

Methodist Homes Langholme

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 well-led? | Good ● |

Summary of findings

Overall summary

About the service

Langholme provides accommodation with personal care for up to 40 people. There were 38 people using the service at the time of our inspection. The service is purpose built two storey building surrounded by large gardens.

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

At the previous inspection we found care plans did not always report on when people's needs changed and information in care plans was not always up to date. At this inspection we found improvements had been made and care planning, reviews and staff understanding of people's needs were current. Staff told us they had the information they needed to support people.

At the previous inspection we identified that care files were not held securely. People's care plans were stored in their bedrooms in boxes on the wall. These boxes had locks which did not always work. At this inspection the provider had taken action to ensure all personal care records were secure and only accessible to designated staff.

Safeguarding processes were in place to help safeguard people from abuse. Risks associated with people's care had been assessed and guidance was in place for staff to follow. Medicines were safely managed.

There were processes in place to prevent and control infection at the service, through regular COVID-19 testing, additional cleaning and safe visiting precautions.

There were enough staff to meet people's needs and ensure their safety. Appropriate recruitment procedures ensured prospective staff were suitable to work in the service.

Staff told us that they had received the training they needed to meet people's needs safely and effectively. The training matrix tracked staff training, and this ensured all staff received the training and updates needed to provide safe consistent care.

Staff were supported in their roles through a plan of supervision. Staff told us they felt supported by senior staff and the manager.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The management team maintained oversight of complaints, accidents and incidents and safeguarding concerns. The management team engaged well with health and social care professionals.

The systems in place to monitor the quality of care within the service were effective. The registered manager promoted a positive person-centred culture and fully understood their responsibilities as a registered manager.

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

Rating at last inspection. The last rating for this service was Requires Improvement. (Published 31 October 2019)

Why we inspected

We undertook this inspection to check previous breach of regulation had been 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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well led.

Details are in our safe findings below.

Langholme

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Langholme 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 for the quality and safety of the care provided.

Notice of inspection

This inspection was announced. We notified the registered manager 24 hours before due to the inspection being undertaken outside normal working hours. We needed to be sure essential staff would be on available and there was full access to records.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with six people who used the service about their experience of the care provided. We spoke with nine members of staff including the registered manager, care staff, administrator, cook and housekeeper.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at minutes of meetings within the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were protected from potential abuse and avoidable harm by staff who had received safeguarding training and knew about the different types of abuse.
- People were relaxed and comfortable with staff and had no hesitation in asking for help from them. People told us they were happy with the care they received and believed it was a safe environment to live in. One person told us, "Feel absolutely safe living here. All is good."
- The provider had effective safeguarding systems in place. Safeguarding processes and concerns were discussed at staff meetings. Staff knew how to report and escalate any safeguarding concerns.
- Learning and any improvements from accidents, incidents and safeguarding concerns were shared with staff in team meetings.

Assessing risk, safety monitoring and management

- People's risks were managed safely. People's care plans had individual risk assessments which guided staff in providing safe care. Risk assessments for weight management and nutrition, falls and dependency levels had been undertaken.
- Staff regularly assessed risks associated with people's care and well-being and took appropriate action to ensure the risks were managed and that people were safe. For example, where people's health had deteriorated, they had been referred to clinicians for diagnosis and guidance. Where people had become at risk from skin damage referrals had been made and staff were supported by district nurses.
- Contingency plans were in place on how the service would support people when COVID-19 outbreaks occurred.
- When people experienced periods of distress or anxiety staff knew how to respond effectively.
- The environment was well maintained.
- Emergency plans were in place outlining the support people would need to evacuate the building in an emergency. Fire safety procedures and appropriate checks and training for staff were in place.

