Mr & Mrs B H & J L Koomar

# Langlea House Care Home

## Inspection report

Langlea Terrace
Denholmegate Road, Hipperholme
Halifax
West Yorkshire
HX3 8LG

Tel: 01422205795

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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

This inspection took place on 14 March 2016 and was unannounced. At the last inspection on 25 March 2014 we found the service was meeting the regulations.

Langlea House provides accommodation and personal care for up to 14 older people, some of who are living with dementia. There were nine people living at the home when we visited.

The accommodation consists of ten single bedrooms and two shared rooms, all of which have ensuite facilities. On the ground floor there is a lounge, conservatory, dining room, kitchen, laundry and a visitors/hairdressing room. There is a car park at the front and gardens to the rear of the property.
The home has a registered manager who has been in post since 2010. 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.

People told us they felt safe and we found risks were well managed. There were enough staff to meet people's needs. Staffing levels were kept under review and increased accordingly if there were new admissions or people's dependencies increased. Staff recruitment processes ensured staff were suitable and safe to work in the care home.

Staff had a good understanding of safeguarding and knew the reporting systems if any allegations of abuse were raised.

Medicines were managed safely and systems which ensured people received their medicines when they needed them.

Staff knew people well and supported people in accordance with their individual preferences and needs. Staff received the training and support they needed to carry out their roles.

The home was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS) and acting within the legal framework of the Mental Capacity Act (MCA).

The home was clean and well maintained. People told us they enjoyed the food and we saw a wide range of food and drinks were available. People's weights were monitored to ensure they were getting enough to eat and drink. People had access to healthcare services such as GPs and district nurses.

People were comfortable and relaxed around staff. We saw staff treated people with respect and maintained their privacy and dignity. Staff were kind, caring and considerate and care was centred around people's needs and preferences. People looked clean, well dressed and well groomed.

Relatives spoke highly of the care provided and praised the providers, registered manager and staff team. People's views were listened to and acted upon. For example, new communal toilets with more space had been provided on the ground floor.

A range of activities were provided including Wii games, arts and crafts and going out for walks. Daily newspapers were available. We saw staff spent time sitting chatting with people and nothing was rushed as staff gave people time to do things at their own pace.

Langlea House is a family-run home and we saw the registered providers took an active role in the day to day running of the service and worked alongside the registered manager and staff team to ensure people received a quality service. The registered providers and registered manager led by example and provided support to the staff team. People, relatives and healthcare professionals gave positive feedback about the home and the care provided to people.

## 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 kept safe as risks were well managed and staff understood how to identify and report any allegations of abuse. There were sufficient staff to meet people's needs.

Robust recruitment processes ensured staff were suitable to work with people who used the service.

People received their medicines as prescribed and when they needed them.

The home was clean and well maintained.

### Is the service effective?

Good

The service was effective.

Staff received the training and support they required to fulfil their roles and meet people's needs

The service was meeting the requirements of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

People's nutritional needs were met.

People's healthcare needs were assessed and staff supported people in accessing health professionals which ensured people's needs were met.

### Is the service caring?

Good

The service was caring.

Staff were kind, caring and considerate and put people first.

People's privacy, dignity and rights were respected and maintained by staff.

People's views were listened to and acted upon

## Is the service responsive?

Good

The service was responsive.

People received person-centred care which focussed on their needs and preferences.

People benefitted from a range of activities.

People knew how to make a complaint and any issues raised were dealt with and addressed.

## Is the service well-led?

Good

The service was well led

The provider and registered manager led by example and supported staff to deliver a quality service to people.

There was an open and transparent ethos and willingness to ensure continuous improvement in service provision

# Langlea House Care 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 14 March 2016 and was unannounced. The inspection was carried out by two inspectors.

Before the inspection we reviewed the information we held about the home. This included looking at information we had received about the service and statutory notifications we had received from the home. We did not speak with the local authority commissioning team as the service does not contract with them.

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 spoke with three people who were living in the home, three relatives, two care staff, the registered manager and the registered provider. Following the inspection we spoke with the local authority safeguarding team and the infection control nurse.

We looked at two people's care records, two staff files, medicine records and the training matrix as well as records relating to the management of the service. We looked round the building and saw people's bedrooms and communal areas.

