff interacting with people. We spoke with the registered manager, regional manager for the provider and nine other staff including care workers, an activity co-ordinator and a cook.

We looked at documentation relating to five people who used the service, four staff records and information relating to the management of the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safe. One person told us, 'I have lived here for three and a half years now. I feel safe and happy. Another remarked, "I feel safe because I don't have anything to worry about." A visiting relative said, "It's brilliant, the staff make [my relative] safe. I come every day, but I have no problems and I have no problems leaving because I know they are safe."
- Staff were knowledgeable about protecting people from the risks of abuse. They were able to describe different types of abuse and told us that they had received training in safeguarding adults.
- The registered manager kept a record of safeguarding concerns and we saw relevant actions had been taken when required.
- Systems were in place to protect people from abuse. Staff understood the safeguarding policies and procedures which were in line with local protocols and reflected current safeguarding legislation.

Assessing risk, safety monitoring and management

- Risks to people's health and well-being had been identified. We saw care plans had been put into place to help reduce or eliminate the identified risks. Risk assessments were regularly reviewed. Equipment identified in care plans included pressure mats sensors and other safety measures to minimise risks.
- We saw when transferring people, staff were mindful of any hazards or risks. For example, when transferring people using mobile hoists they checked the correct slings were being used.
- The management team undertook environmental risk assessments and regular checks of the environment, fire equipment and water safety. A maintenance file identified when action was needed to check appliances and review or renew safety certificates.
- We saw people had personal emergency evacuation plans (PEEP's) in place, which explained the support people required to safely evacuate the premises.

Staffing and recruitment

- The service used a dependency tool to determine the number of staff required to meet the needs of people who lived at Langfield. We saw that the number of staff working at night had recently been increased.
- One person told us, "I think there are enough staff and they will come right away if they're not too busy." A visiting relative remarked, "I feel that there are enough staff, there always seems to be someone around."
- Staff we spoke with told us there were enough staff working with them. They told us they worked well together to ensure people's care and support needs were met, and had time to spend with people on a one to one basis
- We looked at staff records and found staff were recruited in a safe way.

### Using medicines safely

- People told us they received their medicines on time and that the staff always checked that they were the correct medicines.
- All the people we spoke with told us they received their medicines safely, on time and as prescribed.
- Staff who gave people medicines had read the provider's policies and procedures for safe medicine management. They had received comprehensive training about giving people medicines and competency assessments were carried out to ensure their practice remained safe. Body maps indicated where creams and ointments needed to be applied, and staff recorded application on a topical medicine chart.
- Safe systems were in place for the storage and disposal of medicines. Medicine expiry dates were checked, and the registered manager completed a monthly audit of all medicines.

### Preventing and controlling infection

- We completed a tour of the home with the registered manager and found the environment to be clean and well maintained.
- Staff had access to personal protective equipment (PPE) such as gloves and aprons. We saw staff used PPE when appropriate.

### Learning lessons when things go wrong

- The provider responded to accidents and incidents and systems and processes were in place to help minimise them reoccurring.
- We saw accidents and incidents were monitored to identify trends and patterns. Incidents were analysed and where lessons were learnt these were shared with the staff team.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed, and care and support were delivered in line with their preferences.
- Prior to their admission to Langfield, the registered manager undertook a pre-assessment of the person's needs. This was included in their care records and used to formulate a full care plan, detailing how they liked their needs to be met. When considering a person for admission they took into account the needs of the people already supported at Langfield.
- We spoke with people and their relatives and they told us they were involved in completing an assessment prior to moving in to the home, although not all the people we spoke to had seen their care plan.
- Support plans were thorough and contained person-centred information detailing what was important to the individual. Records, including care plans and risk assessments were reviewed and updated when a change in need was identified.
- Staff recognised the need to promote equality and diversity and their understanding was reinforced through training and the provider's policies and procedures.

