Cumbria County Council

Langrigg 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 unannounced inspection took place on 12&14 December 2016. We last inspected this service on 6 June 2016 under the regulations that were in force at that time. This was a focussed inspection undertaken to check that improvements that needed to be made to meet legal requirements after our comprehensive inspection in October 2015 where concerns were identified. We found that the provider met the regulations we inspected at that time.

Langrigg House is registered to provide care and accommodation for up to 40 older people, some of whom may be living with dementia. There were 29 people living in the home on the day of our inspection visit.

There were two registered managers in post on the day of our inspection.

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 who used this service were safe. The staff knew how to identify if a person was at risk of abuse and the action to take to protect people from harm. Risks to people's safety had been assessed and measures put in place to manage any hazards identified.

Staff had completed training in the protection of vulnerable adults and we were told us that this was also discussed in supervision and staff meetings. The registered managers and the staff were aware of their responsibilities in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Staff had been recruited following a thorough recruitment process and they were clear about their responsibility to promptly report any concerns or safeguarding issues. Staff were well trained in subjects appropriate to their roles in the staff team.

People had access to external health care services which ensured their health care needs were met. These included GPs, district nurses, dentist and opticians. Staff had completed training in safe handling of medicines and the medicines administration records were up to date. Protocols were in place for the receipt and disposal of all medicines that came into the home.

People were provided with sufficient food and drink in order to maintain good levels of nutrition and hydration. We saw that drinks and snacks were available throughout the day.

We saw that people were treated with kindness and respect. They were included in planning and agreeing to the support they received. The care staff knew the people they were supporting well and respected the choices they made about their care. The staff knew how people communicated and gave them support to

make and express choices about their lives. People were encouraged to follow activities of their choice both in the home and out in the wider community if they wished.

The registered managers set high standards and the focus of the service was on promoting people's choices and rights. The registered managers and the staff team had a good understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards, (DoLS). They understood how to protect the rights of people who needed support to make important decisions about their lives.

The provider had systems in place to deal with any concerns or complaints. There had been no complaints to record.

There was an appropriate internal quality audit system in place to monitor the quality of the service provided.

Langrigg house was managed by two registered managers who were experienced and qualified to run the service. Staff felt well supported by the registered managers who promoted strong values and a person centred culture.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

There were sufficient staff to provide people with the support they required. New staff were recruited in a safe way to ensure they were suitable to work in the home.

Staff were knowledgeable about how to identify and report abuse.

Medicines were handled safely and appropriately.

Is the service effective?

Good

The service was effective.

Staff training was up to date and staff received training appropriate to their roles within the staff team.

There were systems in place to assess people's personal care needs and we saw evidence that people's needs were regularly reviewed so they continued to receive appropriate care.

People's rights were protected because the requirements of the Mental Capacity Act 2005 Code of practice and Deprivation of Liberty Safeguards were being followed.

Is the service caring?

Good

The service was caring.

Staff knew people well and respected their privacy and dignity.

Information was available on how to access advocacy services for people who needed someone to speak up on their behalf.

All the people we spoke to expressed satisfaction with the service and felt they were well cared for.

Is the service responsive?

Good

The service was responsive.

People had their care and support needs kept under review. Staff responded quickly when people's needs changed, which ensured their individual needs were met in a timely manner.

The management and staff at the home worked well with external agencies and services to make sure people received care in a consistent way.

The provider had an appropriate system for dealing with complaints. People told us they would speak to any of the staff about any concerns knowing they would be listened to.

Is the service well-led?

Good

The service was well led.

There were two registered managers in post on the days of our inspection. They had developed a strong and visible person centred culture at Langrigg House Staff were fully supportive of the aims, values and vision of the service.

Notifications of accidents and incidents required by the regulations had been submitted to the Care Quality Commission (CQC) promptly.

Quality assurance and audit systems were used to monitor and assess the service's performance and to drive a culture of improvement.

Langrigg 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 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 12 &14 December 2016 and was unannounced. The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed information we held about the service as part of our inspection. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send to the CQC within required timescales. We contacted district nurses, the team leader of the Care Home Educational Support Services and social workers from the local authority who had dealings with this home.

