

Indigo Care Services Limited

Langfield Nursing and Residential Home

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 caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Langfield Nursing and Residential Home is situated in its own grounds. The accommodation is divided over two floors. The service is registered to provide nursing care, accommodation and personal care for up to 54 older people. At the time of our inspection the service had decided not to provide nursing care and did not employ nursing staff. There were 50 people living at the home. The service had not been inspected since the home had changed ownership.

This was an unannounced inspection which took place on the 28 February 2017.

The service is required to have a registered manager in place. There was a registered manager in place at Langfield Nursing and Residential Home. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was present during this inspection.

People told us they felt safe at Langfield Nursing and Residential Home. Staff had received training in safeguarding adults. They were aware of the correct action to take if they witnessed or suspected any abuse. Staff were aware of the whistleblowing (reporting poor practice) policy in place in the service. They told us they were certain any concerns they raised would be taken seriously by the managers in the service.

Robust recruitment procedures were in place which ensured staff had been safely recruited. Staff received the training, support and supervision they needed to carry out their roles effectively.

All the people we spoke with were positive about the support they received and felt staff were very respectful, friendly, caring and kind. We saw staff instigated and encouraged conversation and found staff to be vigilant and caring. The registered manager and all the staff we spoke with were able to tell us about the people who used the service. Staff spoke with compassion about people who lived at the home.

People who used the service we spoke with indicated they experienced no restrictions accessing choices. People who used the service and their relatives told us the service was responsive and staff were flexible in meeting their needs.

People's support needs were assessed before they moved into Langfield Nursing and Residential Home. Care records were written in a person centred way and contained sufficient information to guide staff about people's support needs, likes and dislikes, preferences and routines. Risk assessments were in place for people who used the service and staff. Care records we saw had been reviewed regularly and had been updated when people's support needs had changed. People and their relatives had been involved in planning and reviewing the care provided.

The administration of medicines was safe. Staff had been trained in the administration of medicines and

had up to date policies and procedures to follow to ensure people received medicines as prescribed.

The service had an infection control policy; this gave staff guidance on preventing, detecting and controlling the spread of infection and staff received training in infection prevention and control. Staff were trained in infection control and provided with the necessary equipment and hand washing facilities to help protect their health and welfare.

The home was clean, well-kept, smelling fresh and was brightly lit and well decorated. People's bedrooms were personalised and contained personal objects and photographs. The home had recently had improvements to the decoration, flooring and furnishings in communal areas and some bedrooms. The first floor had been designed to support people living with dementia orientate themselves. This included differently coloured bedroom doors, big pictures on the walls and memory boxes on individual doors. This helped people identify where their bedroom was, and other areas of the home, and so promote their independence.

Accidents and incidents were appropriately recorded. Health and safety checks had been carried out and equipment was maintained and serviced appropriately.

People had their health needs met and had access to a range of health care professionals. People at risk of poor nutrition and hydration had their needs regularly assessed and monitored. The food within the service was nutritionally balanced and plentiful. All the people we spoke with told us the food was good. One person we spoke with said, "I like my food, there is always choice and options with lots of snacks."

We saw that appropriate arrangements were in place to assess whether people were able to consent to their care and treatment. The registered manager was meeting their responsibility under the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) to ensure that people's rights were considered and protected. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

During our inspection we saw lots of visitors coming and going. Visitors we spoke with said they were made to feel very welcome.

There was a range of activities available for people to reduce social isolation and encourage people to be active. One person told us, "I like to mix with others, have a laugh, I enjoy sing-alongs."

We saw there was a system for gathering people's views about the service. There was a system in place to record complaints and the service's responses to them. People we spoke with were aware of the company complaints policy and were very positive about the way the service responded to their concerns.

There was a good system of weekly, monthly and annual quality monitoring and auditing in place to help improve the quality of the service provided.

Everyone we spoke with was positive about the service and the way it was managed. People told us the home had improved, was well managed and that the management and staff were very approachable. Everyone we spoke with was positive about the registered manager. During our inspection we found the registered manager to be open, caring and committed to providing a good quality, caring service.