Good

# Is the service safe?

## Our findings

People told us they felt safe in the home. Our discussions with staff and observations during the inspection showed there were sufficient staff to meet people's needs. There was a calm, relaxed atmosphere in the home. We saw staff worked well together as a team and ensured there was a continued staff presence in the communal areas as well as staff being available to people who chose to stay in their rooms. This meant people received the support and care they required in a timely way. One person said, "The staff come when I need them." A relative who visited regularly told us they had no concerns about the staffing levels. They said, "There always seem to be enough staff around when I'm here."

The registered manager said they kept the staffing levels under review and increased the numbers of staff according to people's dependencies. They said further admissions were planned in the coming weeks and they would be reviewing the staffing levels on all shifts to ensure there were sufficient staff to meet people's needs.

We looked at the files of two recently recruited care staff. The files showed all the required checks had been completed before new staff started work. This included two written references and a criminal records check with the Disclosure and Barring Service (DBS). This helped to make sure people were protected from the risk of being cared for and supported by staff unsuitable to work with vulnerable adults.

Care records showed risks to people's safety and welfare were identified and assessed. For example, people had risk assessments in place for the risk of falls, developing pressure sores and for the risks associated with moving and handling. Personal emergency evacuation plans (PEEPs) were in place but these were not easy to follow which we discussed with the registered manager who agreed to review them. Staff we spoke with were aware of the procedures to follow in the event of an out of hours medical emergency. For example, the senior care worker explained they would contact either NHS 111 or 999 depending on the severity of the symptoms and whether or not the person had a DNACPR (Do Not Attempt Cardio Pulmonary Resuscitation) in place.

We saw staff were very aware of people's safety and security. When the inspectors arrived at the home they parked in the car park and were having a discussion in the car before entering the home. A senior staff member approached the car and politely asked who we were and what we were doing there and checked our identification. They had seen an unknown car in the car park early in the morning and quite rightly investigated to make sure there were no risks to people or staff.

We looked around the home with the registered manager. All areas were decorated, furnished and maintained to a high standard. The home was clean and there were no malodours. One relative told us, "The home is always clean." The registered manager said there had been an infection control inspection three days prior to our visit and told us some recommendations had been made which they were putting into place. Following the inspection we spoke with the infection control nurse who had carried out the audit and they confirmed what the registered manager had told us and advised the home had achieved a high score of 91%.

We looked at records of servicing and maintenance and saw regular checks and tests had been carried out as required. This included checks of lifting equipment, fire safety, gas, water and electrical systems.
The registered manager told us there had been no safeguarding incidents in the last year. However, when we spoke with the local authority safeguarding team after the inspection they confirmed there had been one safeguarding incident in June 2015 which related to moving and handling practices and had been addressed. Staff had a good understanding of what constituted safeguarding and knew the reporting procedures if abuse was suspected or identified. Safeguarding procedural information was available to staff in the office. Staff we spoke with told us they had received safeguarding training and this was confirmed by training matrix.

We looked at how people's medicines were managed. Medicines were stored securely. The temperature of the room where the medicines were kept and the medicine fridge were monitored to make sure medicines were stored properly. The senior care worker told us none of the people who lived at the home were receiving their medicine in a hidden or disguised format. They said if people did not want to take their prescribed medicines this was discussed with their GP and their medicines were reviewed.

Some medicines were prescribed with special instructions about how they should be taken in relation to food. We saw there were arrangements in place to make sure these instructions were followed.

We looked at the Medication Administration Records (MARs) and with the exception of one recording error they were up to date and accurate. The MARs included information about known medication allergies.

Some people were prescribed Paracetamol to be taken 'as needed' for the relief of pain. The staff we spoke with were aware how to use this medicine and the precautions required. However, there was no written guidance for staff to follow. It is good practice to have written guidance when medicines are prescribed to be taken 'as needed'; it helps to make sure the medicines are used consistently. This was discussed with the registered manager. At the time of the inspection the registered manager was in the process of updating the medication policies and procedures.

In people's care records we saw assessments were undertaken in relation to medicines. This included a self-medication assessment to determine if people wanted to and were safe to manage their own medicines. At the time of the inspection none of the people living in the home were managing their own medicines.

People were only supported to take their medicines by staff who were trained in the safe management of medicines.