A Provider Information Return (PIR) was sent to the registered manager for completion. The PIR 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. This was returned in a timely fashion and contained detailed information about the service.

During our visit we met with eight people who lived in the home and spoke to three of them in depth. We spoke to three people who were visiting their relatives on both days we were in the home. We spent time with a group of people who were making Christmas decorations with the staff.

As part of our inspection we used a Short Observational Framework for Inspection (SOFI). SOFI is an observational tool used to help us collect evidence about the experience of people who use services, especially where people may not be able to fully describe this themselves because of cognitive or other complex needs.

We looked at the records held pertaining to the internal quality monitoring system.

We spoke to five members of the care staff team, the cook and two supervisors. We also spoke to a local doctor who was visiting the home to visit people who were transferring to their GP practice.

We spent time with the supervisor on duty and spoke to the operations manager who visited the home during the inspection.

As part of the inspection we looked at records and care plans relating to the administration of medicines and assessed medicine management, storage, administration and disposal.

We looked at six care plans and other records in relation to the running of the service.

Good

Is the service safe?

Our findings

People told us they felt safe living in Langrigg House. One person said, "I have always felt safe here. I used to live on my own so it is lovely to have people nearby all the time". Another person said, "It is good here because there are staff around to keep us safe. No problems about that here".

We asked family members who were visiting the home if they thought their relatives were safe living in the home. One person told us, "Oh yes definitely. I have never had any worries on that score. It has been a weight off my mind knowing my [relative] was not living alone any more".

People were safe because systems were in place to help reduce the risks of harm and potential abuse. The provider's safeguarding adults and whistle blowing (exposing poor practice) procedures provided guidance to staff on their responsibilities to ensure that people were protected from abuse. Staff had received up to date safeguarding training and had a good understanding of the procedures to follow if they witnessed or had an allegation of abuse reported to them. Where safeguarding concerns had been raised, we saw that the registered managers had taken appropriate action liaising with the local authority and reporting any concerns immediately. Notifications were also sent to the CQC.

When we spoke to the support workers they all showed a good knowledge of how to keep people safe. One member of staff said, "I know just what to look for even if people can't always voice their fears. If I saw or heard anything that concerned me I would go straight to the supervisor or the manager". Another member of staff said, "If I was worried about anything at all I would report it to the manager knowing that the matter would be dealt with".

Staff had completed training in the protection of vulnerable adults and the supervisor told us that this was also discussed in supervision and staff meetings.

We saw that there was sufficient staff on duty to meet the assessed needs of the people who lived in Langrigg House. There were seven support workers on duty during the day plus two supervisors. There was also catering and domestic staff on duty throughout the day. There were three members of staff on duty at night. We checked the staff rosters and these confirmed the staffing numbers.

Risk assessments were in place covering all aspects of daily living within the home. These were reviewed each month with the support plans unless there was a change to a person's needs, when they were reviewed and updated immediately. We saw, in the support plans, there were tools to monitor mental health needs and directions for staff to support people whose behaviour may challenge the service. This demonstrated all aspects of people's needs were recognised, understood and met in the most appropriate way and kept people safe. We saw there was an up to date fire risk assessment and we looked at records that confirmed all fire safety equipment was serviced under annual service level agreements. Fire drills were undertaken and the fire alarm system was tested every week.

The registered provider had safe recruitment procedures in place to help ensure staff were suitable for their

roles. This included making sure that new staff had all the required employment background and police checks and references had been taken up. We checked four staff files and found all the required documentation was in place.

As part of our inspection we observed how medicines were handled and found people were asked for their consent to take their medicines and given time to take it. We looked at the records and found these were all in order and up to date. We discussed the administration of medicines with the supervisor who had completed training at the appropriate level. We also checked the records pertaining to any medicines liable for misuse called controlled drugs. We found the records were in order, up to date and the amounts held tallied with the written record.

The registered provider had a policy on infection control. On the day of our visit the home was clean and orderly. Staff had ready access to personal protective equipment and cleaning materials. There had been no major outbreaks of any infectious disease. The home had an infection control lead who had completed the required training. They were able to pass on information to the staff about the need to maintain a clean and hygienic environment. Two of the supervisors had recently completed a 'train the trainers' in infection control and this ensured staff were always kept up to date in the prevention of infection.