Staff support: induction, training, skills and experience

- People were supported by staff who were trained to carry out their role. All staff new to care completed the Care Certificate and all staff undertook regular refresher training. One person said, "[The staff] are well trained. When someone is new, they are helping them all the time, like when I was an apprentice. They never forget anything, it's amazing". A visiting relative told us, "I've not met one staff member who is not up to it."
- The service provider offered mandatory training in a number of care and support areas. A training record demonstrating that 93% of mandatory training had been completed. Although staff told us their training provided them with skills and knowledge to support people, they said that some of the training they received was not always relevant to the people they supported.
- Staff we spoke with felt supported by the registered manager and told us they received regular one to one sessions to discuss their role.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink sufficient amounts to maintain a healthy and balanced diet. At lunchtime we observed staff providing positive encouragement, reassurance and gentle reminders to people to eat. Healthy snacks and drinks were available throughout the day.
- Catering staff we spoke with were aware of people's dietary needs. We saw the cook come to ask people if they had enjoyed their meal and knew all the people they spoke with.
- People were complimentary about the food. Comments included, "it's nice," and "The food is beautiful,

"I'm coming here again!" However, we were told the menu was planned by the provider and did not always reflect local tastes and preferences.

Supporting people to live healthier lives, access healthcare services and support; staff working with other agencies to provide consistent, effective, timely care

- We looked at people's care records and spoke with people and found they had access to healthcare services when required.
- All of the people we spoke with said they could see a doctor, dentist or any other health professional whenever they needed to. Care records documented any changes in people's physical or mental health and noted any consultations with health professionals.
- Referrals were made to professionals when any issues or concerns had been identified, such as potential pressure areas or poor nutritional intake. When instruction was provided by health professionals this was noted and followed.

Adapting service, design, decoration to meet people's needs

- The service was designed and decorated to meet the needs of people living at the home. The communal rooms, corridors and bathrooms were clean and fresh and well decorated.
- On the first floor there was dementia signage, coloured doors and memory boxes. Pictures, paintings and safe items of interest decorated the hallways, providing stimulation.
- People were encouraged to bring personal items into the home, and bedrooms reflected the personalities of the people who lived at Langfield.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (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 particular 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- The service was working within the principles of the MCA. Where people did not have capacity to make certain decisions we saw best interest meetings were held and documented, and the least restrictive options were chosen.
- Staff were knowledgeable the Mental Capacity Act and were committed in ensuring people were involved in their care and support.
- People told us they were offered choices in all aspects of daily living. One person told us, "I don't feel in any way restricted, except for the fact that age is catching up with me. Staff are open with me and they respect my choices. I have choices. For example, I can go out assisted and I can choose my own dinner and clothes."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People at Langfield were supported by friendly, welcoming and caring staff. They communicated easily and comfortably with people and their families, which helped create a pleasant atmosphere. We saw cleaning staff chatting pleasantly with people and knew them by name.
- When we observed interactions, we found staff were kind, caring and attentive. For example, when a person became distressed a member of staff immediately offered support and reassurance showing a good rapport and relationship with the person.
- Person-centred care was evident throughout our inspection. People were content and told us "All the staff are kind to me and treat me with respect". A visiting relative remarked, "I think that the staff are good. They seem kind and respectful people and I've noticed that they always give lots of reassurance when other residents are being hoisted. I think that so important in situations where people may feel vulnerable."
- People spoke positively about the service, and visitors remarked that they too were treated with kindness. One visiting family member said, "The staff are considerate and kind. They treat us with respect and show [my relative] respect. [My relative] seems to feel comfortable with all aspects of personal care."
- The staff understood and valued people's values traditions and social norms and their background and culture. The registered manager told us, "We take a holistic view of person, understanding issues important to them, including faith and culture, and activities of daily living. We try to provide continuity in people's lives."

Supporting people to express their views and be involved in making decisions about their care

- People were involved in their care and supported to make decisions and express their views. One person said, "I choose to split my days, between being in my room and in the lounge. All the staff respect my choices".
- People were supported to express their wishes, needs and preferences, and were consulted in reviews of their care plans. People told us they had seen their care plans and were invited to reviews.
- Things people had expressed as important to them were recorded. A short profile at the front of care records identified likes and dislikes and how their interests and hobbies could be maintained.

Respecting and promoting people's privacy, dignity and independence

- During our observations we found staff were respectful of people's privacy and dignity.
- We saw staff closed doors and curtains to maintain people's privacy. We also observed staff speaking with people in a quiet, calm manner which promoted their privacy. One person said, "All the staff respect my privacy. For example, they always knock at the door before coming in. I feel that the staff listen to me. They

respect my privacy and dignity by closing doors when I'm on the toilet or getting changed. They leave me to use the toilet independently and then I use the buzzer to call them back".

