

Diamond Care Homes Langdales Ltd

Langdales

Inspection report

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Blackpool
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Date of inspection visit:
14 February 2022
21 February 2022

Date of publication:
05 May 2022

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Langdales is registered to provide care for up to 25 older people or people living with dementia. It is a detached home in central Blackpool. Bedrooms are of single occupancy. There are communal lounge and dining areas. There is a garden area at the rear of the home, with a visiting pod. At the time of our inspection 14 people lived at Langdales.

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

Medicines had not been managed safely and properly. Risk to people's health and wellbeing had been managed inconsistently. The provider had not used incidents as an opportunity to learn and improve the service.

We found shortfalls in governance and leadership of the service. The provider's systems to assess, monitor and improve the service had not been operated effectively. Records relating to people's care and the management of the service were, in some cases, of poor quality or unavailable for inspection.

People told us they felt safe and described staff in positive terms. One person told us they felt, "Well looked after" and described staff as, "Very caring." Staff knew how to protect people from the risk of abuse and staff had been recruited safely.

The provider has been receptive to feedback from CQC and other agencies. They have taken swift action to resolve issues and make improvements to the service which now need to be sustained.

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 good (published 6 June 2019).

Why we inspected

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We received concerns in relation to risk management and the quality of people's care. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of

this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

The provider took immediate action to address the shortfalls found during this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Langdales on our website at www.cqc.org.uk.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to leadership, quality assurance and records at this inspection.

Please see the action we have told the provider to take at the end of this report.

We made a recommendation about duty of candour.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Langdales

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 Health and Social Care Act 2008.

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 two inspectors on the first day and one inspector on the second day.

Service and service type

Langdales is a 'care home'. People in care homes receive accommodation and nursing and personal care as a single package under one contractual agreement dependent on their registration with us. Langdales is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post. However, they were not present for the inspection. We dealt with the acting manager, two managers from the provider's other locations and the nominated individual during the inspection. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Notice of inspection

This inspection was unannounced.

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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During the inspection we spoke with seven people who used the service and nine members of staff. This included carers, domestic staff and management. We looked around the building to make sure it was a clean and safe place for people to live and carried out observations of interactions between people who lived at the home and staff.

We reviewed a range of records. This included records related to care and support for five people. We reviewed two staff files in relation to recruitment and supervision. We also reviewed a variety of records related to the management of the service, including safety checks, quality checks and policies.

After the inspection

Following our inspection visits, we continued to seek clarification from the management team to validate evidence found. We looked at staff training data and some quality assurance records. We also spoke with the local authority and reviewed the provider's progress on their improvement plan.



Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risks to people's health and safety were inconsistently assessed and managed. Prior to the inspection concerns were raised by other professionals about how risk was being managed. During the first day of our inspection, we found risk assessments had not always been completed and reviewed without prompting from external professionals.
- Following our inspection visit, the provider made improvements to ensure risk was assessed and managed. This included making referrals to external professionals and improved monitoring of people's needs and the care they received.
- The provider managed risks related to the premises and environment to keep people safe. Routine inspection and servicing were carried out as required.

Staffing and recruitment

- There were enough staff to support people safely. People we spoke with did not raise any concerns about staffing. One person told us staff were busy, but they had not had to wait for help. They went on to explain staff would take time to sit and chat with them in an afternoon. Another person explained staff attended quickly when they pressed the call bell.
- However, we found staffing levels were reduced at weekends. Staff told us they found this difficult as they had to try to clean, cook and care for people. During the first day of our inspection, staff were not well organised. The provider acted swiftly to address this. On the second day of our inspection staff were better deployed and rotas were being reviewed to ensure consistent staffing levels throughout the week.
- The provider had identified some shortfalls in recruitment practices prior to our inspection and had taken action to address them. The provider carried out checks to ensure staff were of good character before they were employed. This included checks on criminal records and references from previous employers.

Using medicines safely

- Medicines management was inconsistent. Prior to our inspection, we received information from the provider about medicines going missing. On the first day of our inspection, the provider had sent two managers from their other homes to Langdales to carry out an audit of medicines. They shared the results with us, which showed medicines had not been managed safely and properly.
- The provider acted to make immediate improvements to medicines management. Following completion of their audit, the provider drafted in additional experienced staff to make improvements to medicines management. On the second day of our inspection we saw medicines were all accounted for and records related to medicines had been reviewed and updated to ensure people received the medicines they needed, when they needed them.

- The provider made sure only competent staff administered people's medicines. Following the first day of our inspection, the management team carried out assessments of staff competency to administer medicines and we observed staff followed good practice.