Weekly checks were carried out to make sure medicines were being stored and administered properly. There were clear processes in place for dealing with any medication errors and we saw evidence that any errors that had occurred had been dealt with appropriately.

Good

# Is the service effective?

## Our findings

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). DoLS requires care homes to make applications to the local authority where they suspect they are depriving people of
their liberty.

One person had a DoLS authorisation in place and an application had been made for another person. The DoLS authorisation had two conditions, which our discussions with the registered manager and checking of the care records showed had been met. Staff had received training in MCA and DoLS, which included the completion of workbooks to test their knowledge and understanding. The registered manager said they were planning to implement more detailed capacity assessment and best interest documentation, which had been provided by Calderdale Council.

We saw people's care files contained consent to care and photos forms, which had been signed by the individual where they were able to do this. We saw one person had consented to their photographs being on the Internet and Facebook. We discussed this with the registered manager as, although a mental capacity assessment showed this person was able to make day to day decisions, the record did not show how this decision had been explained to the person and if they fully understood what they were consenting to. The registered manager agreed to review this. Throughout the inspection we saw staff sought people's permission before assisting them. For example, we heard staff offering one person help with dressing which they accepted.

Staff we spoke with told us they received the training they needed to help them carry out their roles. One said, "We never stop training here."

Newly appointed staff completed an in-house induction first and then started work on the Care Certificate. The Care Certificate is a set of standards for social care and health workers. It was launched in March 2015 to equip health and social care support workers with the knowledge and skills they need to provide safe, compassionate care. The registered manager told us they also planned to have all existing staff complete the Care Certificate to ensure all staff were working to the same standards.

We spoke with one recently appointed care worker who told us they had received a lot of support when they started working at the home. They told us they had shadowed more experienced staff until they felt comfortable they could provide people with the right care and support.

The training matrix showed staff were provided with training on a range of topics covering safe working practices and the specific needs of people living in the home. The topics covered included infection control, safeguarding, moving and handling, food hygiene, first aid, fire safety, dementia, epilepsy, nutrition, stroke awareness and the Mental Capacity Act 2005. We saw further training was booked on subjects such as person centred care, catheter care and end of life care. However, we found the training matrix was not easy to follow; in particular it wasn't clear when staff were due to have training updates. The registered manager said they had already identified this needed to be improved.

Staff appraisals were undertaken once a year and in between appraisals staff were supported by regular one to one supervisions.

We spoke with the cook, who was also one of the owners, about people's dietary needs and preferences. They gave us detailed information about how they catered for people's individual needs whether they were related to a medical condition or a lifestyle choice. In the records of one person who used the service we saw information which suggested they needed a special diet for medical reasons. The cook explained they had provided the required diet when the person had moved in but found it was unsuitable. Following discussion with the person and their relatives they had stopped the special diet and the person's health and well-being had improved. They acknowledged the person's care records needed to be updated to reflect this.

At breakfast and lunchtime we saw people were offered a choice of food and were given time to enjoy their meals. People told us they enjoyed their food.

People were offered drinks with the meals and throughout the day. In the afternoon people were offered a choice of wine or beer (non-alcoholic) from a drinks trolley. The cook explained they offered non-alcoholic drinks to reduce the risk of adverse interactions with medication. There was fresh fruit available in the dining room and the cook told us they went to a local market twice a week to purchase fresh fruit and vegetables.

The senior care worker told us people's weights were checked every week. They told us none of the people who lived at the home were at risk due to being underweight or had lost weight recently. This was confirmed by the records.

The registered manager told us they were in the process of implementing a formal nutritional risk assessment, the Malnutrition Universal Screening Tool (MUST). The community matron and district nurses were providing support with this. Once implemented the MUST assessment would be reviewed every month to help ensure any concerns about people's nutrition were detected and acted on promptly. This had been identified as a planned improvement in the Provider Information Return (PIR) completed by the provider prior to the inspection.

Records we reviewed showed people had access to a range of NHS services such as GPs, district nurses and dentists.

Good

# Is the service caring?

## Our findings

People told us they liked living at the home and praised the staff. One person said, "The girls (staff) here are very kind. I like it here. I have a lovely bedroom." A relative said, "I can visit whenever I want. Staff are always kind and friendly and mum is happy here which is the main thing."

