

Isand Limited

# Langdale House

## 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

This inspection took place on 13 December 2018 and was unannounced.

Langdale House is a residential care home for up to eight people with learning disabilities. At the time of our inspection eight people were using the service. The service had spacious living areas and was set over two floors. The service was set in a residential area with easy access to the local community. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission regulates both the premises and the care provided, and both were looked at during this inspection.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Systems were in place to manage risks to people's safety. Potential risks to people were assessed and managed appropriately. Accidents and incidents were recorded and reviewed in order to reduce the risk of them reoccurring. People received their medicines safely and in line with their prescriptions. People were supported by sufficient numbers of staff. Staff had been recruited appropriately and had received relevant training so that they were able to support people with their individual care and support needs. The environment was clean, homely and well-maintained. There was a contingency plan in place to help ensure people's care would not be disrupted in the event of an emergency.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's nutritional needs were met and a choice of food and drinks were available. People had access to a range of healthcare professionals and any guidance provided by them was followed. People's needs were assessed prior to them moving into the service to ensure the staff had the skills to support them.

People were treated with kindness and compassion. People's rights to privacy were respected by the staff who supported them and their dignity was maintained. Staff knew people well and were aware of people's individual communication styles. People were encouraged to take part in daily living tasks and encouraged to develop their independent living skills. People were supported to maintain relationships with those who were important to them.

People and their relatives were involved in decisions about the care. The service responded to people's changing needs in a timely manner and care plans were regularly reviewed. People had access to a variety of activities both within the community and when spending time at home. There was a complaints policy in place which was displayed in an easy read format. Complaints received had been responded to in line with the provider's policy.

People who used the service and staff were confident about approaching the registered manager and provider if they needed to. Effective auditing systems were in place to monitor the quality of the service. The views of people and their relatives on the quality of the service were sought. There was a positive culture throughout the service. Staff felt supported in their roles and shared a common ethos and values.

Further information is in the detailed findings below.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Langdale House

## **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 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.

This inspection took place on 13 December 2018 and was unannounced. The inspection was undertaken by one adult social care inspector.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service. This included feedback from the local authority and past reports and notifications. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with two people who lived at Langdale House, five staff members and the registered manager. We looked at four care records and medicine administration records. We reviewed three staff members' recruitment, training and supervision records. We also checked records relating to the management of the service including quality audits.

# Is the service safe?

## Our findings

At the last inspection we found the service was safe and awarded a rating of good. At this inspection we found the service remained good.

People felt safe living at the service. One person said, "I am very happy here." Another person said, "Yes" when we asked them if they felt safe.

Staff knew how to keep people safe and protect them from safeguarding concerns. Staff were trained and able to identify how people may be at risk of harm or abuse and what they could do to protect them. Staff also knew how to 'whistle blow' and raise concerns outside of the organisation. One member of staff said, "Whilst I have never had any safeguarding concerns here I am fully trained and would know where and who to report my concerns to." We saw posters on display throughout the service reminding staff of their responsibility and displaying helplines people and staff could call if concerned. The registered manager protected people from financial abuse through robust procedures and supported people to manage their money.

Staff had the information they needed to support people safely. Staff undertook risk assessments to keep people safe. These assessments were aimed at enabling people to maintain their independence rather than being restrictive and included; road safety, managing money, environmental risks and supporting behaviour that challenged. Positive support plans were in place to help people and staff manage negative behaviours safely. The service had emergency plans in place and this included guidance to staff on fire evacuation procedures.

There were sufficient staff deployed to meet people's needs. Staff had time to spend with people and responded quickly to all requests made of them. Staff were able to support people to go out on a one to one basis and to engage in impromptu activities. Staff told us they felt there was enough staff and they had enough time to provide individualised care. One staff member told us, "There are enough staff and it helps that we all have different things we keep an eye on so it's good team work."

People were cared for in a safe environment. The provider had a maintenance team to attend to any issues as they arose and to address an on-going refurbishment plan. The registered manager completed regular health and safety audits and raised issues when required. Staff were trained in infection control to stop the spread of infections and used appropriate personal protection equipment. The registered manager had systems in place to learn from risks, significant incidents or accidents at the service. Incidents were fully investigated and learning points were discussed at staff meetings and staff handovers.

