

Diamond Care Homes Langdales Ltd

Langdales

Inspection report

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18 April 2018

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection visit took place on 12 April and 18 April 2018

This is the first inspection for Langdales since a change of ownership. Diamond Care Homes Langdales Ltd took over the home from another registered provider and became the registered provider with the Care Quality Commission (CQC) on 18 July 2017.

Langdales is a care home that provides accommodation to up to 26 people who require personal care and support. Some of whom are living with dementia. Accommodation was arranged around the ground and first floor with office accommodation on the second floor. There was a small garden area to the rear of the building. There was a passenger lift for ease of access and the home was wheelchair accessible.

At the time of the inspection 17 people lived at the home.

There was a registered manager in place. 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.

People we spoke with told us they felt safe and cared for at Langdales. They told us they were satisfied with the care they received and were supported by staff who treated them well. One person told us, "I feel safe here. The girls make sure of that." Another person said, "I love it here. I feel better and safer here than I did at home." However, although we saw good practice we also saw areas of care that reduced people's safety.

Medicines were not managed safely. Medicines were not always stored correctly, or administered according to the home's procedure or good practice. This put people at risk of not receiving their medicines. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014 (Safe care and treatment) as the registered provider had failed to ensure the proper and safe management of medicines;

Staff did not always take the need for confidentiality of people's information into account. We saw on one occasion people were asked personal questions in a communal area. No other people were present in this area but there was the possibility of being overheard. Also on day one medicines records and other charts were not always stored securely so could possibly be accessed by people other than those who should see them.

We have made a recommendation about ensuring confidentiality of information.

Although care plans were personalised, they did not have all relevant information about each person's care in them. This reduced the knowledge of staff who were unfamiliar with the individual.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014 (Good governance) as the registered provider had failed to ensure records maintained were accurate and reflected people's needs.

The service had not discussed with people and documented their preferred end of life wishes. We have made a recommendation about this.

We saw there had been recent changes of area manager for the organisation, and the way audits to assess and monitor the service were completed. The recent audits to assess and monitor the quality of the service had shown where gaps and omissions were. Actions in response to the audits had started but were still on-going when we inspected.

We have made a recommendation about continuing auditing the service and completing any actions highlighted promptly.

We looked around the building and found it had been maintained, was clean and hygienic. The design of the building and facilities provided were appropriate for the care and support provided. However when we checked a sample of water temperatures, we found the water was very hot in two rooms. The registered manager took immediate action, checked all water outlets to ensure they were safe and contacted a plumber to arrange further checks. Equipment had been serviced and maintained as required.

People told us staff were kind and caring and this reflected our observations of how staff interacted with people. We saw staff spoke with people in a respectful way and were sensitive and caring when supporting people. We saw staff provided personalised care that helped maintain people's well-being. They usually responded promptly when people needed assistance. However one person spilt their drink on themselves and although interaction was positive and frequent staff did not notice the spillage. We saw people had access to healthcare professionals and their healthcare needs were usually met promptly. Staff provided care in a way that respected peoples' uniqueness, dignity, privacy and independence.

There were sufficient levels of staff to support people with personal care and social and leisure activities during the inspection. However one person who did not eat their lunch may have done so with staff support. Several staff and people who lived in the home felt additional staff at busy times would be helpful.

People said they enjoyed some leisure activities in the home but the frequency and variety of these fluctuated. The registered manager had advertised for an activity coordinator to develop and lead on social and leisure activities.

There were procedures in place to protect people from abuse and unsafe care. Staff had received safeguarding training and understood their responsibilities to report unsafe care or abusive practices. We saw risk assessments were in place which provided guidance for staff in how to safely support people. This minimised potential risks.

Staff recruitment was safe. Staff said they were supported to develop their skills and knowledge to assist them to carry out their role. They had skills, knowledge and experience required to support people. Most of the staff team had remained in the home's employment during the change of provider. This meant they had knowledge of the home and people who lived there and people were cared for by staff who were familiar to them.

Staff understood the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS). People had been 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.