We saw people were relaxed and comfortable around staff. Staff were attentive but not intrusive allowing people to do things in their own time. We saw staff knew people well and adapted their approach to meet individual needs. For example, we saw one person laughing and joking with a staff member and then saw the same staff member on another occasion quietly and gently talking with another person checking they were alright and if they wanted a drink. We saw this person give a big smile when the staff member was talking with them.

People looked content and there was a calm and happy atmosphere. We saw daily routines were flexible, for example people got up when they wanted and could choose whether to spend their time in their rooms or in one of the three communal areas. We observed staff were present in the communal areas throughout the day and were attentive to people's needs. For example, during the morning we saw staff supporting some people in the dining room with crafts. It was evident one person was not engaging with the activity and staff saw this and provided an alternative activity which captured the person's interest. One person was sat at the table reading a newspaper and every so often would sing along to the music playing softly in the background. We met another person in the lounge who was watching television and told us they'd just come into the room as they liked to get up and have breakfast in their room and then come to the lounge mid-morning.

People were pleased to see the hairdresser when she came in. One person returned after having their hair done and a staff member said, "Your hair looks lovely." The person said, "Do you think so?" Staff replied, "Yes, have a look in the mirror." The person looked in the mirror and said, "Oh yes it looks grand" and smiling cupped the staff member's face in their hands and gave them a kiss.

We saw staff promoted people's independence. For example, encouraging one person to push themselves up from the chair and when they did it praising them. We saw another person was escorted to the toilet, staff checked they were safe, asked if they wanted to be left and then waited outside until the person was ready for them. One person told us a handrail had been fitted in the corridor towards their bedroom and said this was 'a great help' as it made them feel safer when they were walking around.

We saw people's privacy and dignity was maintained. People looked clean, well dressed and well groomed. Staff were discreet and ensured people's confidentiality was maintained. For example, by getting close to people and speaking quietly when asking them if they wanted to go to the toilet. In the middle of lunch we heard one person say, "I'm sorry but I need to go to the toilet." We saw staff immediately went to assist the person, they assured them they did not need to apologise and it wasn't a problem. We saw another person came into a communal area with their clothing caught up and staff discreetly brought this to their attention and readjusted it for them and we heard the person say, "Glad you're making sure I'm decent."

When we looked around the home we saw signs on the bedroom doors designed to help people identify their room. As well as a photograph of the person there was a note and picture of something the person liked, for example, one showed the person liked a cup of tea. We observed the tables were nicely set at lunch time and people were supported and/or encouraged to eat their food without being rushed.

We saw staff promoted people's rights and ensured they were upheld. For example, the minutes from a recent residents meeting showed a dentist had visited and wanted to carry out dental examinations in communal areas as they were in a rush. The staff had stated this wasn't acceptable and had asked people who had been quite clear they wanted any consultations and examinations to be carried out in private. We discussed this with the registered manager who said the dentist had not been happy but staff had insisted people's choices were respected.

Good

# Is the service responsive?

## Our findings

Our observations and discussions with people, relatives and staff showed person-centred care was being delivered.

The relative of one person said, "[person's name] is so well looked after". They said they were involved in all aspects of the relatives care and that included reviewing the care plans. However, they added they did not need to wait for reviews as they felt they were involved all the time. They said, "I can talk to them and they talk to me". They said they were confident the staff always acted in their relative's best interest. For example, by advising against an admission to hospital when they felt it would be detrimental to the person's health and well-being. They told us their relative had been in the home for a number of years and over the years there had seen the service change and continue to improve. They told us they were able to visit at any time and were always welcomed and offered a cup of tea.

The relative of a person who had moved into the home recently told us they were "very happy with the care". They said they had seen an improvement in their relative's general well-being within a week of them moving in. They said the staff were very friendly and welcoming and all the family felt comfortable visiting at any time. They said they were kept fully informed about any changes in their relatives care and the manager sent updates by text message to all the family members involved in the persons care.

We reviewed two people's care records and found care plans provided information about people's care needs and the support they required from staff. We saw medical fact sheets which gave information about people's medical conditions were included in the care files. We saw some care plans provided detailed information about people's preferences such as leaving a lamp on at night so the person could find their way to the toilet, yet other care plans were not as detailed. Some of the records had not been dated or signed by staff so it was not clear who had completed them. The registered manager had identified improvements were needed with the care plans to make them more person-centred and was taking action to address this.

