

Langdale Heights Limited

Langdale Heights

Inspection report

352 Burton Road
Derby
Derbyshire
DE23 6AF

Tel: 01332367429
Website: www.langdalecarehomes.co.uk

Date of inspection visit:
15 June 2018

Date of publication:
06 August 2018

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection was unannounced and took place on 15 June 2018.

Langdale Heights 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.

Langdale Heights is registered to provide residential and nursing care for up to 31 older people living with dementia and/or a physical disability. The home is on three floors with a passenger lift for access. There is a dining room, lounge and conservatory and secluded gardens. On the day of our inspection visit there were 26 people living at the home.

There was a registered manager in post. 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.

Staff treated people with kindness, respect and compassion. They continually engaged with people and made a point of having a kind word or sharing a joke with them as they went about their work. This contributed to the home's happy and relaxed atmosphere.

The staff team was established and people had the opportunity to get to know the staff supporting them. Staff were knowledgeable about the people they supported and used information about their life histories to enhance their daily lives. For example, staff helped one person to keep up to date with current affairs and another to enjoy their favourite music.

Staff understood the importance of supporting people to express their views and be actively involved in making decisions about their care and support. People chose what time they got up and when to go to bed and where they had their meals. Staff respected people's privacy, dignity and independence.

People told us they felt safe at the home and staff were knowledgeable about how to keep them safe from accidents and incidents. People had risk assessments in place which staff followed to increase their safety. During our inspection we saw staff providing people with safe and appropriate assistance to make their way around the home and gardens.

Staffing levels at the home were satisfactory and people did not have to wait if they needed support. Records showed staff were safely recruited, in line with the providers' staff recruitment policy, to ensure they were safe to work with people using care services. The providers' health and safety compliance manager carried out audits of the home and took action to ensure the premises and equipment were safe to use. All areas of the premises were clean and fresh.

People's cultural needs were met and staff had a good understanding of equality and diversity and how to provide non-discriminatory care and support. Staff had the training they needed to provide effective care. All staff completed a range of training courses including health and safety, moving and handling, and safeguarding. The providers and managers were keen for staff to develop their skills and learn new ones.

People told us they enjoyed their meals at the home and had a varied diet with plenty of choice. If people had any dietary requirements or preferences staff ensured these were met. People were referred to dietitians if they needed specialised support with their nutrition and records showed staff followed their advice.

People saw GPs and other healthcare professionals when they needed to. Staff worked closely with visiting health care professionals to ensure all their healthcare needs were met. Staff were trained in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards and understood the importance of people consenting to their care and support.

Activities were central to people's lives at the home and the providers had invested time and resources into ensuring people had varied opportunities for exercise, hobbies, and entertainment. Regular activities included monthly kickboxing sessions, which staff said were enjoyed by people of all ages, visiting entertainers, hair and beauty sessions, singing, and charity baking. People chose and looked after the home's pets including a rabbit, fish and birds.

The home was well-led and staff said they had confidence in the providers and managers to support them to deliver high-quality care. The providers and manager carried out regular surveys to find out what people, relatives, and professionals thought of the home and whether any improvements were needed. The results of these showed a high level of satisfaction with the service.

There were effective systems in place to monitor the quality of the service. These included a series of audits carried out by the providers and managers covering all aspects of the home. Records showed that the home's audits led to improvements being made where necessary. The staff worked closely with the local authority, the NHS, and other health and social care professionals to ensure people's needs were met.

.

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.

People were protected from the risk of harm and staff knew how to provide them with safe care and support.

Trained staff ensured people had their medicines when they needed them.

The home was clean and hygienic and staff understood the importance of following health and safety policies and procedures.

If accidents or incidents occurred staff learnt from these and took action to improve people's safety. ☐

Is the service effective?

Good 

The service was effective.

People's needs were assessed before they came to the home and staff had the training they needed to provide effective care.

Staff supported people to maintain their health and well-being and ensured their nutritional needs were met.

Staff understood the principles of the Mental Capacity Act 2005 and people's right to make decisions about their care and support.

Is the service caring?

Good 

The service was caring.

The staff treated people with kindness, respect and compassion, and gave them emotional support when they needed it.

