

Langley House Care Home Ltd

Langley House Care Centre

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

About the service

Langley House Care Centre is a residential care home which can provide personal care for up to 30 people. The home accommodates people in one adapted single storied building. At the time of this inspection there were 26 people living at the service, some of whom were living with a dementia.

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

People told us they were happy with their care at Langley House Care Centre. Staff understood how to keep people safe. Effective recruitment procedures were in place. People received care in a timely way. The environment and equipment were safe and well maintained. People were protected from the risks associated with the management of medicines and the spread of infection.

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 were supported to eat and drink enough to maintain their health and welfare. Staff received appropriate training and supervision. People's health was well managed. Staff worked closely with other professionals to provide effective care.

Staff were kind and had developed caring relationships with people. Staff respected people's privacy and dignity. People's independence was promoted. Staff ensured people maintained links with their friends and relatives.

People's care was based on detailed assessments and person-centred care plans. A range of activities were available. People felt confident raising concerns. Complaints had been dealt with effectively. Staff were aware of good practice in end of life care. People's religious beliefs and preferences were respected.

The provider and registered manager monitored the quality of the service to make sure they delivered a high standard of care. People and relatives were encouraged to provide feedback.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This is the first inspection of this service which registered with CQC on 3 December 2018.

Why we inspected

This was a planned inspection based on the date the service first registered with CQC.

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.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Langley House Care Centre

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 inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Langley House Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 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. We sought feedback from the local authority and professionals who worked 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.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service

and made the judgements in this report.

During the inspection

We spoke with five people and six relatives. We spoke with the registered manager, operations director, four care staff and the administrator.

We observed how people were being cared for and reviewed a range of records. This included three people's care files and medication records. We looked at the personnel files for three staff and we reviewed records related to the management and quality assurance of the service.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question was rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems in place. Staff had a good understanding of what to do to make sure people were protected from harm or abuse.
- People told us they felt safe. People said, "I feel safe, my friends are all around me." One relative said, "My relative is safe and comfortable."

Assessing risk, safety monitoring and management

- Risks were well managed. Staff understood potential risks and how to mitigate them.
- The provider had systems to support people in the event of an emergency, such as a business continuity plan. Each person had a Personal Emergency Evacuation Plan which contained information about how best to support them during an evacuation.
- The environment was well maintained and equipment was safe.

Staffing and recruitment

- The provider operated a safe recruitment process.
- There were enough staff on duty to meet the needs of people. People expressed mixed views about staffing levels. Most told us staff attended to them in a timely manner when needed. Some commented that staff were very busy at times, but their needs were met. Comments included, "There seems to be enough staff" and "There are times when the staff are a bit pushed."
- The registered manager had listened to people's feedback. They had appointed additional staff to support people at certain times of the day. The provider planned to implement a dependency tool to ensure the number of staff deployed to keep people safe was based on their needs.

Using medicines safely

- Medicines were managed safely. Staff who administered medicines were trained. They were knowledgeable about people's medicines.
- People were happy with the support they received to take their medicines.
- Medicine audits and checks were completed regularly.

Preventing and controlling infection

- The home was clean.
- Staff followed the provider's policies and procedures to promote good infection control.
- Equipment was available to help prevent the spread of healthcare related infections.

Learning lessons when things go wrong

- The service responded appropriately when accidents and incidents occurred. Records were analysed to identify patterns or trends. Incidents were used as a learning opportunity.

Is the service effective?

Our findings

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

This is the first inspection for this newly registered service. This key question was rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs and choices were recorded in detailed pre-admission assessments. These were used to develop people's care plans.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and skilled. They carried out their roles effectively.
- Staff received regular supervision and appraisal. They said they felt supported.

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

- Staff supported people with their dietary and nutritional needs. Care records described people's individual preferences.

- Lunchtime was a pleasant, social occasion. People were able to choose what they wanted to eat and drink. Staff were on hand to assist people, if required.

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 followed the principles and guidance related to MCA and DoLS.
- Staff knew what they needed to do to make sure decisions were taken in people's best interests.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People received health care support when needed. One person told us, "The chiropodist comes in every eight to ten weeks and sees everybody. The optician came to test my eyes and I was given glasses."