People were offered a choice of nutritious meals. Staff knew people's nutritional needs, likes and dislikes. People said the food was varied and were offered drinks, fruit and other snacks outside of meal times.

There were safe infection control procedures and practices and staff had received infection control training. Staff wore protective clothing such as gloves and aprons when needed. This reduced the risk of infection.

The service had a complaints procedure which was made available to people who lived at Langdales and their representatives. There had been no complaints made to the home in the previous twelve months. The service had information with regards to support from an external advocate should this be required by them.

You can see what action we have asked the registered provider to take at the back of the full version of the report.

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 was not always safe.

Care records did not always document all care needs to maintain people's safety and well-being.

Medicines were not always managed safely and given according to the home's procedure and good practice guidelines

Staffing levels were sufficient on the inspection although several people felt staff were frequently busy.

Staff knew what to do if they suspected or observed safeguarding concerns.

There were suitable infection control practices in place.

Is the service effective?

Good 

The service was effective.

Staff referred people to health professionals promptly and supported them to attend health appointments.

People were supported by staff who had training to support their skills and development.

People received a choice and variety of meals and drinks to meet their needs.

Staff were aware of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguard (DoLS) and considered each person's capacity to make specific decisions.

Is the service caring?

Good 

The service was caring.

Staff were polite and respectful when interacting with people

People said they were happy and comfortable and said staff were patient and kind.

Service users were supported to maintain relationships that were important to them.

Is the service responsive?

The service was not always responsive.

People's end of life wishes had not been discussed with them or their families and documented.

Staff did not always ensure confidentiality of information.

People and their families were said they were not always involved in planning and reviewing their care.

People had mixed views on the availability of social and leisure activities.

A complaints procedure was in place for people who lived at the home and their representatives.

Requires Improvement 

Is the service well-led?

The service was not consistently well led.

The home was not always managed safely or consistently responded to people's needs.

There was a system of audits that had started to identify errors and omissions.

The registered manager and staff team understood their role and were committed to providing a good support for people in their care.

Requires Improvement 

Langdales

Detailed findings

Background to this inspection

We carried out this comprehensive inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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.

Langdales is a 'care home.' People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

This comprehensive inspection visit took place on 12 April and 18 April 2018 and was unannounced.

Before our inspection we reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who lived at the home and previous inspection reports. We also checked to see if any information concerning the care and welfare of people supported by the services had been received. We contacted the commissioning department at Blackpool council and Lancashire Healthwatch. Healthwatch is an independent consumer champion for health and social care. This gave us additional information about the service.

The inspection team consisted of an adult social care inspector and an assistant inspector on day one plus an additional inspector for part of day one, and one adult social care inspector on day two.

As part of the inspection we used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the visit we spoke with a range of people about the service. They included six people who lived at the home, and two healthcare professionals. We also spent time observing interactions by staff. We used Short Observational Framework for Inspection (SOFI) to assist with this. SOFI is a structured tool to help us assess the care of people who were unable to talk to us about the care they received in services. This helped us understand the experience of people who could not talk with us.

We spoke with the registered manager and six staff members. We looked at three people's support plans, staff recruitment files, a staff training matrix, supervision records of staff and arrangements for meal provision. We also looked at records relating to the management of the home and the medication records of seven people. We checked staffing levels. We also carried out a visual inspection of the building to ensure it was clean, hygienic and a safe place for people to live.

Is the service safe?

Our findings

People we spoke with told us they felt safe and cared for at Langdales. They told us they were comfortable and staff supported them considerably and carefully. One person told us, "I feel safe here. The girls make sure of that." Another person said, "I love it here. I feel better and safer here than I did at home." However, although we saw good practice we also found areas of care that reduced people's safety.

We looked at three people's care records to check they were accurate, complete, legible, up-to-date, securely stored and available to relevant staff. The registered manager had started to introduce a new format for care records, restructuring and increasing the information they contained. Two of the care records we looked at were still in the old format. These were basic and lacked relevant information in relation to health and social care needs. The third care record was in the new format and was more informative. However, although risk assessments were in place for all three care records and staff were familiar with people's care needs, actions taken in response to risk were not always documented.