Staff respected people's privacy, dignity and independence and supported them to express their views and be actively involved in making decisions about their care.

Is the service responsive?

Good 

The service was responsive.

People received personalised care that was responsive to their needs.

A complaints policy was in place and people knew how to complain if they needed to.

Staff supported people at the end of their lives to ensure they were comfortable and pain-free.□

Is the service well-led?

The service was well-led

The home was well-led and staff had the support, knowledge and skills they needed to provide good care.

Feedback from people, relatives and visitors was used to make improvements. People's diverse needs were recognised, respected and promoted.

The providers and managers carried out regular audits to review the quality of care provided and worked with other agencies to ensure people's needs were met.

Good ●

Langdale Heights

Detailed findings

Background to this inspection

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

This inspection was unannounced and took place on 15 June 2018. It was carried out by an inspector, a nursing specialist, 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. Our expert by experience had experience of services that provide care and support for older people some of whom are living with dementia.

We reviewed information that we held about the service such as notifications, which are events, which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies.

We sought feedback from commissioners who placed people and monitored the service.

During this inspection we spoke with six people, three relatives, two visiting health care professionals, and one visiting social care professional. We also spoke with the providers, registered manager, care manager responsible for the day to day running of the home, head of care, four care workers, two nurses, the providers' activity and well-being manager, the activity organiser, and the providers' health, safety and compliance manager.

We looked at eight people's care records to see if they reflected the care provided. We looked at other information related to the running of the service including quality assurance audits, staff recruitment and training information, medicines records, and arrangements for managing complaints.

Is the service safe?

Our findings

People told us they felt safe at the home. One person said, "I am scared of nothing here. The staff are all good people." Another person told us, "The staff make sure we are safe. They walk with people so they don't fall. They are kind and patient."

Staff were knowledgeable about how to keep people safe and knew the signs of possible abuse and who to report them to. One staff member told us, "I would recognise if somebody was particularly quiet or withdrawn or maybe if their behaviour was different. Abuse or isn't just about noticing bruises." Staff also know how to escalate concerns if they felt they hadn't been properly addressed at the home.

Records showed that if a safeguarding incident occurred staff took appropriate action in response. For example, following a recent incident of challenging behaviour, the appropriate authorities were informed and a referral made to a mental health team. In addition the person's risk assessments and care plan were reviewed and improved to identify triggers and introduce preventative measures in order to minimise potential risks.

People had risk assessments in place where necessary. For example, one person was at risk of social isolation due to living with dementia. To reduce this risk staff were told to listen carefully and respond to the person when they spoke even though it was not always clear what they were saying. They were also told to give the person one-to-one time as they were not always comfortable in a group. During our inspection visit we saw staff sitting and talking with this person on a number of occasions and the person appeared to enjoy this interaction.

Another person has a risk assessment for skin damage. Staff were told to monitor their skin condition on a daily basis. Records showed staff had done this, used body maps to indicate any changes, and reported these to the nurse in charge. This meant that if the person needed any medical intervention with regard to the skin condition this would be provided.

Some people at the home were at risk of falls. All had risk assessments in place to tell staff how to support them to mobilise safely and whether or not they needed walking aids. One staff member told us, "People sometimes use frames for the first time when they come back from hospital and we have to give them help so they use them safely." During our inspection we saw staff providing people with safe and appropriate assistance to make their way around the home and gardens.

The providers' health and safety compliance manager oversaw health and safety at the home. They were responsible for training staff in health and safety and ensuring the premises and equipment were safe and fit for purpose. The health and safety compliance manager told us, "It's not just about health and safety. We look at the premises from a mental capacity and dementia perspective. Everything in the environment has an impact on the people who live here and we want to get it right for them and not institutional."

The providers' health and safety compliance manager carried out audits of the home, the most recent being

in April 2018. This identified that a stair gate needed replacing. They told us a new purpose-designed one had been ordered and they were awaiting delivery of this. They also came to the home weekly to ensure people and staff were safe, carry out water, bed safety and other checks, and ensure ongoing repairs and improvements were carried out as planned by the provider's two full-time maintenance men and a gardener

The providers had up-to-date health and safety policies and procedures in place and a distinct fire grab folder was available by the front door. This contained a summary of people's evacuation needs in the event of an emergency. Records showed that hoists, stand aids and a rotunda were all risk assessed and serviced regularly. This helped to ensure people and staff were safe when using this equipment.