- People's care records showed relevant health care professionals were involved with their care. This included, GP's, district nurses, physiotherapists and the falls team.

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

- People were involved in decisions about the design and the decoration of the home. People's bedrooms had been personalised to reflect their tastes and interests.
- The registered manager had plans to make the environment more dementia friendly. This included, themed murals and reminiscence walls.
- The provider had a programme to continually maintain and redecorate the home.

Is the service caring?

Our findings

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

This is the first inspection for this newly registered service. This key question was rated good. 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 kind and treated people with respect. People and relatives were happy with the care provided. Comments included, "The staff are very helpful" and "I like living here. I love it. It's a happy place."
- Relatives could visit whenever they wanted and were made to feel welcome. One relative said, "I have recommended this home to friends. It's friendly, it's like a home from home really. I feel comfortable coming in here." One person told us, "My family are always in. The staff are very nice to them and talk to them."
- Staff showed concern for people's wellbeing. One relative told us, "Staff are always walking past people and asking if they are alright." Equality and diversity were recognised by the provider and staff. People were supported to maintain their religious beliefs.

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

- People and their relatives were involved in decisions about their care. One person told us, "Staff listen to me if I ask for things." A relative said, "As a family we were involved in my relative's care needs and we expressed what we would like for our relative and to be fair they carried this out."
- The staff team worked well together and with the people who used the service. They understood people's communication needs and consistently engaged people in conversations. One relative told us, "The care staff really look after my partner well and you can have a laugh and a joke with them."
- Information was available for people about how to access advocacy services. Advocates provide impartial support to people and communicate decisions.

Respecting and promoting people's privacy, dignity and independence

- People were shown patience and understanding. One relative told us, "My relative had a fall in May and broke their hip and we didn't think they would walk again, but the staff here persevered and they can walk again now, with the aid of a frame."
- People's independence was promoted. One relative told us, "Staff encourage my relative to do things for themselves."
- Staff maintained the privacy and dignity of the people they cared for. One person told us, "Staff ask permission before they do things." One relative said, "Staff look after my relative's dignity."

Is the service responsive?

Our findings

Responsive – this means that services met people's needs.

This is the first inspection for this newly registered service. This key question was rated good. This meant people's needs were met through good organisation and delivery.

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

- People had personalised care plans. They clearly described the care and support people required to meet their needs. People and relatives were involved in creating the plans of care.
- People were empowered to make choices. They had as much control of their care as possible.

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

- Staff protected people from social isolation and supported people to maintain important relationships. One person told us, "I have quite a few friends here."
- People took part in activities and events of their choice. These included, bingo, knitting, arts and crafts, movie afternoons and entertainers. People told us, "I make cards and my friends come in to help" and "We had a singer on Saturday and people sat and sang." The registered manager assured us activities were regularly reviewed.

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.

- People were given information in a way they could understand. Care records clearly described people's communication needs and their personal preferences.

Improving care quality in response to complaints or concerns

- The provider had a structured approach to dealing with complaints.
- People and relatives felt confident to raise concerns.

End of life care and support

- People were supported to make decisions and record their preferences for end of life care. Staff were aware of good practice in end of life care. Professionals were involved as appropriate.

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question was rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager and staff understood their roles and responsibilities.
- The provider monitored the quality of the service to make sure a high standard of care was delivered.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a person-centred culture at the home. People, relatives and staff told us the registered manager was approachable and supportive. Comments included, "I can talk to the manager" and "The manager does listen and does get things done."
- Staff morale and teamwork were good. Staff were enthusiastic about ensuring people received good care and support.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The views of people, relatives and staff were regularly sought. They were invited to regular meetings and sent annual surveys. Their feedback was used to make changes and improvements to the service.

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

- The registered manager acted in an open and transparent way. They submitted statutory notifications to CQC following significant events at the home.

Continuous learning and improving care

- The provider had an effective quality assurance system to review and drive improvements in the home.

Working in partnership with others

- Staff worked in partnership with health and social care professionals to achieve good outcomes for people.
- The service had good links with the local community, such as churches, schools, community centre and other key organisations. This reflected people's needs and preferences.