We saw information relating to one person's health needs had not been documented so was not accessible to relevant staff. For example, we found documentation relating to diabetes was not informative so staff did not have the information they needed to support the person safely. Another person needed support and aids to prevent pressure areas developing. A risk assessment had been completed but no actions recorded. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014 (Good governance) as the registered provider had failed to ensure records maintained were accurate and reflected people's needs.

Three of the six people we spoke with told us they were involved in planning what care they wanted but this involvement was not always documented. We saw one person was asked personal questions in the hallway, although no-one else was in the hall, this was a communal area where people may have heard the discussion. Also on day one of the inspection medicines records and health charts were not always stored securely. Therefore they could possibly have been accessed by people other than those who should see them. When we inspected on day two, these were securely stored.

We recommend following good practice guidelines to ensure confidentiality of information.

We saw staff did not always support people with their medicines safely. Medicines were not always given as prescribed and stored correctly. We observed a member of staff giving people their medicines. They did not follow the home's medicines procedure or The National Institute for Health and Care Excellence (NICE) national guidance.

We checked a sample of medicines records against their medicines and found on four occasions staff had signed for medicines but these were still in the monitored dosage system. This demonstrated people had not received their medicines as prescribed. We saw conflicting information regarding whether one person had allergies to particular medicines. This could put the person at risk of an allergic reaction if given these medicines. Three creams that had to be used within a short time had not been dated when opened so staff did not know when they should no longer be used. We saw other medicines were stored at too high a

temperature during the inspection.

Although there were audits and competency checks to assess that staff gave medicines safely, these checks had not ensured medicines were consistently safely managed. This put people at risk of not receiving medicines when they needed them or of receiving medicines that had not been stored correctly. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014 (Safe care and treatment) as the registered provider had failed to ensure the proper and safe management of medicines

Although medicines audits were carried out they had not always highlighted the errors we found. After the inspection the registered manager took prompt action in relation to the medicines errors we found, including additional training and monitoring of staff.

We looked around the building and found it had been maintained, was clean and hygienic. The design of the building and facilities provided were appropriate for the care and support provided. When we looked around the home on the morning of day one we found the temperatures of water in two rooms was very hot. The registered manager took immediate action, checked all water outlets and contacted a plumber to arrange further checks. We rechecked temperatures later on day one and these were warm but not too hot. By day two we saw additional checks were in place to reduce the risk of further problems and ensure the environment was maintained to a safe standard. Although we saw some washbasin fittings required attention, parts had been ordered and repairs were carried out in a timely way.

Documentation regarding equipment in the home was checked to ensure it was safe. There was a fire risk assessment and personal emergency evacuation plans (PEEPS) in place. Staff used personal protective clothing such as disposable gloves to reduce the risk of infection. Cotton aprons were used at mealtimes by staff and residents and then washed. This reduced the risk of spreading infections. One relative stated in a review, 'Cleanliness is exceptional.'

Procedures were in place to minimise the potential risk of abuse or unsafe care. Records seen confirmed staff had received safeguarding vulnerable adults training. We spoke with staff who knew what action they would need to take to protect people from abuse. Where a safeguarding concern has been raised the registered manager has listened to any advice, learnt from these and improved care practice.

We talked with staff regarding how they managed behaviours which challenged the service. Although no one had behaviour that challenged when we inspected staff were able to give examples of strategies they could use to distract people when they became anxious or upset.

We observed staffing levels during the inspection and checked staff duty rotas. People we spoke with who lived in the home felt additional staff at busy times would be helpful. Staff also suggested that they could be very busy which reduced the time they could spend with people. We saw staff were able to support people in a timely way during the inspection. A professional spoken with told us staff were always busy but they knew the residents quite well. There were few people with complex care needs when we visited. During mealtimes staff encouraged people to eat their meals, regularly checking if they were alright. However one person who was sleepy and did not eat their lunch may have done so if a member of staff had sat with them to encourage them. Senior staff had started to monitor staffing levels to assess if there were enough staff to support people as they needed. They told us they had also advertised for an activity coordinator to develop more social and leisure activities.