Several doors in the home were held open using magnetic door guards which released if the fire alarm went off. One of these was 'beeping' in the reception area as its battery was failing, and the battery on another one had gone flat. In addition, two hoists were charging at their 'charge stations' in a hallway, and some pressure mattress settings were incorrect. We reported these issues to the managers who agreed to take action to address them.

People said they were satisfied with the staffing levels at the home. One person told us, "When you push the buzzer staff come before too long. You have to wait for them to finish what they're doing and get to you, but I've never had to wait so long I've got myself into a pickle." During our inspection visit we saw someone ring a call bell and staff arrived in less than a minute to make sure the person were safe. We also saw that all areas of the home were well-staffed and people did not have to wait if they needed support.

A social care professional, who came to the home regularly, told us staffing levels were acceptable. They said, "The staff do well here, they can be a bit short at times, but overall they are brilliant." Staff told us they thought the staffing levels were good. One staff member said, "There are enough staff working here. There's always one member of staff in the lounge, it's their responsibility to keep an eye on the buzzers [call bells]." Another staff member told us, "Day to day there's enough staff."

The registered manager calculated staffing levels depending on people's needs. If people required more than one member of staff to support them with personal care or other activities this was made clear in their care plans which staff followed. Records showed staff were safely recruited, in line with the provider's staff recruitment policy, to ensure they were safe to work with people using care services.

Staff managed people's medicines safely and ensured they had them at the right time. One person said, "The staff look after my tablets and bring them to me when I need them." A relative told us, "The staff make sure [family member] gets their medicines on time."

Medicines were kept securely and only administered by trained staff. MARs (medicines administration records) were in good order and completed correctly. There was a picture of each person on their MARs to ensure staff identified them correctly. One person was on covert medicines (which are given to people without their knowledge) and the appropriate DoLS (Deprivation of Liberty Safeguards) authorisation form for this was attached to their medicines records.

We looked at how staff managed PRN (as required) medicines. People had PRN protocols which instructed staff how these should be administered. One person said, "The staff will always ask me if I'm in pain so they can give me my pain tablets if I want some." A staff member told us, "We ask if people are in pain. Pain can cause people difficulties with movement, so if somebody is written up for PRN medicine we can give them PRN medicine to reduce their pain and that has helped reduce the risk of falls."

Staff were trained in medicines administration and understood their specific roles and the importance of handling medicines safely. A staff member told us, "The nurses give the medicines but the creams are kept in people's bedrooms and we train the staff [care workers] to give them. It's important that people have their medicines on time. The nurses know that they must not be disturbed by other tasks when they giving medicines or errors will happen."

All areas of the premises were clean and fresh. The home's up-to-date infection control policy set out the roles and responsibilities of different staff members regarding infection control and these had been followed. The most recent infection control audit, that took place in May 2018, had identified some minor issues and these had been addressed. Staff understood the importance of thorough handwashing and used aprons and gloves when they needed to.

Lessons were learned and improvements made when things go wrong. Records showed that in response to incidents and accidents managers and staff took action to reduce future risk. For example, following an incident of behaviour that challenges, one person's medicines, care plans and risk assessments were reviewed and changes made, and a review of their nursing needs requested. This helped to ensure that staff could meet their needs safely with extra support provided where required. In response to another incident, when a person left the garden unaccompanied, staff took action to reduce risk by making the garden fencing more secure and increasing checks on the person in question to ensure they were safe.

Is the service effective?

Our findings

People had their needs assessed before coming to the home to ensure they could be met. The assessment covered people's nursing (where appropriate) and personal care needs and preferences. Staff completed a body map as this might reveal important information for staff. For example, one person was admitted with a 'healing area from a pressure ulcer'. This meant staff were immediately aware of this and able to write a care plan ensuring the person received effective care.

The assessment also recorded people's ethnic origin, first language, and religion, and any cultural needs they might have relating to these or any other areas in their lives. Staff had a good understanding of equality and diversity and recognised the positive impact it had on the home. One staff member said, "Equality is not just about treating people as equals, but also about using different people's backgrounds to enrich the lives of everyone at the home."