- The service ensured they maintained their responsibilities in line with the General Data Protection Regulation (GDPR). GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals. Records were stored safely which maintained people's confidentiality.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans had been developed with people which ensured their preferences and diverse needs were met in all areas of their support. This included protected characteristics under the Equalities Act 2010 such as age, culture, religion and disability. Care plans gave a good accurate picture of the person and recorded any specific risks, such as any behaviours which could be challenging. Where risk was identified records identified and instructed staff how to respond.
- The service used an electronic care planning system and staff were competent in recording information. The system reflected the support people received.
- Care plan documents were reviewed regularly to ensure records were up to date and in line with people's preferences, choice and current needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was available to people who used the service and was in a format which they could understand.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were stimulated and there was a range of activities provided. For example, we observed a gentle exercise class. People appeared to enjoy the activity and staff were enthusiastically encouraging people to join in. We also witnessed 'afternoon tea'; cakes, tea, coffee and wine were provided in a very pleasant relaxed atmosphere. The service employed activity coordinators who arranged activities which were enjoyable and encouraged and trips out either in groups or on a one to one basis. We also saw staff spent time talking to people.
- People's cultural and spiritual needs were respected. One visiting relative told us, "It is good that [my relative] gets opportunities for Roman Catholic communions on Thursdays and on Sundays in here. Her faith means a lot to her."

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure which was displayed in the entrance area. People told us that they knew how to complain.

- The registered manager told us they welcomed complaints being raised in order to improve the service.
- The registered manager kept a record of concerns and recorded what action they had taken. We saw complaints had been resolved in line with the providers complaints procedure. When any complaints had been upheld we saw action was taken to reduce the possibility of further concerns.
- The service also kept a record of low-level concerns and recorded how these had been dealt with. This showed the provider acted on feedback.

#### End of life care and support

- Where people had agreed, care plans explored people's preferences and choices in relation to end of life care and some staff had received training provided by the local hospice.
- Care plans recorded if a person had a DNAR (do not attempt resuscitation) in place. This is a document issued and signed by a doctor, after discussion and agreement with the person or their representative, which advises medical teams not to attempt cardiopulmonary resuscitation.
- We saw thank you cards which were complimentary and referred to good end of life care and support. One read, "[Our relative] passed away peacefully. We would like to take this opportunity to thank the team not only for the exceptional care but also for the support for the family in their hour of need. We appreciate it very much."

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- A visitor remarked, "This place is relentlessly lovely. All good. Staff are themselves and people are allowed to be themselves."
- All the people we spoke with and their families talked positively about the quality of care they received and how reassured they felt living at the home.
- The management team were active in all aspects of the service. They led by example and addressed issues as they arose.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service had a manager who had registered with the Care Quality Commission. They were supported by a deputy manager who had been newly appointed having worked at Langfield for a number of years.
- Services that provide health and social care to people are required to inform the Care Quality Commission of important events that happen in the service. The registered manager was knowledgeable about what to raise and had informed CQC of events as required.
- An area director for the provider visited Langfield on a regular basis. In addition, the provider employed a quality improvement nurse to ensure high quality of health care and reduce the risk of hospital admissions

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The management team involved people and their families through regular reviews and conversations to allow them to put forward their views about the service.
- People and their relatives told us they found the staff and manager approachable and open. One person told us, "The staff and manager are approachable. This manager will try to help with whatever I ask."
- People and their relatives were confident in the manager's ability to run the service, and believed they had created a safe, caring and stimulating atmosphere. One person told us, "The manager is approachable and very pleasant in her manner. The staff are good, and they listen to me. I would recommend this place because the whole set-up is good. I feel that it sometimes more like a hotel, especially in the dining room. I socialise well with the ladies here and that's a bonus."

Continuous learning and improving care

- The management team completed several audits to ensure the service maintained at the standard expected from the provider. Audits included areas such as the environment, medication, care documentation, staff records, infection control and accident analysis. Where actions were required we saw action plans were devised and issues were addressed.
- The area director also completed regular visits to the home and worked closely with the registered manager to ensure they had a good oversight of the service.

#### Working in partnership with others

- The service worked with other professionals such as health care workers. The provider ensured that appropriate support was obtained as required.
- The registered manager took on board issues raised by other services such as local authority contracts and commissioning and clinical commissioning group.