We checked two staff recruitment files to make sure staff were recruited safely. Checks had been made

before prospective staff began to work in the home. We saw and staff told us they had a full employment work history, references from previous employers and they had completed a disclosure and barring check (DBS) prior to being employed. They had received induction training to make sure they had the skills, knowledge and experience required to support people with their care.

There were procedures in place for dealing with emergencies and unexpected events. The registered manager discussed how they managed a broken boiler in the cold weather with extra blankets and heaters for each person. Where any incident, accident or error occurred the registered manager reviewed them to see if lessons could be learnt and if they could reduce the risk of similar incidents occurring. On day two, the registered manager told us they had discussed the medicines issues found on the first day of the inspection and the need to reduce these with the staff team. One member of staff told us, "I think we have all learnt from that. I know I have. It is too easy to get complacent."

During the inspection process we contacted the local authority commissioning team. They had been supporting the service with record keeping and felt progress was being made.

Is the service effective?

Our findings

People told us staff knew their care needs and wishes and met these. Care practices observed during our visit confirmed people had usually had their needs met promptly. We saw staff worked well together. The service worked in partnership with health and social care professionals. People were supported to attend health appointments and staff referred people promptly. These included GP's, hospital appointments dentists, opticians and other healthcare professionals.

The service had joined the Enhanced Health in Care Home Framework which is cooperation between the service and the Health Service. The service had recently been issued with a device to enable clinicians and care home staff to communicate in a virtual way and carry out remote examination and support to people. The service had been introduced to enable people to be treated in their home environment and reduce pressure on the ambulance service and hospital.

Five people said they liked the food, choice and variety of meals. One person said, "Oh lovely. I enjoy my meals." Another person said, "I eat better here than at home." However one person said they did not like the food and wanted more fresh fruit and vegetables cooked from scratch." We observed lunch and it was calm and staff talked with people as they served their food. People were offered a choice of meal. We saw the food was well presented and comfortably hot. Staff encouraged people to eat their meal. We saw there were snacks available between meals. One person said, "There's a bowl of fruit around and you can ask the staff if you want anything."

People had been assessed on their nutritional needs and preferences. Their food preferences and any dislikes or allergies were recorded. Where there were any concerns about an individual's nutritional intake. This had been monitored and their weight recorded. We spoke with staff, who were aware of people's food requirements, likes and dislikes.

We checked the kitchen and found it was clean and tidy, well organised and stocked with a variety of provisions. Staff told us and training records confirmed they had received training in food safety and were aware of safe food handling practices records of food served people. The Food Standards Agency, a regulatory body responsible for inspecting services which provide food had awarded the home their top rating of five in relation to meeting food safety standards about cleanliness, food preparation and associated record keeping.

We looked at how the home gained people's consent to care and treatment in line with the Mental Capacity Act (MCA). People had 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. People's mental capacity had been considered and was reflected in their care records. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw people's mental capacity had been assessed and applications for DoLS had commenced.

We looked around the building and found it was appropriate for the care and support provided. There were communal areas for people to relax and socialise. Lighting in communal rooms was domestic in character, sufficiently bright and positioned to facilitate reading and other activities. Aids and hoists were capable of meeting the assessed needs of people with mobility difficulties were in place. There was a lift for access between floors. Each bedroom had a nurse call system to enable people to request support if needed. People had personalised their rooms with their own choice of belonging reflecting their personality and interests. There was a garden where people could access outdoor space.

We spoke with staff members and looked at the service's training matrix. This confirmed staff training covered safeguarding, food safety, dementia, fire safety, infection control, Equality and diversity and health and safety. Records seen and staff spoken with confirmed they received training relevant to their role. This assisted them to provide care that met people's needs. One staff member told us, "I am up to date with my mandatory training." Another member of staff said, "We got behind with our training but we have caught up now."