Staff had the training they needed to provide effective care. This included a two weeks induction, followed by a period of shadowing more experienced staff. Staff were supernumerary at this time and managers told us they were only counted as actual staff when they felt confident to work with people. All staff completed a range of training courses including health and safety, moving and handling, and safeguarding. Managers made sure staff understood their training by carrying out informal competence checks when they asked staff questions and used scenarios to ensure they understood their responsibilities.

Staff were satisfied with the training provided. One staff member said, "Our training has given us lots of information that we need. We've done training in moving and handling, food hygiene, fire, and first aid." Another staff member told us, "We have lots of training, not just the mandatory training, but you can do other things as well. If you want to learn it, then they'll (the providers and manager) encourage you to do it." The staff member had done a specialist course in dementia which they said taught them new and better ways to approach people. The head of care said the providers and managers were keen for staff to develop their skills and learn new ones. They told us, "If anyone needs or wants any training they only have to ask for it and it's provided."

People told us they enjoyed their meals at the home and had a varied diet with plenty of choice. One person said, "I've put on weight since I've been here I'm a much healthier size now. The food is very good." A relative told us, "The food here is good and [family member] always has plenty to eat which [family member] enjoys. The staff always ask [family member] what they want to eat – every day."

If people had any dietary requirements or preferences staff ensured these were met. One person told us, "I have to be careful what I eat. I can't eat [particular food item] but the staff always make sure that I don't have it so I'm OK." Another person said staff had asked them what their favourite foods were and then ensured these were on the menu. They told us, "Every day they say '[Person] would you like this food or that food?' I tell them what I want and at lunchtime it is there ready for me."

People's nutritional needs were assessed when they were admitted to the home and explained in care plans

so staff knew how to support them to have a healthy and appropriate diet. A staff member told us, "There's allergy and dietary needs details in all of the care plans, as well as on the front page of the carers' notes, and in the kitchen. There's no excuse for any staff here not having an understanding of what people's allergies or dietary needs are. The information is everywhere for them to see."

Staff knew how to support people with nutrition in the way that was best for them. For example, one person's care plan stated, 'ensure to offer [person] choice of food and drink because it has been observed that they rarely ask for a drink or food but once the options are explained to them they are then able to make a choice'. People were referred to dieticians and the SALT (speech and language therapy) team if they needed specialised support with their nutrition and records showed staff followed their advice to ensure people had effective support.

People told us they could see the GP and other healthcare professionals when they needed to. One person said, "If I'm not well, the staff ring the doctor and have the doctor come out to see me." The person also told us that when they needed to go to hospital, "The staff came with me to ensure I was okay [because] I was scared there as I didn't know anyone." A relative said, "If [person] is ever unwell the doctor comes out to see them quickly enough."

A visiting health care professional told us how well staff at the home worked with them. They said, "They always call me when I am needed, and take good notice of what I'm saying. The advice I give is always followed. The nurses here know people well and are always able to answer any questions we ask." A range of healthcare professionals were involved in people's care and treatment to ensure all their healthcare needs were met.

We looked at the care and treatment provided to three people with ongoing health conditions. Their nursing needs were explained in their care plans and nursing staff met these, liaising with other healthcare professionals as necessary. Records were up to date and comprehensive and showed that staff took prompt action if people's healthcare needs changed. Staff told us they had excellent links with healthcare professionals in the wider community and could call on them for advice at any time.

People told us the premises were suited to their needs. One person said they liked the range of communal areas at the service. They told us, "I'm able to choose where I sit each day. I'm sitting here today [in the lounge] because I want to be quieter – the staff will come and see me here. If I want to join in with activities I can go and sit in the conservatory where it is noisier. Or if I feel somewhere in between I can sit in the dining room. That works well." Another person said they liked their bedroom which was personalised and gave them privacy when they wanted it.

The staff understood the importance of ensuring the premises were fit for purpose. All areas were clean, tidy, and free of clutter. The dining room and conservatory opened out onto a secure patio area where some of the home's pets lived, including a rabbit and birds. The premises were safe for people. The head of care told us, "The building works for the residents' needs. The bedrooms have sensor mats for people's safety, when people put their foot on the mat it sounds an alarm and we can go to help them."

