

NAH Care Ltd

Langley Lodge Nursing Home

Inspection report

Langley Lodge
39 Imperial Avenue
Westcliff On Sea
Essex
SS0 8NQ

Tel: 01702340186

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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

Langley Lodge Nursing Home provides accommodation and personal care with nursing for up to 29 people some of whom may be living with dementia. At the time of our inspection 23 people were living at the service. The service is set over 3 floors with lift access to each floor.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. There were systems in place to minimise the risk of infection. People were cared for safely by staff who had been recruited and employed after appropriate checks had been completed. People's needs were met by sufficient numbers of staff. Medication was dispensed by staff who had received training to do so.

People were safeguarded from the potential of harm and their freedoms protected. Staff were provided with training in Safeguarding Adults from abuse, Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

People had sufficient amounts to eat and drink to ensure that their dietary and nutritional needs were met. The service worked well with other professionals to ensure that people's health needs were met. People's care records showed that, where appropriate, support and guidance was sought from health care professionals, including a doctor, district nurse and the palliative care team. The environment was appropriately designed and adapted to meet people's needs.

Staff were well trained and attentive to people's needs. Staff were able to demonstrate that they knew people well. Staff treated people with dignity and respect.

People were provided with the opportunity to participate in activities which interested them at the service. These activities were diverse to meet people's social needs. People knew how to make a complaint should they need to. People were provided with the appropriate care and support at the end of their life.

The registered manager had a number of ways of gathering people's views, they held regular meetings with people and their relatives and used questionnaires to gain feedback. The registered manager carried out quality monitoring to help ensure the service was running effectively and to make continual improvements.

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 remains Good.	Good ●
Is the service effective? The service remains Good.	Good ●
Is the service caring? The service remains Good.	Good ●
Is the service responsive? The service remains Good.	Good ●
Is the service well-led? The service remains Good.	Good ●

Langley Lodge Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 30 January 2018 and was unannounced. The inspection team consisted of one 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 previous reports and notifications that are held on the CQC database. Notifications are important events that the service has to let the CQC know about by law. We also reviewed safeguarding alerts and information received from a local authority.

During the inspection we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During our inspection we spoke with seven people, six relatives, the registered manager, deputy manager, and two care staff. We reviewed three care files, four staff recruitment files and their support records, audits, meeting minutes, questionnaires and policies held at the service.

Is the service safe?

Our findings

People felt safe living at the service. One person told us, "I feel very safe living here; there are always staff on hand." Another person told us, "I have a buzzer and if I press it they come quickly, I used it three times in the night and every time they came really quick."

Staff knew how to keep people safe and protect them from safeguarding concerns. The deputy manager took a lead on training all staff in recognising safeguarding concerns and how to respond to these. The registered manager had policies in place on 'whistle blowing' for staff to follow and on raising safeguarding concerns. One member of staff said, "If I had a concern I would tell the manager straight away and document everything." Another member of staff said, "I would tell the manager and if I was not satisfied it had been dealt with I would go to the CQC." The registered manager worked with the local authority to fully investigate any concerns to protect people. In addition the registered manager ensured staff learned lessons from investigations and implemented changes to policies and procedures to ensure people remained safe.

The manager had an effective recruitment process in place, including dealing with applications and conducting employment interviews. Relevant checks were carried out before a new member of staff started working at the service. These included obtaining references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS). One member of staff said, "I saw the job advertised on line, so I applied and sent in my C.V. I then came in for an interview, after I spent a day here to see if I would like the work."

Staff had the information they needed to support people safely. Staff undertook risk assessments to keep people safe. The assessments covered preventing falls, moving and handling, nutrition and weight assessments, use of bedrails and prevention of pressure sores. Staff knew it was important to follow these assessments to keep people safe. One member of staff told us, "We check people's skin when we are supporting personal care and use creams regularly, any signs of redness we report to the nurse who does an assessment." We saw the service had all the appropriate pressure relieving equipment in place. One relative told us, "When [relative name] was admitted they had a terrible sore, which the staff have got rid of."

The registered manager kept under review the numbers of staff required to support people and adjusted these numbers where necessary. The registered manager told us that the service was fully recruited and that they did not need to use agency staff. In addition to the core nursing staff and care workers, the service employed cleaning staff, cooks, maintenance staff and administration staff. The registered manager and deputy manager were not included in the core staff so that they could focus on the management needs of the service. Staff we spoke with told us that they felt there were enough staff on each shift and that they had time to spend with people. One relative told us, "I come in at different times and there is always plenty of staff around and they are always welcoming and friendly."

People were cared for in a safe environment. Infection control was closely monitored and processes were in place for staff to follow to ensure people were protected from infections. The registered manager completed regular audits to ensure infection control processes were being followed. One person told us, "The home is

always clean and there are never any smells." The registered manager employed a general maintenance person for the day to day up keep of the service. For more specialised work the registered manager employed the appropriate contractors. There was regular maintenance of equipment used and certificates were held, for example for electrical and water testing. There was a fire plan in place and each person had a fire evacuation plan completed. Regular fire evacuation drills were completed. In addition we saw the registered manager had policies in place should there need to be an emergency evacuation and business contingency plans were in place.