Staffing and recruitment

- There were sufficient numbers of staff employed and on duty to meet people's assessed needs. During the inspection we saw staff were responsive to requests for assistance and recognised when people needed support. Staffing levels could fluctuate due to staff sickness and due to the impact of the COVID-19 pandemic. However, staffing levels were kept at a consistent level.
- Staff told us they felt valued by the provider who had increased reimbursement in recognition of the commitment of the staff team. Comments included, "It's a great place to work," "We all work as a team. Some of us have been here a long time" and "I haven't been here long, but I really like it and feel very

supported."

- Staff were recruited safely. Staff files showed a range of checks including references, an application form with any gaps in employment explored, proof of identity and a Disclosure and Barring Service check (DBS). This informs the service if a prospective staff member has a criminal record or has been judged as unfit to work with vulnerable adults.

Using medicines safely

- People received their medicines in a safe way, as prescribed for them.
- People's medicine support needs had been assessed and were recorded in care plans. Care plans included additional risks related to medicines. For example, highlighting allergies and reactions to certain medicines.
- Medicines were ordered, stored and disposed of safely and securely. Staff recorded medicines following administration.
- Some people were prescribed medicines to be taken when required. Staff knew people well and administered these medicines safely and in a caring manner.
- External creams and lotions to maintain people's skin integrity were applied during personal care. This was reported on in care plans and then followed up on the medicines record.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. 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 were assessed prior to their admission to the service so that they could confirm they were able to meet individual needs safely and effectively.
- People's needs were assessed when they first moved into the service. The registered manager told us they considered how people's needs might impact on others when deciding if the service was suitable for them.
- The need assessments included information about people's cultural and religious backgrounds to help ensure people's diverse needs were identified and could be met.
- Despite the challenges posed by the COVID-19 pandemic, the service had continued to complete the pre-admission assessments to ensure people's safe admission to the home.

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

- People's nutritional needs were being met. Staff were aware of people's needs and preferences in relation to what they ate and drank. People were encouraged to eat a varied and healthy diet.
- People were complimentary about the food and drinks available. Comments included, "Love the meals here. First class" and "I like my food very much and there is a good choice here."
- Hot and cold drinks were served regularly throughout the day to prevent dehydration. People who stayed in their rooms, either through choice or because of their health needs, all had drinks provided and these were refreshed throughout the day. Staff had access to areas where they could make snacks for people.
- Some people had specific guidelines in place to support them in this area. Staff were able to describe the support people needed and understood why this was important.
- We observed lunchtime service. People were given choices of what to eat and drink. The food provided was well presented and kept warm. Staff assisted people who required assistance to cut up their food. Where people required support to eat this was done in a dignified way and staff ensured people had the time to eat their meal. Some people chose to eat in their own rooms. Staff ensured those people received their meals, snacks and drinks throughout the day.

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

- People's health conditions were well managed, and staff engaged with external healthcare professionals including occupational therapists, physiotherapists and dementia liaison nurse. There had been some delays in response during the COVID-19 pandemic, however the system was slowly improving.
- There were clear records to show, when assessed as needed, staff were monitoring specific health needs such as people's weight, nutrition and hydration, skin care and risk of falls.

- People were given information and support to encourage them to adopt a healthy lifestyle. Staff supported people to continue to mobilise independently.
- Staff were proactive in making timely referrals to health professionals when they had concerns around people's health and well-being. Care records were updated to reflect any professional advice given and guidance was available for staff.

Staff support: induction, training, skills and experience

- People received effective care and treatment from competent, knowledgeable and skilled staff who had the relevant qualifications and skills to meet their needs. Staff consistently told us they felt very supported by the management team and had access to a range of training to support them in their roles.
- Staff confirmed they had an induction when they started work which included a period of shadowing experienced members of staff and learning about people's needs and how to support them. One member of staff told us, "I'm new to the job but I can say I feel really supported by the managers and staff team".
- Formal supervision had been disrupted due to the impact of the COVID-19 pandemic. However, staff told us they had continued to be supported by the registered manager. Records showed formal supervision sessions had re-commenced.
- There was a system in place to monitor training to help ensure this was regularly refreshed and updated so staff were kept up to date with best practice.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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). We checked whether the service was working within the principles of the MCA.