There was detailed information in the care files about people's past lives, interests and hobbies and staff were aware of this information.

A large activities board was displayed in the dining room showing a range of activities taking place each day. There was a large clock and an orientation board gave the date and weather

In two of the communal areas there was music from the 1940s and 50s playing softly in the background and at various times of the day we saw people singing along with the songs.

Staff engaged people in activities throughout the day. We saw some people doing crafts, others sitting talking to staff or reading the newspaper or watching television. Staff were discussing with one person plans for their birthday celebration later in the week.

One new care worker told us they liked working at Langlea House because the people who lived there could do what they wanted. They said, "We ask them when they want to get up and go to bed". They said they had been given time to get to know people when they started which included not only their care needs but getting to know them as individuals. They said there was time to sit and talk with people and to get involved in activities such as Wii games, chair exercises and going out for walks.

Copies of the home's newsletter "The Blether", a name chosen by people who used the service, were available. This provided information about activities as well as updates on forthcoming events. For example, the January 2016 newsletter included information about the planned infection control audit in March 2016.

People we spoke with told us they would speak with staff if they had any worries or concerns. We asked one relative if they knew how to raise a complaint and they said they had no concerns but would have no hesitation in speaking out if they were unhappy with anything and felt confident it would be addressed.

We saw the complaints procedure was available in people's rooms and displayed in the home. The newsletter had a section reminding people to speak to managers if they had any worries and there was a suggestion box in reception where people could leave written comments.

We reviewed the complaints log which showed there had been three complaints since January 2015. The records showed these had been investigated and feedback had been given to the complainants who were satisfied with the action taken.

Good

# Is the service well-led?

## Our findings

Langlea House is a family-run home where the registered providers work alongside the registered manager and play an active part in the daily running of the service. The registered providers were present during the inspection and spent time with people who lived in the home and their relatives and clearly knew them well. The registered providers and registered manager led by example and provided consistent and supportive leadership to the small staff team. Staff told us they enjoyed working at the home and 'loved their jobs' and we saw they worked well together as a team. A communication book and written updates ensured staff were kept up to date with any changes in the running of the home or to people's needs. We saw people's needs and preferences were put first and staff routines accommodated them.

Surveys received in 2016 from health care professionals, people who used the service and relatives provided very positive feedback and showed high satisfaction with the service. One relative commented, 'Very satisfied with everything. Improved interior and increased training for staff. (Family member) happy settled, always clean and well turned out'. Another relative wrote, 'Care and attention (family member) receives is of the highest standard. More mobile, appetite improved, relaxed and content – all down to dedication of owners, manager and staff and their unstinting efforts to make sure people are properly looked after and, as far as possible, happy'. A healthcare professional stated, 'Friendly, approachable staff, attentive to needs, willing to learn from visits to provide and improve better care for service users'.

The provider information return (PIR) was well completed and identified planned improvements for the year ahead which included working towards the Gold Standards Framework (GSF). The GSF provides evidence based quality improvement training to staff to ensure people receive the best end of life care.

The PIR stated the service had received recognition from Calderdale and Kirklees Council for work they had undertaken in offering work experience placements to local schools and colleges and we saw a certificate displayed in the home which confirmed this.

The registered manager told us they checked the incident and accident records regularly and was able to tell us of actions they had taken as a result of these checks. However, these audits were not recorded. We saw documentation which showed weekly checks of medicines, any issues identified and the action taken. Our discussions with the registered manager showed they were carrying out regular checks to ensure standards were maintained and dealing with issues that arose. However, this was not always recorded and there was no formal quality audit system in place. The registered manager recognised this and told us they had started to address this by looking at delegating some of the tasks they completed to senior staff so they could concentrate more on quality assurance.

We saw the service was responsive to feedback from people. For example, the communal toilets downstairs had been upgraded and enlarged following feedback that people needed more space.

The registered manager told us staff meetings for all staff were held annually and there were additional meetings for staff involved in managing medicines. Residents meetings were held every month and we saw

minutes from the last meeting in January 2016.