Staff told us they liked working at Langfield Nursing and Residential Home and felt supported in their work.

The service had notified CQC of any DoLS authorisations, accidents, serious incidents and safeguarding allegations as they are required to do.

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.

There was a safe system of recruitment and there were sufficient staff on duty to meet people's needs.

Systems were in place to ensure that people received their medicines safely.

Staff were trained in safeguarding adults and were aware of how to identify and respond to allegations and signs of abuse and how to raise any concerns.

Is the service effective?

Good ●

The service was effective.

Arrangements were in place to ensure people's rights were protected when they were unable to consent to their care and treatment in the service. The provider was meeting the requirements of the Mental Capacity Act 2005 (MCA.)

The home had recently had improvements to the decoration, flooring and furnishings in communal areas and some bedrooms. The first floor has been designed to support people living with dementia orientate themselves and help promote independence.

Staff received the induction, training, support and supervision they required to be able to deliver effective care.

Is the service caring?

Good ●

The service was caring.

People were positive about the support they received and felt staff were very respectful, friendly, caring and kind.

Staff spoke with compassion about people who lived at the home and knew people well.

Support was provided in an unhurried and caring way. The

atmosphere was calm and homely.

Is the service responsive?

Good ●

The service was responsive.

Care records were written in a person centred way and contained good information about people's support needs, preferences, interests and routines.

A system was in place to ensure care records including risk assessments and care plans were regularly reviewed and updated. This helped to ensure they fully reflected people's needs.

People knew about the complaints procedure and how to make a complaint. They were positive about the way the service responded to their concerns.

Is the service well-led?

Good ●

The service was well-led.

The registered manager was open, caring and committed to providing a good quality, caring service.

There was a good system in place for monitoring and reviewing the quality of the service provided.

People we spoke with were positive about the registered manager, staff and the service. Staff told us they enjoyed working at the home

Langfield Nursing and Residential 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 was an unannounced comprehensive inspection which took place on 28 February 2017. The inspection was undertaken by two adult social care inspectors 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. This person had experience of services for older people and dementia care.

Before the inspection we asked the provider to complete 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 what improvements they plan to make. Prior to the inspection we reviewed the PIR and looked at information we held about the service and provider, including notifications the provider had sent us. A notification is information about important events which the provider is required to send us by law. We used this information to help us plan the inspection. We also asked the local authority and Healthwatch Rochdale for their views on the service; they raised no concerns.

As some people living at Langfield Nursing and Residential Home were not able to tell us about their experiences, we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us.

During our inspection we spoke with nine people who used the service, three visitors, the registered manager, head of regional operations, regional administrator, a domestic, the cook and assistant cook, laundry worker, five care staff, activities coordinator and a visiting health care professional.

We carried out observations in public areas of the service. We looked at five care records, a range of records relating to how the service was managed including medication records, three staff personnel files, staff training records, duty rotas, policies and procedures and quality assurance audits.

Is the service safe?

Our findings

People we spoke with told us they felt safe at Langfield Nursing and Residential Home. They said, "I know I am safe, because I am here living with my [partner], and if we need help, I just press the buzzer", "Even though I would rather be in my own flat, it is safer for me to be here", "I am safe here, even my [relative] agrees. The last time I had an accident in my room, it didn't take too long for staff to come to my rescue, someone is always passing and looking in on you" and "I feel safe, staff always look after me."

Relatives we spoke with said, "The atmosphere is very friendly, very quiet and our [relative] is in safer hands here" and "Even though it takes me two to three buses to come and visit [relative], this is the best and the safest place for [person], it's always clean."

We found that suitable arrangements were in place for safeguarding people who used the service from abuse. Policies and procedures for safeguarding people from harm were in place. These provided staff with guidance on identifying and responding to signs and allegations of abuse. Staff we spoke with told us they had received training in safeguarding. They were able to tell us the potential signs of abuse, what they would do if they suspected abuse and who they would report it to. Training records showed that staff had received training in safeguarding. Staff we spoke with told us they were confident they would be listened to and that the registered manager would deal with any issues they raised.

