

Mr & Mrs B H & J L Koomar

# Langlea House Care Home

## Inspection report

Langlea Terrace  
Denholmegate Road, Hipperholme  
Halifax  
West Yorkshire  
HX3 8LG

Tel: 01422205795

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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

### About the service

Langlea House is a residential care home providing accommodation and personal care to 11 people aged 65 and over at the time of the inspection. The service can support up to 14 people.

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

Medicines were not always managed safely. Although we did not see people had come to any harm, there was a risk of harm if the provider did not follow medication policies and procedures. We concluded there was a breach of regulation 12 (safe care and treatment).

The provider had begun to put quality assurance systems in place. However, we found there was no effective overview of safeguarding incidents. Since people's care records had been updated, care plan audits had not commenced. We found instances where there was contradictory information in a person's care record and one person's care plan had not been updated following an incident.

The home was clean and appropriately maintained. To ensure risks were not overlooked, we made a recommendation that the provider set a minimum frequency for when the fire drill occurred.

People and their relatives were complimentary about the staff. One person told us, "Very friendly staff. I can't fault them because it's such a small place, it's got a family feel." Another person said, "No concerns about the care, I'm always really pleased, it's like a big family." The registered manager had created links with the local community, such as inviting children from the local nursery into the home.

Staff were recruited safely. To ensure risks were not overlooked, we made a recommendation that the provider included a section regarding gaps in employment, to ensure these were explored. Staff received appropriate training and felt supported. Although the provider had begun to take steps to follow the Assessable Information Standard, we found this had not yet been met. People with a disability, impairment or sensory loss, were not always given information in a way they could understand.

Overall 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.

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

### Rating at last inspection and update

The last rating for this service was requires improvement (published 31 October 2018) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made in regulation 19 (fit and proper persons employed) and the provider was no longer in breach of regulation. However,

although we found some improvements had been made in relation to regulation 17 (good governance), the provider remained in breach of this relation.

The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

#### Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvements. Please see the safe, responsive and well led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

The provider told us they would take action to mitigate the risks found.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Langlea House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

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

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Langlea House Care Home

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection was carried out by one inspection manager, an inspector and one assistant inspector.

#### Service and service type

Langlea House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### 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. We sought feedback from the local authority, professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all of this information to plan our inspection.

#### During the inspection

We spoke with four people who used the service and two relatives about their experience of the care provided. We spoke with six members of staff including the provider, registered manager, maintenance manager, care workers and the chef.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records, power of attorney documentation, provider audit, action plan, learning from a safeguarding incident, newsletters, outdoor risk assessment and a recruitment reference.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

At our last inspection staff recruitment procedures were not robust as thorough checks had not always been completed before staff started working in the service. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- We observed there were sufficient staff to meet people's needs. Staff and people confirmed this. One person said, "The carers are fine, oh aye they have time to chat to me." Staff rotas were suitable and now included full names and job roles.
- Staff were recruited safely. References were obtained and disclosure and barring service (DBS) checks had been completed prior to staff starting work. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.
- The registered manager had put an applicant check list in place. We recommend the provider included a section regarding gaps in employment, to ensure these are not overlooked.

### Using medicines safely

- Medicines were not always managed safely.
- The site where controlled drug patches had been placed had not been recorded. Staff could not be assured there had been appropriate rotation of the patch site.
- We found information handwritten on the Medication Administration Record (MAR) which had not been checked and countersigned by a second member of staff to reduce the likelihood of transcribing errors. This process did not follow the provider's medication policy.
- One person had paracetamol prescribed for regular use. However we found there was a PRN 'when required' protocol in place for this medication. Therefore it was not evident the person was receiving paracetamol as prescribed.
- Although protocols had been followed to clearly document a best interest decision in relation to one person receiving covert medicines, not all staff who administered medicines were aware of this.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate medicines were managed safely. This placed people at risk of harm. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded to our concerns during the inspection and gave assurances they would take immediate action to address the issues.

- We found some areas of good practice. For example, medicines were stored appropriately and controlled drugs were stored appropriately and all accounted for.
- PRN protocols were in place for 'when required' medicines. These included special instructions and possible side effects.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of abuse.
- Up to date policies and procedures were in place for safeguarding adults. These processes were followed, and any concerns were acted upon.
- Staff had the skills and knowledge to identify safeguarding concerns and to act on them appropriately, ensuring people were protected and safe.