A personal emergency evacuation plan (PEEP) was available for each person taking into account their mobility and moving and assisting needs. The plan was reviewed monthly to ensure it was up to date. This was in the event that the building needed to be evacuated in an emergency.

External contractors carried out regular inspections and servicing of fire safety equipment, electrical installations and gas appliances. There were records in place to report any repairs that were required and this showed that these were dealt with. We also saw records to show that equipment used at the home was regularly checked and serviced. This included the passenger lift, the stair lift, the hoists, the fire safety equipment and the assisted baths.

Good

Is the service effective?

Our findings

Visitors we spoke to told us they were always kept up to date about their relative's health care needs. One relative said, "Communication is very good indeed. The supervisors always ring me if my [relative] is not well and needs to see the doctor. Then they ring me back to tell me what the doctor said". Another relative said, "I am always told if there are any problems and I can discuss these at any time with the manager or one of the supervisors".

People were supported to maintain their healthcare needs. Records were kept of GP or district nurse visits and the outcome of the visit. We saw from the care plans that other external healthcare professionals were accessed for advice. These included dieticians and the speech and language therapist. Chiropody, optical services and dental care was also available.

The Care Home Educational Support Services (CHESS) team held monthly clinics at Langrigg House to discuss the support of people with mental health needs including dementia and provided support to the staff in meeting those needs. We were told, "The staff are very good indeed and contact us when they need help and advice. They are very responsive to our advice particularly in the formulation of the appropriate care plans".

Staff told us that they received "plenty of training and good supervision". We looked at supervision records and we saw that formal supervision was on-going. The records of these meetings were detailed and appropriate. We also saw that there were senior staff meetings as well as support staff meetings where staff could talk about the care they provided to individuals. Staff had received annual appraisals and staff told us that the senior staff were "very good and very supportive." Staff said that lines of communication were good and that their views were listened to and taken into account.

The registered provider had a rolling programme of staff training and staff told us they received good training appropriate to their role within the home. We looked at the staff training records and saw they were all up to date. The supervisor on duty explained that staff training was organised through the provider's electronic system and that the registered managers always managed to access what they wanted when they wanted it. Training had been completed in living with dementia, safeguarding, fire warden and fire safety, medicines management, emergency first aid, an awareness of The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). More in depth training in the MCA and DoLS had been organised for this year and the operations manager confirmed that support workers were booked on the courses that had been organised. This training was in addition to that which the provider deemed as mandatory training which included moving and handling, health and safety and infection control.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The supervisor confirmed that four people were living with a DoLS order and there were four applications pending a decision. We saw all the necessary documentation pertaining to the DoLS applications was in place. When we returned to the home for our second visit one of the pending applications had been approved.

We saw, from the care plans we looked at, there was information held on file with regards to people who held Lasting Power of Attorney (LPA) for those who lived in Langrigg House. It also stated if the LPA was in respect of finances or care and welfare or both. This information showed who had the legal authority to make decisions on a person's behalf when they could not do so themselves in respect of financial and/or care and welfare needs. The supervisor on duty confirmed that the provider ensured all details and copies of any LPA were held at the home and we saw evidence of this in peoples care files.

The provider had suitable arrangements in place that ensured people received good nutrition and hydration. We looked at six people's care plans and found that they contained detailed information on their dietary needs and the level of support they needed to ensure that they received a balanced diet. Risk assessments such as the Malnutrition Universal Screening Tool (MUST) had been used to identify specific risks associated with people's nutrition. These assessments were being reviewed on a regular basis. Where people were identified as at risk of malnutrition, referrals had been made to the dietician or the speech and language therapist for specialist advice.

Weights were recorded monthly or more frequently if this was necessary for staff to be aware of anyone who may be at risk of becoming malnourished. Food and fluid charts were kept for people who needed their nutrition and hydration reviewed to ensure they received a balanced and nutritious diet.

We observed lunch being served in two of the dining rooms and saw people enjoying their meal in a relaxed manner. People told us they enjoyed their meals and we saw there were drinks and snacks available throughout the day.