We saw that the service had a whistleblowing policy. This told staff how they would be supported if they reported poor practice or other issues of concern. It also contained telephone numbers for organisations outside of the service that staff could contact if they needed, such as the local authority and CQC. Staff we spoke with were aware of the company policy.

We found there was a safe system of recruitment was in place. We looked at three staff personnel files. We noted that all the staff personnel files contained an application form where any gaps in employment could be investigated. The staff files we looked at contained at least two written references, copies of identification documents including a photograph and information about terms and conditions of employment.

All of the personnel files we reviewed contained a check with the Disclosure and Barring Service (DBS); the DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. These checks should help to ensure people are protected from the risk of unsuitable staff.

We saw the service had policies and procedures to guide staff on staff recruitment, equal opportunities, sickness and disciplinary matters.

We looked at the staffing arrangements in place to support the people who lived at the home. People who used the service we spoke with told us they were happy about the number of staff in any given shift. One person told us, "In the past, I was concerned that there was not enough night staff, I told the manager, he was very nice. He explained that he had recruited more staff and some of them were waiting to start after

some checks and training." Two people we spoke with told us they had fallen in recent times, however due to a visible staff presence they had not needed to press their nurse call buttons as staff members were passing and had seen them. Everyone we spoke with told us staff always responded to staff call buzzers promptly. One person told us, "There is always somebody around, even though my door is always open, staff always come knocking on my door, checking if I am ok." Another person said, "There's no problem with staffing, they pass by your room every five minutes."

Staff told us they were busy but that staffing levels had improved since the new owners had taken over. One staff member told us, "You could always do with more. Mornings are busy, but you have time in the afternoon." During our inspection we saw that staff were busy but provided support when people needed it in an unrushed way. We saw that staff did not always wait to be asked for support; they asked people if they needed anything. We observed that call bells rang often, but were in the main answered promptly.

The registered manager and staff members we spoke with told us cover for sickness and annual leave was either provided by permanent staff completing extra hours or by using regular bank staff. One staff member told us, "There's relatively little sickness and when there is shifts are offered to regular staff." Examination of the staff rotas confirmed what we had been told. This meant there were enough staff on duty to meet the needs of the people who used the service.

We looked to see if people received their medicines safely. We found that people were receiving their medicines as prescribed. One person who used the service told us, "Staff always give me my medicines on time." We saw medicines management policies and procedures were in place to guide staff on the storage and administration of medicines. These gave guidance to staff on ordering and disposing of medicines, administering and managing errors and the action to take if someone refused to take their medicines. The medicine room had recently been refurbished, including air conditioning, new medicines fridge and improved secure storage.

We noted staff responsible for administering medicines had received training for this task. There was also a system in place to assess the competence of staff to administer medicines safely.

We looked at four people's medicines administration records (MAR) during the inspection. We observed that each person had a MAR chart in place; this included a photograph of the person and information about any medical conditions or allergies. We saw that records were complete. We saw that where people were prescribed creams, care staff who applied the cream signed a topical medicines sheet to indicate it had been applied as prescribed.

We found that medicines, including controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for their misuse), were stored securely and only authorised and suitably qualified people had access to them. All stocks of medicines we reviewed were accurate. We saw that medicines fridge temperatures were taken daily to ensure that medicines were being stored correctly.

We saw that some people were prescribed 'thickeners'. Thickeners' are added to drinks, and sometimes food, for people who have difficulty swallowing, and they may help prevent choking. To ensure the safety of the person who uses the service the amount of thickener to be added must be an exact amount as prescribed. We found that for one person the instructions stated the consistency the liquid was to be thickened to, but the records did not contain information about whom or when this had been assessed. We discussed with the registered manager the need to ensure that the information was accurate. The day after our inspection the registered manager confirmed and we saw the information was now in

place. In a dining room area we found one container of thickener in an unlocked cupboard. This should be stored securely as it is a prescribed medicine. The registered manager told us this was not usual practise and would discuss with the staff team to ensure correct procedure was followed in future. The staff member responsible for medicines that day confirmed thickener was usually stored securely, we found that all other thickener were locked in the medicines room.