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. The application procedures for this in care homes and

hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Some people had restrictions on their liberty authorised by the local DoLS team and their care plans included instructions to staff on how to support them in line with these. For example, if a person was unable to leave the premises unaccompanied due to risk this was authorised by the DoLS team to ensure people were being cared for lawfully.

Staff were trained in the MCA and DoLS and understood the importance of people consenting to their care and support. Care plans stated that staff must always 'seek consent for any task before starting' and advised them how best to do this depending on the way the person best communicated. During our inspection we saw staff asked for people's permission before they assisted them and, where possible, offered them choices. This meant staff were working within the principles of the MCA and seeking people's consent to care and treatment in line with legislation and guidance.

Is the service caring?

Our findings

Staff treated people with kindness, respect and compassion. One person said, "I like living here very much because the staff are very caring." A relative told us, "The staff are really lovely and treat all of the residents well."

A social care professional, who regularly came to the home, told us, "The staff really care for the people here. The people that live here are happy. And the staff are really friendly. There a consistent group of staff to give familiar faces for people." A visiting healthcare professional said, "It's fabulous here. The staff had a really good relationship with people. There's lots of laughing and joking."

Staff continually engaged with people and made a point of having a kind word or sharing a joke with them as they went about their work. One person, talking with a staff member, mentioned their favourite childhood holiday destination. In response the staff member used their phone to show the person vintage photos of the beach and trams there. The person enjoyed looking at these. Another person was laughing with staff about a funny incident that had happened during a recent visit to a café. This was an example of a person making new memories while living at the home.

People told us staff gave them emotional support when they needed it. One person said, "I like to talk and the staff know this. If I'm withdrawn the staff ask me if I'm OK. They say, 'Speak up we like hearing from you.' If I was worried about anything I could speak to the staff."

People also gave us examples of the caring nature of staff. One person told us how staff had helped them prepare for an important family occasion and accompanied them to this. They told us, "I had a staff member with me all day, as my [family member] had invited the staff to attend to so that I would have somebody with me. I had a great day."

The staff team was established and people had the opportunity to get to know the staff supporting them. The managers told us they did not use agency workers and if cover was needed this was provided by the home's own bank staff who knew the people using the service. This meant people had continuity of care.

Staff were knowledgeable about the people they supported and used information about their life histories to enhance their daily lives. For example, one person enjoyed doll therapy as they had previously worked with children. Another person had always taken an interest in current affairs so staff made sure they received a daily paper and completed a crossword with them to keep the person mentally stimulated. The staff member also knew that one person didn't like television, but it was important for them to have a good range of CDs in their room which they did.

Staff understood the importance of supporting people to express their views and be actively involved in making decisions about their care and support. One staff member told us, "It's important to know people's preferences. Some people might have breakfast in bed and then have a wash and get up. Other people like to have a wash and get up before their breakfast."

Records showed that people, and/or their relatives, were routinely involved in care planning. One relative told us, "The staff sat down with [family member] to write the care plan. [Family member] was really happy to be able to be involved putting it altogether." Another relative said, "I gave input to the care plan before [family member] moved in."

People told us staff respected their privacy, dignity and independence and we saw this during our inspection. For example, when two staff used a hoist to assist a person in moving we saw they used a privacy blanket and spoke with the person respectfully and kindly.

Staff understood the importance of treating people respectfully. One staff member told us, "I treat all the residents in the way I would want to be treated if I was in a home or how I'd want to see a [family member] being treated." Another staff member said, "I have worked on care this morning. Giving people their choices, showing them respect; just like they would have had in their own home. It's so important for them to feel like they are at home here."

We did see that the staff allocation sheet for the day was displayed on the dining room wall. This gave details of each person and how frequently they should be repositioned. This was private information. We discussed this with the managers who agreed to move the allocation sheet to a less public area to ensure people's privacy was maintained.

Is the service responsive?

Our findings

Care plans were personalised. For example, one person's stated, "I go to bed around 10pm and like to be awake at 7am. I like my routine.' It also stated, 'I like dogs and birds.' A care worker explained why this type of detail in care plans was important. They told us staff read people's care plans to learn about their life history, hobbies and interests. They told us, "You can always find something in someone's care plan to bring a person to a different place when they are agitated. Something to make them comfortable. Something to make the residents feel at home."