We spoke to the cook who was aware of people's different nutritional needs and special diets were catered for. They explained how people who needed to increase weight would be offered a fortified diet that included milkshakes, cream and full fat milk as part of their diet. They also told us they had recently changed the menus following a meeting with the people who lived in the home. People had made suggestions about what they would like on the menus and the changes had been put in place. Langrigg House had received a '5 star rating' following a recent inspection by the Food Standards Agency.

Good

Is the service caring?

Our findings

People we spoke to during our inspection visit told us the staff were very caring and kind. One person said, "These lassies are great. Nothing is too much trouble and they are all very kind". People told us the staff respected the choices they made. One person said, "I like my own company in my own room and the staff respect my choice".

We saw that, throughout the day, people's privacy and dignity were respected at all times. We observed two support workers assisting one person to move from a chair using the hoist. The staff spoke reassuringly to the person throughout the process. They explained carefully what they were doing making sure the person remained as relaxed as possible all the time. One of the support workers said, "We are always careful when we need to use the hoist as it can be very unsettling especially if the person isn't feeling too well".

Our use of the Short Observational Framework for inspection (SOFI) found all the interactions between the staff and the people they were supporting were positive with no negative interactions. SOFI is an observational tool used to help us collect evidence about the experience of people who use services, especially where people may not be able to fully describe this themselves because of cognitive or other complex needs.

People were engaged throughout the day. Staff spoke to people as they moved around the home and nobody was ignored at all. We observed the interaction between the staff and the people who lived in this home. We saw light hearted banter between staff and the people they supported but throughout the day staff were always polite and courteous. Staff treated people with respect and made sure their privacy was maintained at all times. We saw staff knocking on people's doors before entering the room.

The service had a stable staff team, the majority of whom had worked at Langrigg House for a long time and knew the needs of the people well. This continuity of staff had led to people developing meaningful relationships with all the staff. Staff knew people's likes and preferences and the things that were important to them in their lives.

We spent time in all parts of the home during our visit. During our time on the units where people lived we saw that the staff offered people assistance but respected their independence. We saw that staff took the time to speak with people and took up opportunities to interact and engage with them and offer reassurance if needed.

All the bedrooms were for single occupancy and this meant that people were able to spend time in private or see people in private if they wished to. Bedrooms we saw had been made more personal places with people's own belongings, such as photographs and ornaments to help them to feel at home with their familiar and valued things. There were other small seating areas or lounges around the home. These enabled people to meet with visitors in private or just sit quietly on their own.

We found that information was available for people in the home to help support their choices. This included

information about the services offered, about support agencies such as an advocacy service, 'People First' that people could use. An advocate is a person who is independent of the home and who can come into the home to help support a person to share their views and wishes.

We discussed, with the supervisor on duty, how the service supported people who were nearing the end of their life. They confirmed that when people wished to remain at home local healthcare providers were consulted and appropriate plans were put in place to ensure people's wishes were adhered to.

Good

Is the service responsive?

Our findings

People told us that the staff were very responsive to their needs. One person said, "Staff know me so well, they took time to get to know me after I moved in to the home. The manager came out and went through everything with me. What I liked and what I didn't."

Visitors also told us that they thought the staff were responsive to people's needs. One relative said, "All the staff are responsive to what people want. You never hear a buzzer going for long before a member of staff answers it. That goes for all the staff including the supervisors. My relative had a short spell here and didn't want to go home so she stayed".

We observed that staff treated people in a way that was personal to the individual. Staff were very knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs. This enabled them to provide personalised care and support in the way people wanted.

Before people moved in to Langrigg House their health and social care needs were fully assessed to ensure the service was suitable and able to provide the appropriate level of care and support. Some people had had periods of respite care prior to taking up a permanent placement and this had made the transition process easier and more relaxed.

Following the comprehensive assessment of needs an individual plan of care and support was developed. The level of detail in the care plans showed there was an appreciation of people as individuals with different needs and expectations. The care plans we looked at included detailed information with regards to personal care, nutritional planning to avoid weight loss and dehydration, moving around the building and health and emotional needs.