All medicines that were prescribed 'as required' (when needed) had information to inform staff of what medicine to give, what to give it for and how often it can be used.

One person needed to receive a monthly injection. We were told they had been taught to administer it themselves. We saw that a risk assessment had been completed and the person was provided with appropriate supervision whilst they were completing the task. This helped then person maintain their independence.

Records showed the supplying pharmacist had undertaken a medicines audit in January 2017. We saw that were an issue had been raised regarding storage of boxed medicine; appropriate action had been taken to improve procedures. There was also a system of weekly and monthly medicines audits.

We looked in several bedrooms and all communal areas and found these to be clean and tidy. We found the building to be bright and well decorated with no malodours. The bedrooms we went in were spacious, well-furnished and were personalised with people's own photographs and ornaments. We saw communal toilets and bathrooms were clean, tidy and contained appropriate hand hygiene guidance, paper towels and liquid soap.

We saw that the service had an infection control policy and procedures. These gave staff guidance on preventing, detecting and controlling the spread of infection. They also provided guidance for staff on effective hand washing, disposal of contaminated waste and use of personal protective equipment (PPE) such as disposable gloves and aprons. We observed staff using appropriate PPE.

We looked at the systems in place for laundry and found the procedures ensured people's clothes were cleaned and people were protected from the risk of infection. The laundry was designed to allow for keeping dirty and clean laundry separated. We found the corridor to enter the laundry was blocked with a trolley which meant the correct procedure for handling dirty and clean laundry was not being followed. We discussed this with the registered manager who cleared the pathway during our visit. They told us they would discuss this with all laundry staff to ensure the correct procedure was followed in future.

We looked at five people's care records. We found people's care records contained risk assessments. We saw these records were detailed and identified the risks to people's health and wellbeing and gave direction to staff on how to reduce or eliminate those risks. We found these included personal care, nutrition and hydration, mobility, medicines, choking, pressure areas, continence and falls. We saw that records had been reviewed regularly and we found that where changes had occurred the records had been updated.

We saw that appropriate environmental risk assessments had been completed in order to promote the safety of people using the service, members of staff and visitors. Records we looked at showed there was a system in place for carrying out health and safety checks and that equipment in the home was appropriately serviced and maintained. We saw valid maintenance certificates for hoisting equipment, portable electrical appliances, electrical fittings such as plug sockets and light switches and a gas safety certificate.

We saw that Personal Emergency Evacuation Plans (PEEPS) had been completed for each person who used

the service. PEEPs described the support people would need in the event of having to evacuate the building. These were kept in a file in the 'Fire Grab bag.' This also contained high visibility tabards and a torch for staff to use in emergency situations. This was kept in the reception area for use in the event of a fire. We found that regular fire safety checks were carried out and that fire risk assessments were in place. Records showed that staff had received training in fire safety awareness. We saw that all exit points were unobstructed and were well signposted. There were emergency rescue equipment next to every stair case and every exit point.

The service had an incident and accident reporting policy to guide staff on the action to take following an accident or incident. Records we looked at showed that accidents and incidents were recorded. The record included a description of the incident and any injury, action taken by staff or managers and whether it had been reported to CQC or the local authority safeguarding team. We found that the registered manager kept a log of all accidents and incidents so that they could review the action taken and identify any patterns or lessons that could be learned to prevent future occurrences. We saw that following one accident that had led to a hospital admission the service had automatically referred the incident to the local authority safeguarding team so that they could ensure appropriate action had been taken to reduce risks to the person.

Is the service effective?

Our findings

The home was clean, well-kept, smelling fresh and was bright and well decorated. People's bedrooms were personalised and contained personal objects and photographs. The registered manager told us they also encouraged people to bring personal items such as photographs and furniture so that people had familiar things in their bedroom to make them feel more at home.

The registered manager told us the home had recently had improvements to the decoration and furnishings in communal areas and some bedrooms. The home was divided into two floors. The first floor had been designed to support people living with dementia to orientate themselves. This included differently coloured bedroom doors, big pictures on the walls and memory boxes on individual doors. This helped people identify where their bedroom was and other areas of the home and so promote their independence.

