

Mr B O & Mrs C N Ogbakaeko

# Langdale Court Care Home

## Inspection report

1 Colville Street  
Nottingham  
NG1 4HQ  
Tel: 0115 947 2167  
Website:

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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 

### Overall summary

We carried out an unannounced inspection of the service on 25 August 2015.

Langdale Court provides accommodation to younger adults in the Nottingham area. It is registered for a maximum of seven people. There were five people with mental health issues receiving care and support at the home at the time of our visit.

There was a manager registered with the Care Quality Commission (CQC). 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 felt the service was safe and the provider had arrangements in place to identify the possibility of abuse and to reduce the risk of people experiencing abuse. Risk assessments were in place to help protect people from all potential risks and injuries.

Staff numbers were sufficient and reflected the numbers of staff on the rotas to make sure people were supported

# Summary of findings

appropriately. Staff had undertaken relevant checks to ensure they were safe to work and support people. The provider had a robust recruitment process in place. Medicines were managed appropriately.

The requirements of the Mental Capacity Act (2005) were adhered to. When a person lacked the capacity to make some decisions for themselves, a mental capacity assessment had been completed.

People were encouraged to be independent and received relevant information on how the service was run. People felt that they could express their views about the service that they received.

People received care which met their needs. They were treated with respect and the staff had a caring approach.

People were involved in decisions related to their care and support. Care plans were reviewed, but were not always updated when changes had been found.

People knew how to raise a concern; they knew who they should contact and who to raise the concern with. The provider followed their procedures to ensure complaints or concerns were dealt with.

Systems were in place to monitor the service, but the provider did not always record their findings or actions they had taken.

People were encouraged to express their views and comment on how the service was run.

The management team worked well together and supported people accordingly. The service worked with other professionals and fulfilled their obligations to the care commissioners.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

People felt safe with the staff who cared for them and with the care they received. The provider had arrangements in place that supported people who used the service against the risk of abuse. Individual risks were managed appropriately.

Staffing levels were sufficient to meet people's needs. Recruitment processes were in place to help support suitable staff to be employed.

Staff followed processes that were in place to ensure medicines were handled and administered safely.

Good



### Is the service effective?

The service was effective.

People received care from staff who felt fully supported by the management team. Staff training and development was reviewed and updated appropriately during the course of their employment.

Staff had awareness of the Mental Capacity Act. They were following appropriate guidance to ensure people who lacked capacity were not restricted. They obtained permission before they provided care and support.

People were encouraged to be independent and where necessary they were supported to have sufficient to eat and drink.

Staff had a good knowledge and understanding of how to meet the needs of the people they cared for. Referrals were made to other healthcare professionals when required.

Good



### Is the service caring?

The service was caring.

People were positive about the staff and the care they received.

People were treated with respect, compassion and in a dignified way at all times by the staff who cared for them.

Staff were encouraged to form caring relationships with people to make sure they experienced good care.

Good



### Is the service responsive?

The service was responsive.

Staff understood what people's needs were and responded to their changing needs in a positive way.

People were aware of the complaints procedure. The provider responded to concerns when necessary.

Care plans were reviewed with people on a regular basis to ensure they received personal care relevant to their needs.

Good



# Summary of findings

## Is the service well-led?

The service was well-led.

Systems and procedures were in place to monitor and improve the quality and safety of the service provided, but not always recorded.

Policies and procedures associated with the running of the service were in place and reviewed in an appropriate time frame.

There were clear processes in place to ensure staff accounted for their decision, actions and performance.

**Good**



# Langdale Court Care 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 25 August 2015 and was unannounced. The inspection team consisted of one inspector.

Before we visited we reviewed the information we held about the service including notifications. Notifications are

about events that the provider is required to inform us of by law. We also looked at the Provider Information Return (PIR). The PIR is a form that asks the provider to provide us with key information about the service, what the service does well and improvements they plan to make.

During our visit we spoke with five people who used the service, one member of staff and the registered manager.

We looked at the care plans for five people, the staff training and induction records for staff, five people's medicine records and the quality assurance audits that the registered manager completed.

We also consulted commissioners of the service who shared with us their views about the care provided.

# Is the service safe?

## Our findings

People were protected from abuse and harm because the provider had systems in place to identify the possibility of abuse and to reduce the risk of people experiencing abuse.

