

Langdale Lodge Limited

Langdale Lodge

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Langdale Lodge is a residential care home providing personal and nursing care to up to 30 people. The service provides support to older people, people living with dementia and younger adults. At the time of our inspection there were 30 people using the service. The home provides care across 2 floors, with a communal lounge and dining areas.

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

Systems were in place to protect people from abuse. Risks to people were regularly assessed and appropriate measures were in place to minimise risk. Staff understood safeguarding principles and were aware of how to raise a concern. There were enough staff to meet people's care needs. Staff were recruited safely, and appropriate checks were completed prior to employment. People received their prescribed medicines safely and staff followed correct infection control procedures. Accidents and incidents were recorded and actions were taken to mitigate risk of reoccurrence.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. The registered manager focused on providing a warm, friendly person-centred environment. Relatives told us there was an open and welcoming family feel to the home. People told us the care provided to people was good and staff developed positive relationships with people. The provider worked alongside other healthcare professionals to support people's care needs.

There were systems in place to monitor the quality of the service. The provider promoted a positive learning culture in the home. People were consulted with regularly to give feedback on the service; this was used to drive improvements.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 20 September 2018).

Why we inspected

We received concerns in relation to staffing and care practice. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well led sections of this full report

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for

Langdale Lodge on our website at www.cqc.org.uk.

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Langdale Lodge

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was completed by 1 inspector, 1 inspection manager and 1 specialist nurse advisor.

Service and service type

Langdale Lodge is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Langdale Lodge is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

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

During the inspection

We spoke to 5 relatives, 5 staff, including the registered manager, clinical operations manager and maintenance lead. We reviewed 6 people's care records which included care plans, risk assessments and medicines records. We looked at 3 staff files in relation to recruitment. A variety of records relating to the management of the service were reviewed including policies and procedures.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safe from the risk of abuse. There were effective systems in place to protect people from the risk of abuse. For example, the provider had a robust safeguarding policy in place which was understood and followed by staff.
- Staff completed safeguarding training and felt confident to raise any concerns. One staff member told us, "If I saw anything of concern, I would report it to management straight away."

Assessing risk, safety monitoring and management

- People's risks were identified and care plans included detailed information on how to support people's needs. These were reviewed regularly.
- Appropriate measures were in place to assist staff to help people to manage risks in relation to people expressing distress. This included identifying triggers which caused the distress and actions to take to help reduce these.
- People's risks in relation to skin integrity were identified and effective measures were in place to maintain healthy skin. For example, correct pressure relieving equipment, repositioning and monitoring, which was regularly reviewed. One relative told us, "My [family member] had pressure areas when they came into the home, the pressure areas are better now."
- Personal emergency evacuation plans were included people's care records. This ensured essential information could be shared in the event of a hospital admission or emergency evacuation of the building.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- MCA assessments were completed for specific decisions. For example, covert medication. Best interest decisions were made in consultation with people's relatives or representatives when required.
- When people did not have the capacity to make decisions, they were supported to have maximum choice

and control of their lives and staff supported them in the least restrictive way possible.

Staffing and recruitment

- Staff were recruited safely. Records showed pre-employment checks and a Disclosure Barring Service (DBS) were undertaken prior to staff starting employment. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough staff to provide safe care for people. Staff received appropriate training to perform their roles. We observed staff attending to people promptly, whilst also engaging in meaningful interaction.
- The registered manager regularly reviewed staffing levels used individual dependency levels for people. This meant there were safe staffing levels to meets people's needs.
- Staff knew people's needs well and the environment was homely, caring and friendly. This meant people achieved good outcomes. Comments from relatives included, "The environment is very warm and comfortable. [Staff] show kindness, care and attention to people", "Everything has been spot on, my [family member] loves it here", "They have a really good team, lots of activities to stimulate people and it feels like a home."

Using medicines safely

- People received their medicines as prescribed. Where people were prescribed 'as and when required medicines, there were clear written protocols in place to guide staff on administering these.
- Staff received medicine administration training, this meant staff had the right knowledge and skills to administer medicines safely.
- The provider ensured least restrictive practice was followed in relation to medicines. For example, where people were prescribed medication medicine for periods of distress, this was reviewed with a view to reducing their use where possible.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

The provider's approach to visiting was in line with government guidance and there were no restrictions to visiting at the time of inspection.

Learning lessons when things go wrong

- Lessons were learned when things went wrong. The provider had systems in place to monitor accidents and incidents. Actions identified were followed up appropriately.
- Staff understood the process to follow for reporting accidents and incidents. For example, for falls, an investigation was always completed, which included staff completing a detailed checklist to ensure all

correct procedures were followed. A staff discussion was also completed to ensure actions identified were followed up and lessons learnt.

- One relative told us, "When [family member] had a fall, they phoned me up straight away and they let me know what actions they were taking. They were on top of everything."

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 our last inspection we rated this key question good. The rating for this key question has remained good. 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

- The provider focused on achieving good outcomes for people and there was a positive person-centred culture in the home. One relative told us, "When we visit, it is like being at home, [family member] loves it here."
- There was open communication between staff and relatives. One relative told us, "They always tell me about any changes or reviews, they are very open."
- Staff felt supported by the registered manager. Comments from staff included, "[registered manager] is very approachable and inspirational, really supportive", "If we ever get stuck they do their best to make sure we get training", "I love working here, we are like a little family."

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; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager understood their responsibilities to act with candour. Statutory notifications were submitted to us in a timely manner and records evidenced regulatory requirements were being met.
- There were appropriate policies and procedures in place, which detailed the providers and staff responsibilities for people to receive person-centred care and achieve good outcomes.
- The provider and registered manager had effective oversight of the service. Audits and walk arounds were completed regularly and actions were taken promptly. For example, it was identified and actioned that specific distraction methods could be used to minimise the risk of a person becoming distressed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People were engaged and involved in the service. For example, the provider sent out questionnaires regularly to relatives and visiting healthcare professionals. This was used to drive improvement.
- Staff had regular supervisions and attended team meetings to allow for discussion and feedback. One staff commented, "If we have any questions they always help".
- People's equality and characteristics were considered. For example, people's care records included individual communication and emotional support needs.
- The registered manager had a positive approach to learning and driving improvement. For example, the nutritional and wellbeing lead was supported to pioneer effective training in people's mealtime experience and specialist diets.

Working in partnership with others

- The provider worked in partnership with a wide range of professionals to achieve good outcomes for people. We saw care records which showed appropriate referrals to professionals, such as dieticians, falls team and specialist nurses.