There was Light Emitting Diode (LED) lighting in the communal areas, new carpets and new vinyl flooring, with extensive themed decorations that helped people identify the area of the home they were in. There were tactile objects and tactile displays in communal areas to help people's sensory stimulation. There was also some work being undertaken to upgrade the disabled access shower rooms. Three larger rooms had been refurbished as "premium" rooms. These rooms had their own shower facilities and level access to the garden area.

We checked whether the service was working within the principles of the Mental Capacity Act (MCA) 2005. The 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. When they lack mental capacity to make 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 when it is in their best interests and legally authorised. The application procedures for this are called the Deprivation of Liberty Safeguards (DoLS). We found the service was working within the principles of the MCA.

Care records we reviewed contained evidence that the service had identified whether each person could consent to their care and evidenced that best interest meetings were held. One care record we looked at contained a record of a best interest decision but did not contain a record of the views of anyone other than the registered manager. The registered manager told us they were in the process of revisiting all best interest meetings to ensure appropriate people had been involved and their views were recorded.

At the time of our inspection authorisations for DoLS were in place for six people who used the service and applications had been made for 14 other people. Conditions on authorisations to deprive a person of their liberty were being met. These authorisations ensured that people were looked after in a way that protected their rights and did not inappropriately restrict their freedom. Records showed that after the period that had previously been agreed was due to end, were needed, a further request to authorise the DoLS had been submitted to a 'supervisory body' for authority to do so.

Prior to our inspection we looked at our records and found that the service had notified CQC of the DoLS

authorisations, as they are required to do.

Training plans we looked at and staff we spoke with showed that staff had received training in MCA and DoLS and understood their responsibilities. This training is important and should help staff understand that where a person lacks the mental capacity and is deprived of their liberty, they will need special protection to make sure their rights are safeguarded. Whilst some staff were not fully aware of MCA and DoLS legislation, all staff we spoke with recognised and demonstrated a good understanding of the need to gain consent, offer choice and where information about mental capacity and DoLS authorisations could be found in people's care records. During our inspection we observed that consent was always sought by staff before support or care was provided.

We looked to see how staff were supported to develop their knowledge and skills. We were told by the registered manager that when staff started to work at the service they received an induction. Staff we spoke with told us the induction was good and had included reading policies and procedures as well as completing required training and shadowing experienced staff. New staff had started to complete the 'care standards certificate'. This was a twelve week induction, which included information about the individual staff member's role. It also included policies and procedures and all mandatory training courses and completion of a work book to demonstrate their knowledge and understanding.

Records we reviewed showed that staff employed in the service had received training to help ensure they were able to safely care for and support people. Records we looked at and staff we spoke with showed that staff received training that included; basic life support, customer service and dignity in care, dementia awareness, diet and nutrition, food safety, health and safety, infection control, moving and positioning and understanding challenging behaviour. We were shown the electronic system used to record all staff training, this also flagged to managers when staff were coming out of date with their training. Staff we spoke with told us training opportunities were good. One staff member told us, "They are on top of our training, and really encourage us to keep on top of our training needs."

Not all staff members had received the number of one to one supervisions the registered manager told us the service aimed for. However, records we reviewed and staff we spoke with showed that staff received regular supervision. Staff we spoke with were positive about the support they received. One staff member told us, "If you're not due [supervision] you can just go and ask, they sort one out." We found that regular staff meetings were held. The registered manager told us these gave staff an opportunity to discuss any issues that were important to them or that were affecting people who used the service.

We looked at how people who used the service were supported to eat and drink. People we spoke with told us they enjoyed the food and that it was plentiful. People told us, "The food is very nice, sometimes staff come to you the day before, asking you to choose between two menu options, they can make you something else if you ask", "Meals are fantastic, staff usually come and ask you what you would like to eat", "I like my food, there is always choice and options with lots of snacks" and "I like stew and curries the kitchen chef prepares, they make a list of things I can eat since I am at risk of choking."