Records seen showed there had been a period where staff had not received formal supervision. However this had recommenced before the inspection. These were one to one meetings held on a formal basis with their line manager. Staff told us they found supervision helpful. They told us they could suggest ideas and training needs and were given feedback about their performance. Staff felt they had the skills and knowledge to be able to support people effectively.

Is the service caring?

Our findings

People who lived at Langdales told us they were settled and content and found the staff caring. We observed positive interactions throughout the inspection visit between staff and people who lived at the home. We saw staff had a considerate and patient approach and people were relaxed in their presence. We saw staff took people's individual needs around privacy and dignity into account when they carried out personal care. They spoke with people in a respectful way and were attentive, and thoughtful when supporting people.

Staff interactions were frequent and friendly and people said the staff helped them promptly when they asked for assistance. One person told us "I love it here. The staff are fantastic. I never want to leave." Another person said, "Staff are so kind and caring. I am so glad I am here." We saw thankyou's written to staff. These included, 'We will always be grateful for the good years you gave [family member].' And, 'Thank you doesn't seem enough for the care and love you showed [family member] during their time with you.'

Staff were aware the importance of supporting and responding to people's diverse needs and treated people with respect and care. They had received training on Equality and diversity and were due to receive more training and discussions. The Equality Act 2010 legally protects people from discrimination in the work place and in wider society. Staff knew about people's personal relationships, beliefs, likes and wishes. This helped people to receive the right support. We discussed ways of informing prospective residents the home could support people's diverse needs with the management team. They told us of ways they intended to make people aware of the support they were able to provide.

Staff were proactive in supporting people to keep in touch with families and friends. We saw people visited their relative or relatives visited the home their relatives and friends were made welcome by staff. Staff were starting to try out technology such as skyping to help people to keep in touch with families who lived away or were unable to visit.

We spoke with the manager about access to advocacy services should people need their guidance and support. Advocacy services offer independent assistance to people when they require support to make decisions about what is important to them. The service had information details for people and their families if this was needed. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

Is the service responsive?

Our findings

We looked at three people's care plans and saw people's preferences for end of life care had not been documented. We spoke with the senior staff about arrangements the service had in place for end of life care. They told us two people had funeral plans but they had not discussed preferences regarding end of life care, with people or their families. Each person and the people close to them should be at the centre of decisions about their care. No one who lived at Langdales was receiving palliative or end of life care when we inspected. However we saw one person had written to the registered manager and said, 'Thank you for everything you did for [family member] in those last weeks.'

We recommend the service refers to good practice guidelines and discusses with people or their families', their preferred end of life arrangements and record these to ensure people's wishes are respected.

Care plans were personalised but provided limited guidance to staff on people's health needs and how to support them with their daily routines and personal care. However, staff spoken with were knowledgeable about the support people in their care needed and the way they preferred to be supported. We saw evidence staff supported people to attend important events in their lives. One relative had written, 'Thank you so much for all you do for [family member] and making her look so beautiful for the [family get together]'. The registered manager had recently started changing to a new care plan format. These were more thorough and informative. Three of the six people we spoke with told us staff talked to them about their care. This reflected the care records and risk assessments we looked at.

Almost every interaction from members of staff to people who lived at the home, was prompt and responsive. However staff missed one person had spilt their drink around them and did not respond to this. This was despite frequently interacting with the person.

On day one of the inspection we were concerned that one person was very sleepy, unwilling to interact with staff or comply with personal care or meals. However when we looked at the person's care records we saw district nurses, the home care team and the GP had been consulted and interventions tried unsuccessfully. These had been documented. Further advice and interventions had been sought by day two and investigations were on-going to improve the person's wellbeing.

Staff recognised the importance of social contact, companionship and activities. People said they their family member or friend could visit whenever they wanted. They told us staff made them welcome. There were activities available including quizzes, Bingo and card games. However people had mixed views about activities. One person told us they enjoyed activities most days another person said they didn't have many. The registered manager told us she wanted more activities so was in the process of recruiting for an activity coordinator to lead and organise activities. One person told us, "We used to have a minibus with another home and we would take it in turns to use it but that's gone." However, the registered manager said she had arranged to have use of a mini bus they had used previously for outings on a regular basis.