Assessing risk, safety monitoring and management

- Risks associated with people's needs were identified, assessed and reviewed to avoid possible harm. For example, people had up to date risk assessments for falls, equipment and medication.
- The provider had systems in place to ensure the building and equipment was safe. However, we recommend the provider sets a minimum frequency for when the fire drill occurs to prevent this being overlooked.

Preventing and controlling infection

- Staff prevented and controlled the risk or spread of infection. Staff received training on infection control. We observed staff wearing personal protective equipment such as aprons and gloves.
- We observed the home was clean.

Learning lessons when things go wrong

- Overall we found records showed staff identified concerns and incidents and took appropriate action to ensure their concerns were addressed. However, we found some examples where outcomes had not been clearly recorded. For example, one person had their legs trapped between the bed and bedrail and sustained a small skin tear. However, their bedrail assessment tool had been completed some months before and had not been updated following the incident. Neither had their care plan. The registered manager told us they would address this matter immediately.
- Where appropriate accidents and incidents were referred to the local authority and the CQC.

# Is the service effective?

## Our findings

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

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

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager explained two people had a DoLS in place and demonstrated they were working within the principles of the MCA. They also explained 'best interest' decisions and how they involved people's relatives and other healthcare professionals.
- Staff received MCA training and were knowledgeable about gaining people's consent. One member of staff told us, "We ask people if they want to get up or not, ask them how they want their personal care to take place, help them to choose own clothes, have a choice for breakfast." One person said, "I can get up when I want and go to bed when I want."

Assessing people's needs and choices

- Assessments of people's needs, and preferences were completed before they moved into the home.
- The registered manager explained the thorough pre-admission assessment, which including inviting people to lunch so they could meet other people and see the home for themselves. They also used the opportunity to show people rooms that may be available, so they could choose their own room. This ensured the service's suitability and that people's needs and preferences could be met.

Delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's needs were assessed and documented in their care plans. Staff monitored people's daily needs

and wellbeing to ensure they were supported appropriately.

- Staff worked in partnership with health and social care professionals to plan, review and monitor people's well-being. For example, district nurses, GPs, chiropodist and the mental health team.

Staff support: induction, training, skills and experience

- Staff received appropriate induction, supervision, appraisal and training.
- Staff were knowledgeable about the people they supported and had the skills and experience to meet their needs appropriately.

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

- People were supported to have a balanced diet. The chef had a good knowledge of all the people and any specialised diets. The chef attended resident's meetings to gain their views and spoke individually to people to gain their feedback.
- We observed people had a choice of food and a choice of where they wished to eat their lunch. There was a pleasant atmosphere in the dining room
- The Food Standards Agency visited the service in March 2019, rating the service as a five, which is the highest rating a service can achieve.
- One person said, "The food is good." Another person told us, "The food is alright, they do alright with it, we can eat when we want."

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

- People were supported to decorate their own rooms with items specific to their individual taste and interests. The provider had a maintenance plan in place to ensure the home continued to be decorated to a good standard and meet people's needs.

# Is the service caring?

## Our findings

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

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

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

- Staff were aware of the importance of respecting people's equality and diversity. For example, if a person needed support to dress in a particular way for cultural reasons, they ensured this happened.
- People and their relatives were complimentary about the staff. One person told us, "Very friendly staff. I can't fault them because it's such a small place, it's got a family feel." Another person said, "No concerns about the care, I'm always really pleased, it's like a big family."
- A person visiting the service told us the staff welcomed them and other church members. They said, "[Person] is part of the church family and [they] gets lots of visitors due to this." A relative said, "We put [my relative] here as it's small and like a family. If we had any issues we would say."

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

- We observed staff were kind, caring and knew people well. One person said, "You get everything you want. The staff are lovely you couldn't ask for more. The boss is lovely. I'm going to live here till I die."

Respecting and promoting people's privacy, dignity and independence

- Staff explained how they respected people's privacy and dignity. One member of staff said, "When I take people into the bathroom, I keep a towel over them. I talk to them and tell them what I am doing and why. Always have closed doors." Another member of staff told us they turn away when the person was in the shower to respect their privacy.
- One relative said, "I think the staff are good with [people]. They treat them respectfully. My overall feeling is it's good and [my relative] is happy here."
- Staff told us they encouraged people to be as independent as possible. One member of staff told us, "If they are able to wash themselves, they do it and same with showering." Another member of staff said, "We encourage people to pick [their] own clothes out and dress themselves to the best of their ability."
- Staff we spoke with told us they would be happy for their relative to live at Langlea House.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question remained the same. This meant people's needs were not always met.