There was a colourful and pictorial 'today's menu' in different dining and communal areas for everyone to see what was on offer for the day. Most residents told us staff had asked them earlier to choose between two meal types. All the residents we spoke with said they were always provided with an alternative if they did not like what was being served. One person said, "When you see scrambled eggs or omelette on the food trolley, you know it is mine, the kitchen chef knows that I prefer my omelette for breakfast or at any time I fancy it."

Between meal times we observed that juice and water containers were placed within reach of people. Snacks and drinks were offered regularly throughout the day. We observed residents enjoying snacks such as biscuits, cakes, crisps, chocolates, hot and cold drinks. One person who used the service told us, "There is always something to nibble, it's all there for everyone to take and staff will always bend over backwards to give you what you fancy."

During meal times we observed that the dining areas were nicely set out, with drinks provided on all tables. Tables were well set and residents were comfortably seated, residents were then served an assortment of sandwiches followed by rice pudding or yogurt. The meal time was unrushed and there was background music playing. During lunch time, we observed staff patiently encouraging and supporting those residents who were on pureed diet, and those who were in bed, were being adequately supported by staff.

We spoke with the cook and assistant cook and found they had a good knowledge of people's likes and dislikes and details of people's food allergies or special dietary requirements. They were able to tell us about people's preferences. We saw that people's preferences were respected. Records showed the cook and assistant cook had received training in food preparation and food hygiene. We found the kitchen was clean. Checks were carried out by the kitchen staff to ensure food was stored and prepared at the correct temperatures. The service had received a five star rating from the national food hygiene rating scheme in January 2017 which meant they followed safe food storage and preparation practices. We saw that there were plentiful supplies of fresh meat, vegetables and fruit, as well as tinned and dried goods.

Care records we looked at showed that people were assessed for the risk of poor nutrition and hydration. Malnutrition Universal Screening Tool (MUST) monitoring sheets were in place for the people at risk of malnutrition and were reviewed monthly and up to date. The MUST is an assessment tool, used to calculate whether people are at risk of malnutrition. We saw that where required, records were kept of people's weights, personal bathing, people's food and drink intake and positional changes to prevent pressure sores.

People who used the service had access to healthcare services and received ongoing healthcare support. Care records contained evidence of visits from and appointments with G.P's, opticians, chiropodist, district nurse, and speech and language therapist. We saw records were kept of any health professional's visits or appointments. A person who used the service said, "I saw my GP six weeks ago, after telling staff that I was not well, I was later taken to the hospital."

A visiting health care professional was positive about the service and the support people received with their health needs. They told us when the service had concerns about people's health they referred them through in a timely manner and any advice given to staff was followed and outcomes were well documented.

Is the service caring?

Our findings

All the people we spoke with were positive about the support they received and felt staff were very respectful, friendly, caring and kind. They told us staff always listened to them.

People we spoke with told us, "Staff are very good, they do as well as they could really, they make the atmosphere just right", "Staff are very kind, they look after everybody", "Staff are excellent" and "Staff are very good, they always know what they are talking about." Other people said, "Staff are always friendly, willing to help and very good to me, very approachable", "Staff are very good and friendly, they do what they can" and "I have no grumbles, it is nice living here, you can have a laugh and a joke with everyone" and "The atmosphere is very good."

During the inspection we spent time observing the care provided in all areas of the home. We found staff members worked well together and were busy but supported residents in an unrushed, caring and compassionate manner. We found staff to be vigilant and caring. We saw staff instigated and encouraged conversation and closely observed all residents. We saw they all shared an occasional and unforced friendly smiles as they were passing by people. We found the home to be calm and homely.

Staff spoke with compassion about people who lived at the home. We found that the registered manager and all the staff we spoke with were able to tell us about the people who used the service. They knew their likes, dislikes, support needs and things that were important to them. One staff member told us, "They are all different, and they all have their little ways about them. Once you get to know them you can't help but become attached. We know when they want to be left in peace or when they need some support."