The registered manager ensured lessons were learned from any accidents or incidents and had processes in place to review these with staff. The registered manager fully investigated adverse events and discussed learning points or changes needed to practice in staff meetings. In addition in response to changing needs of people they had reviewed the security of the service and made changes to how people could exit and enter the service. This had involved adding a key pad system and linking external fire doors to the fire alarm system.

Medicines were managed and administered safely. People told us that they got their medicine on time and when they needed it. One person said, "I need my medication every 3 hours, I would never remember myself so the staff give it to me." Only trained and competent staff administered medication which was stored safely in accordance with the manufactures guidance. Regular audits of medication were completed and policies and procedures were up to date.

Is the service effective?

Our findings

The registered manager was very keen for staff to develop the knowledge they needed to perform their role. Some training was delivered on site by the registered manager and deputy manager; who had undergone training to enable them to have the skills to deliver training to staff. In addition the registered manager sourced external training for staff to support them with the skills they needed to perform their role. The registered manager told us that they had been working closely with the district nursing team who had delivered training to staff on, sepsis, end of life care, dysphagia, falls prevention and catheter care. One member of staff said, "My most recent training was on falls prevention. It is important to have good lighting; no objects in way and that people can be affected by their medication if it makes them dizzy." Another member of staff said, "I am currently doing an NVQ level 2 and I recently did some training on End of life care which I found really interesting."

Staff felt supported at the service. New staff had an induction to help them get to know their role and the people they were supporting. The registered manager told us that all staff that were new to care completed the Care Certificate. This is industry recognised good practice training for staff new to care that equips them with the knowledge and skills they need to safely support people. Staff told us that they had regular staff meetings and supervision with the registered manager to discuss the running of the service and their performance. From records we reviewed we saw this was a two way process for staff to receive support and updates on best practice.

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 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff knew how to support people in making decisions and how people's ability to make informed decisions can change and fluctuate from time to time. 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. We also saw assessments of people's capacity in care records had been made. People were supported to ensure their wishes were being followed and that they had the correct documentation in place if they wished for relatives to act on their behalf by having lasting power of attorneys in health, finance and welfare. One person told us, "The manager has been very good helping me sort out all my paperwork." The registered manager kept themselves up to date with latest legislation and accessed training through the local authority. This told us people's rights were being safeguarded.

People were very complimentary of the food and cook, and said that they had enough food and choice about what they liked to eat. One person told us, "The food is excellent." Another person said, "We get plenty of choice, nothing is too much trouble." We saw throughout the day people were supported to have snacks and drinks in between meal times. Staff carried out nutritional assessments on people to ensure they were receiving adequate diet and hydration. Staff also monitored people's weight for signs of loss or gains and

made referrals where appropriate to the GP for dietitian input. Where appropriate the cook provided special diets such as fortifying people's food to encourage weight gain. A relative said, "They have put on two and half stone since they have been here."

People were supported to access healthcare. The service had good links with other healthcare professionals such as, district nurses, tissue viability nurses, palliative care team and G.Ps. The registered manager told us that they worked very closely with their G.P surgery and practice nurse who supported them with medical reviews and assessments on people. In addition the registered manager had worked closely with clinical commissioning groups to be included on pilot studies to prevent urinary tract infections and hospital admissions. People told us that they saw the G.P when needed, one person said, "I have seen the doctor three times since I have been here as I have a chest infection."

The environment was appropriately designed and adapted to support people. The service was spacious and most people had their own room which was personalised to their choice. The registered manager had kept the service updated and well maintained with an on-going maintenance and redecoration program. Since our last inspection a lift had been added to support people moving between floors and three additional rooms have been created. They have also made some changes and adaptation to rooms to accommodate wheelchair access. In addition the registered manager had reviewed the general security and safety of the external environment of the service.

Is the service caring?

Our findings

Staff had positive relationships with people. People and relatives we spoke with were all very complimentary of the staff. One person said, "They are brilliant, very kind, the best team." Another person said, "They are marvellous people." Throughout the inspection we saw staff approaching people with a kind and caring manner. We also saw how people had a good rapport with the staff and were happy and relaxed in the staff's company. Relatives told us that they were always made to feel welcome at the service, one relative said, "From the minute we came here we were told to treat this like our home and to come and visit whenever we wanted."

People's needs were attended to in a timely manner by staff. One person told us, "They met my needs from the minute I walked in; it's a homely set up." Throughout the inspection we saw staff were prompt in responding to people's care needs. One person told us how when they were distressed care staff had sat with them all day holding their hand and reassuring them. This showed us that staff treated people with compassion.

Staff knew people well including their preferences for care and their personal histories. We saw care records contained all the information staff would need to know people; such as their life histories, what is important to them and their likes and dislikes. We saw that people were supported as individuals to follow their routines. One person who was initially anxious to be admitted had worked with the staff and their family to establish their routine; the way they liked to spend their time which had lessen their anxiety. To help staff they had written prompts to ask the person to ensure they had everything they needed to help them feel comfortable. This showed that people and relatives were actively involved in their care planning to ensure that they had all the support they needed.