People's medicines were stored, administered and disposed of safely. People received their medicines on time and as prescribed. Medicines Administration records (MAR) contained all information required and were completed correctly. People's medicines were stored in locked medicines cabinets in the room and fridge temperatures recorded daily to ensure they remained within the correct range for safe storage. Creams and liquids were dated when opened. Where people were prescribed 'when required' medicines

(PRN), protocols were in place to guide staff on when and how these should be administered.

## Is the service effective?

### Our findings

At the last inspection we found the service was effective and awarded a rating of good. At this inspection we found the service remained good.

People continued to receive effective care from staff who were supported to obtain the knowledge and skills they needed to provide good care. Staff had the skills and knowledge required to make sure people received the care they needed. All new staff went through an induction process which included an introduction to the company policies and procedures, basic training including infection control, mental capacity act training, and spending time with more experienced staff to get to know people and the care they required. New staff also took part in the care certificate qualification. The care certificate covers the basic skills required to care for vulnerable people. All the staff we spoke with confirmed that the induction process was effective and gave them the confidence they required to provide care for the people at the service.

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 Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The service took the required action to protect people's rights and ensure people received the care and support they needed. Staff had received training in MCA and DoLS, and had a good understanding of the Act. Appropriate applications had been made to the local authority for DoLS assessments. The registered manager told us that people were supported to have access to advocates if required to help them with important decisions about their care. This showed people's rights were being protected.

People had enough to eat and drink. We saw that people had access to the kitchen and risk assessments were in place so that people could be supported to make food and drink independently. Where required staff supported people, and prepared their meals for them. People had choice over what they wanted to eat and drink and we saw at breakfast and lunchtime people had a variety of different foods they had chosen to eat. Staff told us that, whilst people's less healthy food choices were respected they were prepared in the healthiest way possible and were culturally sensitive. We saw fresh fruit was readily available for people to access.

People were supported to access healthcare as required and the service had good links with other healthcare professionals, such as GPs and dentists. The registered manager told us people were supported to attend health appointments and family members were involved if appropriate.

The environment was appropriately designed and adapted to support people. The service was spacious, people had their own rooms with en-suite facilities. We saw that rooms had been individually decorated and personalised the way people wanted them.



# Is the service caring?

## Our findings

At the last inspection we found the service was caring and awarded a rating of good. At this inspection we found the service remained good.

People we spoke with were positive about the staff supporting them and used words including, "Lovely", "Nice" and "Kind." One person told us, "I really like all the staff." Whilst we were unable to speak directly to relatives, we saw written feedback from them which included, "Very good job," and, "Thank you so much for all your help."

Positive relationships had developed between people and staff. People and staff interacted warmly and there was a relaxed atmosphere throughout the service. Several staff members had worked at Langdale House for a number of years and knew people and their families well. We observed a mixture of approaches from staff which fitted with people's personalities and their assessed needs. All the people and staff we encountered told us they were happy. One staff member told us, "I love my job," whilst one person who lived at Langdale House said, "I am really happy, all the people are nice."

We observed that staff spoke respectfully of the people they cared for and knew people's likes, dislikes and their preferences. People's care plans recorded all the information the care staff required to deliver consistent care. Staff understood people's individual communication styles. Each person had an individual communication profile in place which detailed how they preferred to communicate. Where people used gestures and body language to communicate, guidance was available to staff on how to interpret their needs and how they were feeling.

People were supported to express their views and be actively involved in making decisions. We saw that staff met with people on a regular basis to review their care and gather their feedback on any changes required. These reviews considered each person's emotional, social and physical support from staff. The people we spoke with confirmed that they felt listened to and in control of their own care.

Privacy and dignity was respected by staff. We saw that staff knocked on people's doors before entering rooms, and were respectful of people's dignity when prompting any care that was required to take place. We saw staff throughout our inspection were sensitive and discreet when supporting people, they respected people's choices and acted on their requests and decisions.

Staff understood their responsibilities in maintaining confidentiality. The provider had a policy in place in relation to data protection and all files and information was kept securely.