People told us they felt the service was safe. All people said they felt safe with the staff who supported them. One person confirmed they were happy with the staff who supported them they told us, "I am okay." We observed people being supported in a safe way.

From discussions with staff we found they understood how to recognise the possibility of abuse and how they should keep people safe. They had received training about roles and responsibilities and had information about who to contact if they were concerned that someone was being abused. There were records to show that all staff had completed their training in this area and systems were in place for staff to undertake refresher courses as and when required. The registered manager told us they also discussed safeguarding at staff and resident meetings. We saw these discussions had taken place with people through records we looked at.

The registered manager described the process required if they had concerns of a safeguarding nature. This included how to contact the local authority and the Care Quality Commission. There had been no recent safeguarding concerns raised. We felt assured that if any issues did arise they would be dealt with appropriately.

Individual risks were identified and managed; people were involved in making decisions about any risks they may wish to take. This included considering the risks people might face when they went out alone or when they were responsible for taking their medicines. The service managed incidents and accidents promptly. The provider had a responsive approach when dealing with any risk found and respected people's human rights and ensured people were not discriminated against. There were policies and procedures in place to manage risks and staff followed these to protect people.

People had their own personal evacuation plans to ensure they were fully supported in an emergency. These plans were used for emergency situations such as an outbreak of fire and to ensure people were evacuated safely. We saw copies of the plans and they were easily assessable to staff.

The premises were generally safe. We found a small number of maintenance issues that had not been addressed, including a small leak in one of the bedrooms and some curtain poles and a radiator cover which required fixing. The manager told us they would address these issues and had already made arrangements for a trade's person to visit the home for these tasks. The registered manager told us they undertook the appropriate safety checks to ensure the home was safe. For example, electricity, portable appliance tests, fire alarms and gas safety checks. We saw documents that reflected these checks had taken place.

People told us that the number of staff were sufficient to meet their needs. One person said, "There is enough staff on duty." Another person told us, "There is always someone around."

Staff confirmed the numbers of staff were sufficient to meet the people's needs. We observed that people received care promptly when requesting assistance in the lounge areas or in the dining room. We looked at records which confirmed that the provider identified the required staffing levels. Staff confirmed they had been through a robust recruitment process. This was to make sure they were suitable for the work and would look after people safely. We found people were protected against the risk of receiving support from staff that were unsuitable for their role. We looked at the way checks were undertaken which showed no new staff started employment unless they had appropriate references and had been through satisfactory checks.

People were protected from the risks associated with managing medicines because the processes in place were followed to ensure medicines were managed safely.

People told us the staff made sure they took their medicines. One person said, "I receive my medicine from staff at regular times of the day." Other people confirmed they received their medicines in a timely manner.

Staff told us they had received training to administer medicines and we saw staff were tested on their skill and knowledge to ensure they did this safely. We reviewed the records of four staff which confirmed they had completed a competency test for administering medicines. The manager told us there were regular assessments to check staff administered medicines safely. Staff had a good understanding of how to complete a medicine

## Is the service safe?

administration record (MAR), which were used to record when a person had taken or refused their prescribed medicines. Medicine assessments had taken place for people to identify the level of support they required or if able to self-medicate.

Receipt and return of medicines were recorded in separate books and procedures were followed appropriately. We saw the service was using guidance and procedures from the local authority and staff had signed to say they had read and understood them. This showed the service managed their medicines correctly, disposed of them safely and kept accurate records.

We did not observe any people supported with their medicines during our visit, but staff described to us the process they followed, how they administered medicines safely and what action they would take in the event of an error. We found a medicine audit had been undertaken by the manager and by other healthcare professionals. We noted there were a number of recommendations identified. The manager provided an action plan, which identified what action they had taken to ensure they had followed up on these recommendations.

# Is the service effective?

## Our findings

People were complimentary about the staff and felt staff knew what they were doing. One person said, “They [staff] look after me okay.” Another person told us staff were “Excellent.”

Staff told us they received supervision and an appraisal on a regular basis. We saw supervision had taken place and staff had completed an induction when they first started their role. We found staff were knowledgeable about the people they cared for and how they should provide people with effective care. The provider told us they were responsible for all staff training and we saw staff training records were in date. The registered manager told us they undertook observation of care practices and we saw these observations were clearly documented. We saw staff had the correct skills to communicate with people effectively and carry out their roles and responsibilities.