- Capacity assessments were completed to assess if people were able to make specific decisions independently.
- For people who lacked mental capacity, appropriate applications had been made to obtain DoLS authorisations, when restrictions or the monitoring of people's movements were in place.
- Records were held showing which people, living at the service, had appointed Lasting Powers of Attorney (LPA's). Families were encouraged to be involved in people's care plan reviews.
- Staff worked within the principles of the MCA and sought people's consent before providing them with personal care and assistance.

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

- The premises were suitable for people's needs and provided people with choices about where they could spend their time. There were pleasant gardens and patio areas which people could access and use safely. There were plans in place to create a sensory garden to support people living with dementia conditions.
- Access to the building was suitable for people with reduced mobility and wheelchairs. There was choice of access to the upper floor through stairs and passenger lift.
- The home had toilets and bathrooms with fitted equipment such as grab rails for people to use in support of their independence.
- People's rooms were personalised to their individual requirements.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to 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 understanding quality performance, risks and regulatory requirements

At the previous inspection we found some aspects of governance systems were not effective. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- At the previous inspection we found care plans and information was not always kept securely. Guidance and direction provided for staff was not always sufficiently detailed and accurate. Changes in people's needs did not always trigger a full care plan review. At this inspection we found improvements had been made.
- Care plan records were kept in wall mounted boxes in each person's room. All boxes had been made secure by adding keypad locks. Only staff responsible for accessing records had access to them. Care plans had been reviewed and an improved system in place to monitor the review patterns using electronic monitoring. This included medicine monitoring.
- The management structure at the service provided clear lines of responsibility and accountability across the staff team. The registered manager was supported by the operational manager. There was good oversight of the governance systems for the service in place.
- The management team and provider had an oversight of what was happening in the service.
- There was a positive attitude in the staff team with the aim of trying to provide the best care possible for people living at 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 management team promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong.
- The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations.
- Any learning identified following incidents or complaints was shared with the staff team through the system of meetings and supervision sessions.
- There were effective quality assurance and auditing systems in place designed to drive improvements in the service's performance.

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

- There was a positive culture within the staff team and staff told us they felt supported by the management team. The registered manager and management team had built open and trusting relationships. We observed people were familiar with members of the management team. They were engaging with people who clearly knew them well. Staff told us they found working in Langholme to be open and inclusive. A staff member told us, "I love working here. There is never a dull moment. Managers are always available."
- People told us they were satisfied living at Langholme; their care needs were met, and they felt well supported by the staff team. One person told us, "I can't imagine living anywhere else."
- There were systems, policies and procedures in place which promoted and enabled person-centred care to be delivered to people. For example, staff knew each person's individual choice about how they liked to spend their day. A staff member said, "Residents have the choice of how to spend their time. As you can see some like to stay in their rooms and others like the atmosphere in the lounges."

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

- The service had managed effective communication during the pandemic by use of technology and holding interactive meetings and following government guidance on meeting safely in the service.
- There had been disruption in formal quality assurance and gaining the views of stakeholders due to the impact of COVID-19. The managers had put systems in place to begin surveys. Staff and people using the service told us the managers regularly engaged with them and involved them in decision making.
- Managers and staff had a good understanding of equality issues and valued and respected people's diversity. Staff requests for reasonable adjustments to their employment conditions had been looked upon favourably by managers.

Continuous learning and improving care; Working in partnership with others

- The registered manager and provider were keen to ensure a culture of continuous learning and improvement and kept up to date with developments in practice through working with local health and social care professionals.
- The registered manager and the provider completed regular checks on the quality of the service. Action was taken when a need to improve was identified.
- Regular management meetings were held to support improvements to the service.
- The service worked effectively and in partnership with health and social care professionals. This was evidenced in records we viewed. Records demonstrated prompt and appropriate referrals had been made to enable people to access health and social services.