We looked at what arrangements the service had taken to identify, record and meet communication and support needs of people with a disability, impairment or sensory loss. Staff were knowledgeable about the

way each person communicated their needs and wishes. Care plans seen identified whether a person had communication difficulties and how they communicated. We saw one person who had limited verbal communication pointed to indicate their choices. This was documented in their care plan.

The service had taken good practice guidelines into account when supporting people with additional communication needs. Staff shared important information about people's needs, including communication needs, with other professionals.

The complaints procedure was made available to people and their relatives. People said they knew how to complain. Where people felt or were unable to complain themselves, relatives or advocates could act on their behalf. Senior staff spoke frequently with families to check they were satisfied with the care their family member received and dealt promptly with any concerns. There was a suggestion box in the entrance to the home. The registered manager she was looking at ways to make this more visible so it was used more.

Is the service well-led?

Our findings

The registered manager had managed the home under the previous provider and had supported people who lived at Langdales, their relatives and staff through the change of provider. People were positive about how she had managed the changes.

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.

During the inspection we reviewed the quality and accuracy of the documentation maintained by the service. We reviewed care records and found although care records were personalised and some information was up to date, information was not always documented. One person's care records identified the person had health conditions but there was no further information about these.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014 (Good governance) as the registered provider had failed to ensure records maintained were accurate.

The registered manager sought people's views through informal chats as well as more formal meetings. People told us they felt the home was managed well and they could easily talk with the staff team. The registered manager told us she had an 'open door' policy and residents, relatives and staff could talk with her at most times. People who lived at home, their relatives and staff confirmed this. One person told us, "The manager comes round to see if we are alright every day. She is very nice." Another person said, "It is a good place this, properly managed." People and their relatives were encouraged to complete surveys about the care provided and any improvements they would like.

The home had a clear management structure in place. The registered manager had a clear vision of where she needed to be. Staff we spoke with told us the manager was supportive and approachable and clear about the standards expected. There were staff meetings held to inform, involve and consult staff. Staff told us they were able to suggest ideas or give their opinions on the care of people and the way the home ran. One member of staff said, "I feel I can ask [registered manager] if I have any concerns and she will help." Another member of staff said, "Registered manager works so hard and she always makes time for you."

There were procedures in place to monitor the quality of the service. The registered manager carried out unannounced visits to monitor the care provided in the home. New audits, which were more informative than previous ones, had recently been introduced by the new area manager, as previous audits had not always identified areas of concern. The new audits were carried out by the registered manager and area manager and reported back to the directors of the organisation. Although several of the issues we identified had been highlighted on the most recent audit these had not yet been rectified when we inspected. All agreed actions not completed were carried forward to the next audit, which helped keep track of tasks. Any errors or omissions were reflected on and lessons learnt to improve the service.

We recommend the service continues to carry out comprehensive audits and completes any actions highlighted promptly.

Legal obligations, including conditions of registration from CQC, and those placed on them by other external organisations were understood and met. Staff worked in partnership with other organisations such as the local hospice who helped them make sure they were following current practice. They also shared information and good practice between the homes in the organisation.

The staff team worked in partnership with other organisations to assist them to follow current practice. They told us they sought information, advice and guidance from other agencies and from best practice guidelines. These included social services, GP's and other healthcare professionals and care organisations. They learnt from incidents that had occurred and made changes in response to these to improve care and safety.

This is the first rated inspection of Langdales with the current provider. Providers are expected to place on display in the conspicuous area of their premises and their website their CQC rating once received. This has been a legal requirement since 01 April 2015.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered provider had failed to ensure the proper and safe management of medicines; Regulation 12 (1) (2)(g)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider had failed to ensure records maintained were accurate and reflected people's needs. Regulation 17 (1) (2)(c)