People’s rights were protected under the Mental Capacity Act 2005. The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS is a code of practice to supplement the main MCA 2005 code of practice. We looked at whether the service was applying the DoLS appropriately. These safeguards protect the rights of adults using services by ensuring that if there are restrictions on their freedom and liberty these are assessed by professionals who are trained to assess whether the restriction is needed. The registered manager told us that no applications had been made for people as no one was being deprived of their liberty. We found the front door was kept locked at all times. Staff told us this was for security reasons only and no one was restricted to leave the home. We saw people asked to go outside and staff accommodated this. We saw people had the freedom of the home and were able to come and go as they pleased.

People consented to the care and support they received. Five people we spoke with told us staff asked their permission before providing any care or support. We looked at five care plans and saw people had given their consent by signing documentation to say they agreed to the care and support they received. We saw MCA assessments had taken place that identified all people had mental capacity for their daily care needs and were involved in their care planning. We found relevant

documentation for a court of protection for one person and systems in place to support this person were appropriate. A court of protection makes decisions on behalf of people who lack the capacity to make decisions for themselves.

People had access to healthcare services, and were supported to maintain good health.

People told us they could see a doctor or optician whenever they wanted. One person said, “The doctor will visit the home.” They also confirmed they received appropriate check-ups relevant to their medical condition. We saw people had visited their GP and attended hospital appointments when necessary. Staff were knowledgeable about people’s healthcare needs

We saw the service took preventive action to ensure people were in good health. Referrals were made to external healthcare professionals when required. We saw people’s health had improved since being at the home. For example, one person used to take medicines for a condition they suffered before coming into the home, but since they had been at the home their condition had improved and they no longer had to take these medicines. Another person, with support and encouragement from staff, as well as following advice from their GP had given up a habit that had been hazardous to their health. The person had chosen this option to prevent their health deteriorating further. With the support and encouragement we found this had been effective to their health and wellbeing.

People received support to eat and drink enough and maintain a balanced diet. We observed people requesting drinks throughout the day and these requests were responded to. We received good comments about the food choice and we found people had been involved in making food choices through giving their views at resident meetings. We looked at the menu and the staff told us the menu was rotated every four weeks. The menu was also written on a board in the dining room on a daily basis.

We did not observe lunch being served in the dining room, as we felt this was invasive of people’s privacy as it was only a small dining area. Everyone we spoke with after lunch seemed to enjoy their meal. One person chose not to have a cooked meal at lunch time and we saw this was accommodated. They told us they enjoyed the alternative they had been given, which was a sandwich and fruit.



## Is the service effective?

Another person had been on an outing and wanted their meal when they returned, which was done. This showed people had choices about the food they ate and when they wanted to eat.

Staff were aware of people whose medical condition was diet controlled and effectively supported them. Five people

had their weight recorded monthly and this was documented in their care plan. We noted their weight was stable. Where appropriate people were supported to lose weight with support and involvement of their GP. This showed the service supported people to eat and drink and maintain their weight sufficiently

# Is the service caring?

## Our findings

People were encouraged to develop positive relationships with other people, their families and staff. One person told us they visited their family on a regular basis. Staff told us one person had regular contact with family abroad. The registered manager commented how well the staff and people worked together and got on well.

People were treated with kindness and compassion in their day to day care. People told us staff supported them in a kind and caring way. We found staff demonstrated kindness and a caring attitude. For example, one person raised an issue with a staff member during our visit. We observed the staff member treated the person with compassion and empathy when responding to them.

Staff had knowledge about the people they cared for. One staff member said, "We respect people's privacy and knock on their door and wait for a response." They also told us they maintained people's privacy at all times. We observed staff respecting people privacy, for example, when people wanted to go back to their rooms the staff did not disturb them. We also observed staff speaking to people in a calm manner. People's dignity was respected at all times. One person said, "Staff treat me with respect and observe my dignity." We found where staff supported people with personal care it was recorded how they should protect the persons dignity. We observed staff speak to people in a calm way and call them by their preferred name. One staff member told us, "We make sure we respect people's privacy when required or asked."

The registered manager told us they employed people that were compassionate, kind and that treated people with dignity and respect to make sure they had a good experience from the service.

Care plans we looked at contained information relevant to the person and reflected people's needs. We found they had information that was individual to the person, such as their life history, so staff could talk about what was important to the person. Whilst care plans were reviewed on a regular basis, they had not always been amended when changes occurred. For example, one person's care plan had been evaluated and showed there had been a change to the person's needs. However, their care plan had not been updated to advise staff of these changes. We spoke with the registered manager and they said they would address this immediately.