We saw that care plans were reviewed monthly along with the necessary risk assessments. We saw that support workers had updated the printed care plans by hand as people's needs changed in order that the changes would be noted by other support staff when they read the care plans. These changes were then transferred to the electronic copy by the supervisor during the monthly review. This then became the latest revised and updated plan of care.

Staff responded well to people's changing needs and arranged care in line with their current needs and choices. The service consulted with healthcare professionals about any changes in peoples' needs. For example, the speech and language therapist and the dietician were asked for advice with regard to nutritional needs, swallowing difficulties and communication. The provider had introduced a daily diary system that was completed at the end of each shift by the support workers. We looked at the diaries that corresponded with the support plans we read and saw that the staff had recorded peoples' daily routines and progress in order to monitor their health and well-being.

Some records were in place for the risk management of behaviours which could be described as

challenging. Care plans provided some information which detailed peoples' care and support requirements if they became distressed or agitated. For example, one care plan gave staff details of how to support the person if they became distressed when receiving personal care. We asked staff how they supported people in such situations and were told, "We have learnt how to deflect the situation by asking the person if they would like to wait for a while and have a cup of tea. This usually works. After all it can be upsetting for people".

Although there was no activities coordinator employed at the home the support workers organised some activities for people who wished to join in. Musical entertainers visited the home and people we spoke to enjoyed visits from the hairdresser. We spoke to two people who were having their hair done as it was the day of the hairdresser's visit. They both told us they enjoyed having their hair done as it always made them feel better. We spent time in one of the lounge areas chatting to a group of four people who were making Christmas decorations with two of the support workers. A craft club had been introduced and the staff told us that there were people who enjoyed attending this and the items that were made were sold. Any monies received were then used to buy more materials for the people to use.

Meetings were held for people who lived in the home and their relatives. Minutes were made available to us to read. Items discussed at the last meeting were plans for Christmas festivities, meals and menus.

People said they knew how to complain. One person commented, "I have no complaints at all" and a relative told us, "If I have any complaints I can go straight to the manager or any of the staff, not that I've had any." The complaints procedure was on display in the entrance to the home. A record of complaints was maintained but there had been none to record.

Good

Is the service well-led?

Our findings

There two registered managers in post at the time of our inspection because of a job share arrangement. Unfortunately they were both unavailable on the days of our visit. One manager was on a day off and the other was on annual leave. We had met the managers during previous inspection visits and knew they understood their responsibilities within their role. Part of this role was to ensure notifiable incidents such as safeguarding and serious injuries were reported to the appropriate authorities. Our records evidenced that all notifications were sent to the CQC as soon as possible after the event or incident. Records showed that all incidents which could be deemed as a safeguarding incident were reported to the local authority safeguarding team as well as to the CQC.

The supervisor on duty on the day was able to help us with this inspection and the operations manager was also available to assist in the process. Records we asked for were produced immediately and we were able to access the care and support plans when we asked for them.

When we spoke to the supervisor and staff we discussed the importance of effective communication across the service. Regular staff meetings for all grades took place and we were able to read the minutes of the last meetings held. Staff told us that both registered managers were also available for informal chats during which any pressing concerns or new issues could be addressed. Staff supervision was up to date as were annual work appraisals.

Staff spoke positively about both registered managers. One member of staff said, "We appreciate the support of both managers although it took some getting used to as it is a change from only having one".

Relatives were also positive about the management of the home. One visitor said, "As far as I am concerned this is a well-run home. I have no worries at all and there is always someone around to discuss things with".

The registered manager's used the provider's internal quality audit systems in place to assess and monitor the quality of the service provided. There was an established auditing programme for the registered managers to follow as well as other forms of quality monitoring. We checked the quality audit records and found that these were all completed within the timescale set by the provider. Care plans and medication audits were done regularly. Procedures and monitoring arrangements were being followed in the event of accidents and incidents relating to people's care. Records showed that incidents were recorded and reviewed. Checks were also completed on fire safety including checking the fire alarms and fire evacuation plans.

The operations manager also had responsibility for internal quality audits that had to be completed during their monthly visits. These included checks on care and support plans, medication, peoples' personal finances, health and safety, infection control, staffing issues and the environmental standards within the building. These internal audit processes were considered to be means of improving the culture within the home and ensuring the high quality of the service provided was maintained at all times.