Learning lessons when things go wrong

- The provider was unable to evidence any learning from accidents or incidents at the time of our inspection. Their electronic care planning system had the facility for events to be reviewed, however, it had not been used. There had been no analysis carried out to identify any trends or themes in accidents or incident, to try to reduce the risk of recurrence.
- The nominated individual explained they were going to analyse the events leading up to the shortfalls in practice found at this inspection. They intended use it as a learning process to reduce the risk of similar deterioration in standards in the future. This learning would be shared across all the provider's services.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the home. Comments we received from people included, "They are lovely people." And, "You can't fault the staff." Another person described staff as, "Smashing" and said they were, "Well looked after."
- People were protected from the risk of abuse. Staff were trained to identify and report abuse. They told us they would report any concerns to a member of the management team and were confident action would be taken to protect people. Staff knew how to report concerns to external agencies if necessary.

Preventing and controlling infection

- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. The home was generally clean and tidy. However, there were some items of furniture which were not clean and some which would be very difficult to clean effectively. Additionally, the shower room floor required maintenance to ensure it was properly sealed. These shortfalls had not been identified through the provider's quality assurance systems.
- 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 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.

Visiting in care homes

- The provider was following government guidance in relation to visitors to the home. Visits were risk assessed and visitors were asked to carry out a COVID-19 test before entering the home. A visiting pod was available in the garden to the rear of the home.

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 good. At this inspection the rating has changed to requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- People's care had not been reviewed consistently. Prior to our inspection, other agencies raised concerns about risk management and care planning. During our inspection, the provider was unable to provide evidence that people's care had been kept under review to ensure it met their needs.
- The provider's systems to assess, monitor and improve the quality of the service had not been operated effectively and consistently. We found the provider's checks and audits had not driven improvement in the service. For example, infection control and medicines audits had not identified and addressed the shortfalls found during the first day of our inspection.
- The provider was unable to evidence any audit of care planning and risk assessments related to people's care had taken place since April 2020. Records of visits from other managers, designed to support the registered manager and monitor the quality of the service, had not identified and addressed shortfalls in standards, including reduced staffing at weekends.
- The service was not well-managed. The registered manager was on an extended period of leave at the time of our inspection. The provider had promoted a member of staff to act as manager in their absence. The acting manager had not ensured the provider's systems and processes were followed, to make sure legal requirements were met and standards maintained.
- Records related to people's care and the management of the service were poor quality. Records lacked detail, were inaccurate or were absent. This included care planning, risk assessment and various records related to the management of the service.

The above points demonstrate a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Immediately following the first day of our inspection, the provider began to make improvements. The management team and the nominated individual were receptive to our feedback and that from other professionals. They were very responsive and worked to resolve issues as quickly as possible. By the second day of our inspection, we noted improvements with care records, organisation of staff and medicines management. We received feedback from other agencies that improvements had been made, which now need to be sustained.

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 understood their responsibilities under the duty of candour. The provider had notified us of significant events, as required. However, they had not always contacted relevant people to let them know about incidents involving their loved ones.

We recommend the provider reviews their processes around duty of candour to ensure staff understand their responsibilities.

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

- The provider engaged with people through surveys and meetings. However, we saw records which showed no recent residents' meetings had taken place 'because the home did not have an activities coordinator'. We discussed this with the management team, who explained they did not know why this had happened and agreed to look at how meetings could happen in the future.
- The provider engaged with staff through surveys and meetings, along with supervision sessions and appraisals. We reviewed minutes of staff meetings which showed staff had raised various issues, however, we were unable to see what action had been taken in response. The management team agreed to address this following our inspection.

Working in partnership with others

- Staff had not worked effectively in partnership with other agencies. Professional guidance had not been sought in a timely manner and had not consistently been incorporated into people's care plans. Following the first day of our inspection, the management team reviewed the care needs of everyone who lived at the home and ensured their care plans followed guidance provided by other professionals. The management team set up a new system to ensure any new guidance or advice provided was immediately incorporated into people's written plans of care.
- Throughout the inspection process, the nominated individual and the management team worked with CQC and other agencies to identify and address shortfalls in the quality of the service. They were receptive to issues identified by CQC and other agencies and took swift action to make improvements.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not ensured the effective operation of their systems to assess, monitor and improve the quality of the service. 17(1)(2)(a)</p> <p>The provider had not maintained an accurate, complete and contemporaneous record in respect of each service user and had not maintained records related to the management of the service. 17(1)(2)(c)(d)(ii)</p>