The care plans we sampled were up to date and comprehensive. They included a description of people's daily care needs and, where relevant, food and fluid and re-positioning charts so staff were clear about when a person needed support and could record when they provided it. Care workers said the care plans were of good quality and contained the information they needed to provide responsive care. A visiting healthcare professional said, "Staff always pay good attention to the detail of care that they need to provide."

One person gave us an example of staff providing responsive care. They told us, "If the staff see you're wearing the same clothes two days in a row, they'll say '[Person] you need some clean clothes.' They take you to your room and help you get washed and clean and find some nice clean clothes." The person said they liked it that staff intervened in this way. A visiting social care professional told us, "The care plans are good. I have read them, and make suggestions if I think there's anything that needs adding in. The staff are asked about the care plans regularly when they are updated."

The provider, registered manager and staff looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. People were supported to have information available to them in an easy read or large print format if this was their preference, or if this was not available staff communicated information to people so they could understand it.

Activities were central to people's lives at the home and the providers had invested time and resources into ensuring people had varied opportunities for exercise, hobbies, and entertainment. Staff told us that some activities were provided at different times of day to capitalise on when people were most alert.

Regular activities included monthly kickboxing sessions. Staff told us that Langdale Heights is the only care home in the country registered with the National Kickboxing Council and the World Association of Kickboxing Organisations. Staff told us kickboxing was a versatile activity that anyone could take part in, even those on bed rest. They said it stimulated 'mind, body and soul'. We saw videos of people at the home enjoying kickboxing sessions in communal areas and in their own rooms.

Just before our inspection people had decided they wanted a new pet for the home. They chose one as a

group, using pictures of animals to help them decide. They settled on a rabbit and were taking care of it supported by the activities organiser. People had written a care plan for the rabbit which included a 'healthy snacks' list. People were proud of the rabbit and keen to show it to us and tell us about it. Staff told us that having pets at the home, which also included fish and birds, had increased people's well-being and people enjoyed helping to look after them.

Other activities included psychotherapy through dance and movement, visiting entertainers, hair and beauty sessions, music and singing, and charity baking. Staff also did individual activities with people. The activities organiser told us some people felt overwhelmed in group sessions but enjoyed one-to-one activities, for example dominoes. They told us, "It doesn't matter how they play with dominos, it's just nice to spend time with somebody and give them something to stimulate their minds."

People's spiritual and cultural needs were also catered for and festivals celebrated, for example Christmas, Eid and Diwali. On one day the multicultural staff team came to work wearing the national dress from their country of birth so people could share the home's cultural diversity. Regular church services were held at the home and a local gospel choir visited to sing and dance with people.

The home's activities organiser, the provider's activity and well-being manager, and a visiting psychotherapy student told us they were passionate about providing meaningful activities for people to improve their quality of life. The activity and well-being manager explained the link between people's physical and mental well-being. They told us, "If a person is well-dressed and well-nourished they will find it easier to engage in things that stimulate their mind. It's amazing the difference that little things can make. Just having nice hair, having your hair brushed, can help people have a good day." All the staff had adopted this approach and were using it to positive effect at Langdale Heights.

People told us they would speak to staff if they had any concerns about the home. One person told us that staff were always checking to see if people were happy with the service. They said, "If the staff ever see you're not happy they always ask what's up. They look to find out what's the matter and put things right." A relative said they felt that if they had any issues these would be listened to and addressed.

The home's complaints procedure was displayed in the reception area and staff told us they regularly reminded people of this in case they had any issues they wanted to raise. A relative said, "The staff are always asking myself and my [family member] if everything's OK. If I had a complaint I would just say and I am sure they would deal with it."

Records showed any complaints received were recorded along with the action taken to put things right. Two relatives told us they had had ongoing issues with the quality of the laundry service but the providers and managers were resolving this. A new laundry worker had been recruited and was due to start work at the home. This was an example of the providers and managers listening to people and improving the service as a result.

At the time of our inspection none of the people at the home were receiving end of life care. However previous records showed staff supported people who were at the end of their lives so they remained comfortable, dignified and pain-free. They worked closely with healthcare professionals to ensure people's needs were met if they had reached the end of their lives. People's wishes for how they wanted to be cared for were in their end of life care plans so staff were aware of these. Staff welcomed and supported the relatives and friends of people at the end of their lives.