Staff told us they used an advocacy service and accessed relevant information when the need arose. They told us one person had used an advocacy service some time ago and we saw this was recorded in their care file. An advocacy service is used to support people or have someone speak on their behalf. Advocates are trained professionals who support, enable and empower people to speak up.

We saw people's wishes with regard to their end of life plans had been discussed, so they were comfortable and respected at the end of their life.

# Is the service responsive?

## Our findings

People told us staff were responsive to their needs and that they provided consistently good care.

We observed staff responding to people and supporting them when required. Two people had a disagreement during our visit. The registered manager and the member of staff on duty listened to what both parties had to say. The staff showed empathy with both people and gave advice on how both parties could reach an agreement that was suitable for them both.

People were aware and involved in their care plan reviews. Comments made during conversations with people confirmed that people knew they had a care plan and that they were actively involved in any discussions about their care.

We saw individual assessments had taken place. The registered manager told us that people receive a yearly review with involvement of other health care professionals. They told us they discussed and supported people to achieve their goals and aspirations.

People were encouraged to follow their interests and take part in social activities and where appropriate education and work opportunities. One person told us they liked going to the cinema. The person was encouraged to participate in this activity on a regular basis. We saw this was also identified in their care plan for social activities.

One person told us they liked books and regularly received book tokens from friends. Another person said they attended a centre on a weekly basis to support their learning.

Staff told us how care plans focused upon the person and identified their choices and interests. They said, "We try where appropriate to respond to people's needs." We saw where the registered manager and a member of staff had discussed ways of providing more activities to stimulate people. This showed they were proactively looking at ways to improve the service they provided.

Systems were in place for people to feedback their experiences of the care they received and raise any issues or concerns they may have. People told us they had attended resident meetings on a regular basis. One person said, "Staff always ask if I am all right." We saw people were comfortable speaking with the registered manager and staff about their day to day lives and any concerns they may have. People told us they knew how to raise a concern and who they should contact if the need arose. One person said, "The manager is always available."

Staff told us they felt confident and comfortable to raise any concerns and that they would be supported by the management team. We saw staff meetings were recorded and took place regularly. We found there was a complaints process in place. The provider told us they had not received any complaints. There was a complaints policy in place and people told us when they had made complaints in the past they had been responded to quickly. Guidance on how to make a complaint was contained in the guide for people who used the service and displayed in the main reception.

# Is the service well-led?

## Our findings

There were systems in place to monitor the quality of the service. We found medication audits were completed by an outside professional and the provider was working towards the recommendations that had been highlighted. The provider told us they completed audits of the environment and ensured the quality of the service was monitored. They had identified a number of areas that needed attention, but they did not keep any records of these issues.

The provider visited the home regularly and their contact details were displayed in the home, so that they could easily be contacted by people who used the service, relatives and staff.

Audits were carried out in the areas of infection control, care records, medication, health and safety, laundry, kitchen and domestic areas. This showed the service was effectively managed.

People received information regarding the service provided, such as a statement of purpose and service guide. People were involved with the service by completing questionnaires. The provider gained people's views and experiences through their feedback. We found feedback was positive and complimentary towards the staff and the care they received. Staff and people who used the service were encouraged and felt able to voice their views and concerns. The registered manager told us they openly encouraged staff to discuss any concerns they may have.

A registered manager was in post. All staff we spoke with felt the manager was approachable and listened to their views or concerns. They told us they had regular supervision. We saw that staff meetings had taken place and the registered manager had clearly set out their expectations of staff. Their roles and responsibilities were discussed, including night staff.

The registered manager had a clear vision of the service. This was to promote independent care for people and make sure people received good quality care that protected their dignity and privacy. They told us this was demonstrated by people living at the home long term and the consistency of staff they employed.

We looked at the processes in place for responding to incidents, accidents and complaints. We saw that incident and accident forms were completed. Staff said if there was a complaint or incident, the manager would meet and discuss with staff. They said that they explored ways in which similar issues could be prevented in the future. The registered manager told us they had not received any safeguarding or other incidents for over 12 months. Documents we looked at identified this to be the case.

The service worked well with other health care professionals and outside organisations to make sure they followed good practice. They followed their legal obligation imposed on them by CQC and other external organisations.