People were supported and encouraged to maintain relationships with their friends and family whilst staying at the service. Relatives could visit at any time if they wished to see people, and staff also arranged to take people to visit their relatives.

## Is the service responsive?

### Our findings

At the last inspection we found the service was responsive and awarded a rating of good. At this inspection we found the service remained good.

People had comprehensive care plans in place which reflected their individual needs and preferences. Care plans covered core areas of people's support including personal care, oral health care, communication, mobility, sensory needs and daily living skills. Records contained a high level of detail which gave guidance to staff regarding how people preferred their support to be delivered. It also contained personalised information such as what toiletries people preferred and how they liked drinks to be prepared. We observed staff followed this guidance. We also saw that religious and cultural beliefs were documented as part of people's plans. Care plans were regularly reviewed so that staff had the most up to date information to support people, this included the input of external professionals, where applicable.

People received information in accessible formats and the registered manager knew about and was meeting the Accessible Information Standard. From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard sets out a specific, consistent approach to identifying, recording, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss. The registered manager was aware of the need to present some information, for example, a service user guide and the complaints procedure, in an accessible format.

The provider had a complaints procedure which they followed. All complaints were recorded along with the outcome of the investigation and action taken. We saw that staff had acted to investigate a complaint and had resolved the concern. One person told us, "If I wasn't happy I would tell staff or the manager."

No end of life care was being delivered at the time of inspection. The registered manager told us that people's decisions could be recorded if they wanted to make any advanced plans for end of life care should they require it.

People enjoyed varied pastimes and engaged in meaningful activities. People were supported to access activities that they enjoyed such as, attending day centres, swimming and activities in the local community. One member of staff told us how they took people for regular walks in the local park. One person told us, "I like feeding the ducks." Staff also facilitated holidays. One person had recently returned from a trip to Lapland which they told us they enjoyed a great deal. People had access to an adapted vehicle and also used public transport to access the community.

# Is the service well-led?

## Our findings

At the last inspection we found the service was well led and awarded a rating of good. At this inspection we found the service remained good.

There was a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager understood their responsibilities and sent us the information they were required to such as notifications of changes or incidents that affected people who used the service.

There was a clear vision and culture that was shared by the management team and staff. The culture was person centred and staff knew how to empower people to achieve the best outcomes. People who used the service knew who the registered manager was and enjoyed talking to them. We saw the registered manager interact with people and staff, and saw that they were approachable and involved in people's care. Staff told us they felt well supported and could get assistance or advice from the registered manager at any time. Staff meetings were held where their input was valued and they were asked for their feedback and opinion regarding aspects of the service. If appropriate, this was acted upon.

People and staff spoke positively about the management team. One member of staff told us, "The management team are really supportive and approachable." Another staff member said, "It's definitely a team effort, we all work well together. The manager leads by example." Staff had regular handover meetings to discuss people's care and used a communication book to relay important messages to each other. Staff were always able to contact a senior member of staff if they had any concerns as the provider had an on-call system for their services. This demonstrated that people were being cared for by staff that were well supported in performing their role.

People were actively involved in improving the service they received. People's views on the service were gathered on a regular basis. The registered manager also gathered feedback on the service through the use of questionnaires and meetings with people. The provider was in the process of launching an initiative called, 'The People's Council'. This would involve regular forums with input from staff, people who use the service and other stakeholders. Its purpose is to ensure that the voices of people and their carers are heard at every level of the organisation. This showed that the management listened to people's views and responded accordingly to improve their experience at the service.

There was a programme of audits and checks in place to monitor the quality of the service provided. The audit programme was completed by the registered manager, unit manager and the provider's quality assurance team. Quality checks were completed with a range of frequencies and looked at different aspects of the service including, care records, health and safety, staff support, general management, medicines, infection control and communication. Where actions were identified these were followed up on during the next audit visit to ensure they had been completed.

Staff worked in partnership with other agencies. Information was shared appropriately so that people got the support they required from other agencies and staff followed any professional guidance provided.

The latest CQC inspection report rating was on display at the service and on the provider website. The display of the rating is a legal requirement, to inform people or those seeking information about the service and visitors of our judgments.