Is the service well-led?

Our findings

People and relatives told us the home was well-led. One person said, "I have everything I need here and the staff look after me. This is a good place to be." A relative told us, "I am very satisfied with the care at this home. The manager and the staff are very kind and do all they can to make my [family member] comfortable."

A visiting health care professional said, "This is definitely a well-run home. I hope the inspection goes well, they deserve it." A visiting social care professional told us, "If I had any concerns I would speak up. There's a sign in reception that says who I would speak to. I've never had any issues here though. There are good care homes and not so good care homes, but I would be happy to put a family member in here and I'd be really pleased with the care that staff gave them."

Staff said they had confidence in the provider and managers to support them to deliver high-quality care. A care worker told us, "The home is well led. We have a new management team. There's good communication right up the line. Carers are happy to speak up if they have any concerns, and we are listened to. The management make sure that everything gets done." Another care worker said, "We have good leadership here. The leaders are always there when something happens, and everybody helps. The management and the head of care are well motivated to work together with the team."

Information about the home and other relevant services were clearly displayed in reception so people, relatives and other visitors knew where to go for advice and support. This included information about the home's dignity champions and dementia friends, as well as the home's safeguarding and whistleblowing policies and procedures, feedback from surveys about Langdale Heights, and the home's CQC rating and most recent inspection report. This was an example of the home's open and inclusive culture.

The provider and manager carried out regular surveys to find out what people, relatives, and professionals thought of the home and whether any improvements were needed. Surveys for people living at the home were quarterly as managers and staff felt one large annual survey might be too much for some people to complete. The results of the latest one, for the first quarter of 2018, showed a high level of satisfaction with the service. For example, respondents showed 100% satisfaction with the activities and quality of care and said they would recommend the home to others. Some areas for improvement were identified in the survey and this had resulted in changes to the menu and the redecoration of parts of the premises. Relatives completed an annual survey and following the one in 2017 the providers replaced some carpeted areas with hard flooring to improve cleanliness at the home.

Surveys for visiting professionals were ongoing. Eight responses had been received in 2018 and the results showed that all respondents were satisfied with how they were welcomed at the home and said staff shared important information with them. They said the objective of their visits was fulfilled and they could see people's health and social care needs were met. Comments included: 'Lovely welcome, staff available and friendly, good interaction between staff and residents'; 'documentation clear and self-explanatory'; '[staff] are managing challenging behaviour very well', and 'the atmosphere is homely and this appears to be a

happy and well-managed home'.

Staff told us they felt well-supported by the providers and managers and thought the quality of care at the home was good and continually improved. A nurse said they felt 'listened to' and any concerns or suggestions they had would be taken on board. Another nurse told us, "I am well-supported and listened to and have full autonomy [as a healthcare professional]." A carer told us the home had improved over the last year with staff 'given more input into care improvements and more training'.

Staff told us team working was effective at the home. A care worker said, "The nurses are always helpful, they work with the managers and work with the team to care for people well. If we have any concerns we speak up." Another care worker said, "We have a team meeting, formally, every so often. But if something particular is happening, like a new resident moving in, they [the manager] suddenly call a quick team meeting with everyone on shift so that everybody knows what's happening."

There were effective systems in place to monitor the quality of the service. These included a series of audits carried out by managers and staff covering all aspects of the home. For example, the care manager's monthly audit covered admissions and discharges, dependency levels, pressure area care, falls, end of life care, accidents and incidents, and weight monitoring and nutrition. Records showed that the home's audits led to improvements being made where necessary.

Staff worked to continually improve all aspects of the service. For example, they had participated in a project to improve people's diet and nutrition, and a project to reduce the risk of falls. These had led to positive changes in the way staff supported people at the home

The managers and staff worked closely with the local authority, the NHS, and other health and social care professionals to ensure the service was well-led and people's needs were met. This year the home hosted a 'generation bridge project' which aimed to bring older and younger people together. This involved young people from a local college visiting the home, spending time with the people living there, and helping in the garden, with the aim of bridging the gap between generations and bringing people into contact with the wider community.