People who used the service and visitors we spoke with told us they were involved in planning and reviewing their care. People told us, "Staff keep me informed about everything", "We are pretty aware of the care package for our [relative], staff are very informative" and "I am fully involved with my [relatives] care plans."

Our observations and discussions during the inspection showed staff supported people to be as independent as possible. Care records included information about what people could do for themselves such as washing or dressing and guided staff on ways to help promote people's independence. People we spoke with told us, "I like organising things such as folding my [relatives] clothes, staff come every once in a while to blitz our rooms", "I keep my room tidy" and "I do everything for myself, staff encourage me, so long as you do things, staff let you and if you can't, staff will help."

Care records included information to guide staff on how best to communicate with people living with dementia. One staff member described how they used distraction techniques with someone who at times displayed behaviours that challenged the service. These included spending time talking to the person and trying to take them away from the situation.

The manager told us the home had an open door policy to people's visitors. During our inspection we saw

lots of visitors coming and going. Visitors we spoke with said they were made to feel very welcome. We were told the service placed great importance on helping people to maintain friendships and relationships. People we spoke with said, "Me and my [relative] have been married for 65 years, staff always encourage us to go out with family", "I keep in contact with my family all the time, I got a mobile, staff keep it on a charge so I won't struggle if I want to speak to anyone" and "I go out a lot with my [relative], staff make it possible for me."

We saw that consideration was given to people's religious and spiritual needs and that arrangements were in place for people to practise their religion within the home if they wished.

Records we looked at also showed that, where necessary, people had access to Independent Mental Capacity Advocates (IMCA's) to help support them when specific decisions needed to be made about their care and support. This helped to ensure that decisions made on their behalf were done so in their 'best interests'. There was also information about advocacy displayed on a notice board in the reception area. This gave people contact details of an advocacy service where they could get independent advice and support if they needed it. During our inspection there were two advocates visiting the home.

Some staff had received training in end of life care. We noted that the care records we reviewed contained information about action to be taken if people needed resuscitation, they did not contain information about how people wished to be cared for at the end of their lives, including their preferences for funeral arrangements or important people they wanted to be involved. We discussed this with the registered manager who said they would review how this information could be gathered.

We found that care records were stored securely. Policies and procedures we looked at showed the service placed importance on protecting people's confidential information.

Is the service responsive?

Our findings

People who used the service and their relatives told us the service was responsive and staff were flexible in meeting their needs. One person told us, "The best thing about living here is that staff come to you and offer you the best suggestions, you can't refuse: they offered me to share a room with my [relative], which was brilliant, I like looking after my [relative], it gives me great comfort that [person] is with me in the bedroom, just like home." Another person said, "For anything, staff keep us in the loop, always."

People we spoke with indicated they experienced no restrictions accessing choices, including going to or getting out of bed and choosing what and where to eat or what to wear. People told us, "Staff allow you to do what you can, we have a bit of fun most times", "We like the fact that the home allows us to bring our dog in the home, [relative] loves the dog very much" and "I have [medical condition] and I am still allowed some dignity to do things and go places."

The registered manager told us that before people moved into Langfield Nursing and Residential Home their needs were assessed. Care records we saw contained copies of these assessments. We saw the assessments included information about people's communication, continence, support and health needs, medicines, allergies, mobility, nutrition, social history, interests, hobbies, likes and dislikes capacity and consent. This meant the service could ensure people were suitably placed and that staff knew about people's needs before they moved in. We saw these assessments had been used to develop care records that included care plans and risk assessments to guide staff on how best to support people.

We looked at five people's care records. We saw these contained a two page life history which gave information about the person and their likes, dislikes and social and employment history. We found the care records were very detailed; person centred and also included information about people's daily living skills, routines and preferences. The records we looked at gave sufficient detail to guide staff on how to provide support to people in a way that met their needs and preferences. Most people who used the service and visitors we spoke with felt that they had been actively involved in their care planning process.

Care records we looked at had been reviewed regularly and had been updated when people's support needs had changed. We saw that detailed daily logs were kept for each person. This ensured that information about people was current.