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

- Care plans were personalised and contained information relating to people's individual care and support needs. These included, oral health, personal care, communication and nutrition.
- Regular reviews of people's care needs took place and included information to ensure staff continued to meet people's needs appropriately.
- We found some instances where care plans contained conflicting information. This had the potential to impact on care and support as it meant clear information was not available for staff.

Meeting people's communication needs

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

- Although the provider had begun to take steps to follow the AIS, we found this had not yet been met. For example, one person who was hard of hearing, was able to communicate effectively with us via writing. However, we observed staff shouting out instructions to the person without the use of a whiteboard or paper to facilitate communication. We observed the person becoming confused when staff were shouting out to them.

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

- People maintained relationships with their family and friends. The registered manager ensured they built up a relationship with the local nursery and schools.
- We saw the provider arranged for activities such as arm chair exercises and for the local school to attend. The provider was also looking to ensure there were sufficient day to day activities within the home if people wished to be involved.

Improving care quality in response to complaints or concerns

- We saw complaints were investigated and responded to appropriately.
- The provider was working on maintaining an overview of complaints. Although it was recognised because the service was small they did not receive a vast number of complaints.

End of life care and support

- The registered manager confirmed no one was receiving end of life care at the time of inspection. They

told us they were working towards all staff completing end of life training. Some had completed training at a local hospice. They were also wanting to source training from the Clinical Commissioning Group in Calderdale.

- The registered manager had begun to work towards people's end of life wishes being recorded within their care plans. The registered manager was aware of the need to consider equipment and pain management.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection we found the quality assurance systems were limited and needed further development and embedding to ensure continuous service improvement. This was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, although we acknowledged the provider had begun to put quality assurance systems in place, not enough improvement had been made at this inspection. The provider was still in breach of regulation 17.

- The registered manager acknowledged the quality assurance systems were being improved and considered it was still a 'work in progress.' They had put an action plan in place which identified improvements to be made, timescales for completion and who was responsible.
- The registered manager told us there were currently no care plan audits undertaken but said they were planning to introduce these when the new care documentation was in place. Although most care plans were up to date and clear, we found areas which required improvement. For example, one person's care record had conflicting information in relation to their assessment of capacity. We also found one person's care plan had not been updated following an incident where they had sustained a skin tear.
- The registered manager did not have an overview of all safeguarding matters to ensure incidents were learnt from and not overlooked. The registered manager told us a safeguarding matrix to record and analyse all safeguarding incidents was to be introduced in the new year. Safeguarding incidents were filed within individual care records and not kept centrally. The registered manager told us they would immediately put an interim measure in place until the database was in use.

We found no evidence that people had been harmed however, systems were not robust enough to demonstrate quality assurance systems were effective. This placed people at risk of harm. This was a continued breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded to our concerns during the inspection and gave assurances they would take immediate action to address the issues.

- Since the last inspection we had seen the provider had made improvements in their quality monitoring systems. For example, they had now moved to electronic auditing so information was kept centrally.

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

- There was an organisational structure in place and staff understood their roles, responsibilities and contributions to the service.
- The service had a registered manager in post at the time of our inspection. They were aware of the legal requirement to display their CQC rating and when to make notifications to the CQC.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There were systems in place to ensure the service sought the views of people through care reviews, resident's meetings and annual surveys.
- People and relatives were positive about the service. One person said, "Great bunch of staff, nothing against them." One relative commented, "I've no concerns about the care. I'm always really pleased. It's like a big family." Another relative told us, "We know [my family member] is being looked after here."
- Staff were positive about the service and felt listened to. One member of staff told us, "I enjoy it. I've been in care since [date]. I felt comfortable when I came for interview, staff were talking to me. I enjoy coming to work." When asked what they thought of working at Langlea House, another member of staff told us, "Lovely. I love it. I love my job. Caring for someone is very rewarding." Another staff member commented, "It's a job where I look forward to coming to work. I love it here. It's one big family."

Continuous learning and improving care; Working in partnership with others

- The registered manager had worked with a local hospice to improve staff knowledge of end of life care.
- The registered manager and provider had built up relationships with the local nursery so children could also join in activities within the home. The provider invited the local community to attend events at the home.

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 provider did not ensure the proper and safe management of medicines.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider did not always assess, monitor and improve the quality and safety of the service.