People told us that staff respected their privacy and promoted their dignity. Some people shared rooms at the service; this was done with their agreement. Privacy curtains were in place to separate the rooms where required. Staff told us that they always made sure that curtains, blinds and doors were closed if they were supporting people with personal care. People were supported to maintain their independence, one person said, "I like to keep my independence and I do as much as I can for myself, and then the staff will help me with the rest." Another person told us how it was their aim to be able to walk again and that the staff were supporting them with this. The registered manager had arranged for a physiotherapist and the person was now progressing well with their aspiration to be able to walk.

People's diverse needs were respected. People had access to religious support of their choice, one person said, "I go to church every Sunday." Another person told us about the religion they were supported to follow. The service supported people's cultural needs and where one person liked Caribbean food this had been arranged with the cook. People maintained good links and contact with their families with open visiting to the service. One person told us, "I have a landline in my room so I can stay in touch with everyone."

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. People and their relatives were actively involved in their care planning. We saw from care plans that these were very detailed outlining all the support people needed, and how they liked to be supported. Each person had a profile of their support needs as a quick reference for staff to follow. Care plans were reviewed monthly or sooner if required and each month there was a written synopsis of the support people had received for that month. This showed us that care was closely monitored to ensure people were receiving the support they required. Before people can to live at the service they could come and have a look around with their family to see if they felt the service would be suitable for them. Some people at the service had previously had relatives living there and some had come in for respite care but decided to stay. One person told us, "My husband was here for a short while, it was close and convenient so I knew what to expect."

Staff encouraged people to maintain their interests and looked after their well-being. People told us that they enjoyed varied interests and activities at the service. One person said, "We like sitting in the lounge it is like a little club." People told us that they enjoyed talking with each other as well as taking part in activities such as quizzes and chair exercises. The service had external entertainers coming in to sing and had pets as therapy dogs who visited regularly. There were also a couple of rabbits that were permanent pets; people could see them through the lounge door in their enclosure. One person said, "I like it when they bring the rabbits in and they run around really fast." People were also encouraged to maintain links in the local community and access activities they enjoyed. Staff supported people to go out for lunches, shopping and to attend support groups. Social evenings were arranged, the most recent being a wine and cheese evening with games, which people said was a big success.

The registered manager had a robust complaints process in place that was accessible and all complaints were dealt with effectively. People said if they had any concerns or complaints they would raise these with the registered manager or deputy manager. However people told us they generally did not have any complaints, one person said, "I can't find any fault here." The service also received a number of compliments from satisfied relatives and people who used the service.

The registered manager worked closely with the community palliative care team and G.Ps to provide people with the support they needed at the end of their life. The deputy manager told us that some people came as emergency admissions at the end of their life. The service provided them and their families with the support they needed for a dignified death. Staff had received training in end of life care and showed kindness and compassion to people at this stage of their life. Care plans were individual and supported people's end of life wishes.

Is the service well-led?

Our findings

The service had 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 manager had a clear vision for the service, and staff shared this vision. One member of staff said, "We want people to have a good quality of care. Their life should get better here and they should be able to do more with our support to improve their life."

The registered manager had a number of quality monitoring systems in place to continually review and improve the quality of the service provided to people. They carried out regular audits, for example, on people's care plans, medication management, accident and incidents, health and safety, and environment. Lessons learned from audits and investigations were shared with staff to improve practice. The registered manager understood their regulatory requirements and were prompt at sending notifications to the CQC when required. People's information was stored securely within locked offices.

People were actively involved in improving the service they received. The registered manager gathered people's views on the service on a daily basis through their interactions with people. They also held regular meetings with people and their relatives to get feedback on how the service is running and to ask for their opinions. We saw from minutes they discussed, food and menus, people fed back what activities they had enjoyed and which entertainers they would like to see again. They also discussed staff and new staff to gain people's feedback and to ensure they were happy with the support they were receiving. The registered manager gathered feedback on the service through the use of questionnaires for people, relatives, visitors, staff and other healthcare professionals. A recent questionnaire was completed by people on dignity to see if they felt staff treated them in a dignified manner. The overall results showed people felt that they were being treated with dignity, that they had choices and were involved in their care. This showed that the management listened to people's views and responded accordingly to improve their experience at the service.

The registered manager engaged with the local community at the service. Local church groups came in to offer celebrations at certain times of the year. In addition local pre-school children came into the service to sing to people and engage with them on a social level. The registered manager also endorsed young adults who came into the service as part of completing their 'Duke of Edinburgh' awards scheme. As part of this they had been helping people put together photograph albums and memory books.

The registered manager worked in partnership with other agencies and attended manager forums with the local authority. They had recently been on a working group with the local commissioning group looking at dedicated G.P services for care homes. They have also taken part in putting together a pilot known as 'the red bag scheme'. This is a scheme where if a person needs to be admitted to hospital as an emergency all the information required about them and their care is accessible in a red transfer to hospital bag, which the

Ambulance service can ask for and use.