We were told that senior staff had a meeting each morning to ensure everyone was aware of any issues for the day. We observed the meeting and found it to be detailed. We saw there were items that were checked at every meeting such as if there were any issues with infection control, staffing, maintenance, complaints, catering or health and safety. During the meeting there was also a discussion about the 'resident of the day'. This included reviews of care provided, care records and staff completing checks of the person's bedrooms. We saw that on the day of our inspection there were two 'residents for the day'. We were told that reviews were being held with the people and their families that day. We saw that handover notes were detailed and included any planned visits from health care professionals, accident or incidents and social activities or outings the person had planned for the day.

We looked to see what activities were offered to people that lived at Langfield Nursing and Residential Home. We found there was a wide variety of activities both in the home and in the community. We spoke with the activity coordinator who told us, "As I am new in the activities role I always find it useful to ask the residents, in a meeting, about what activities we need to include or discontinue. It feels good knowing that it is their choice and not mine."

The activity coordinator told us residents' likes and dislike were assessed on admission and ideas for activities and entertainments were also gathered by talking to residents relatives and at different meetings to inform what goes into the activities and entertainment planner. Detailed records were kept of all activities people took part in.

There was also a current week's activities notice board which showed both morning and evening planned activities in large fonts and colourful images. During our visit we saw a pancake day event where residents were using different ingredients to build a pancake of their taste. They were provided with bananas, chocolate, strawberry, and other sauces: eight residents took part and one of them, said "I like doing things with [activity coordinator], it relaxes me, I am going to enjoy my banana and chocolate pancake now, I have done it myself."

We were told that a hairdresser visited every week. Some people were supported to go out to local parks or shopping. Where people who used the service did not want to join in group activities, there were offered individual sessions including reminiscing activities such as going through their family photos, looking at pictures when they were younger, when they went on holidays, land mark videos of the Yorkshire Dale. They told us this helped people remember things from their past and stimulate conversation with people

People told us, "I do enjoy country yard games in here when the sun is shining and it is nice and warm", "There is always something going on upstairs, I like to join knitting and painting", "I like to mix with others, have a laugh, I enjoy singalongs" and "Next week or so, I am going to a workshop to do some woodwork, I was told by some lovely lady, [activity coordinator]."

There was a well-kept garden with raised flower beds to encourage people to use the garden area. One person told us, "I don't really have lots to do but I enjoy walking about outside."

We were shown an album of photographs of the residents participating in activities. These included; Gardening and flower arranging club, Gentleman's club, arts and crafts and a knitting club, where residents knitted blankets for the local hospital and shelters. We saw other activities such as during a recent Valentines Day's celebration. The provider also has six new minibuses as a shared resource for all their homes so that more residents were enabled to regularly get out and about on visits and excursions.

One of the lounge areas also had a bar. We were told that this was used regularly and was a focal point for social events. On the afternoon of our inspection, people were watching a film in this area and had popcorn and donuts.

We found the service had a policy and procedure which told people how they could complain and what the service would do about their complaint. It gave contact details of people within the service who would deal with people's complaints and how long staff within the service would take to respond to complaints. It also gave contact details for other organisations that could be contacted if people were not happy with how a complaint had been dealt with.

Records we saw showed that there was a system for recording complaints and any action taken. People we

spoke with were aware of the company complaints policy and were very positive about the way the service responded to their concerns. People said, "I have no concerns, but if I had some, I will speak to [staff name] my keyworker", "Even though we never used it, we are familiar with the complaints procedure", "If I got any squabbles, I would be the one to say something to staff." Other people told us, "Oh, If I got a problem, I get onto somebody... don't you worry" and "If staff do something I don't like to my [relative] or to me, I pull them and if that did not work I would talk to management."

Is the service well-led?

Our findings

Everyone we spoke with was positive about the service and the way it was managed. People told us the home is well managed and the management and staff were very approachable. They said, "The manager is alright and the atmosphere is just the way I like it" and "I couldn't have asked for a better atmosphere, staff come in and ask you if you are alright." One person said, "When you retire, I recommend you come and stay here, it is a nice and comfortable place, with nice people. The staff will look after you well."

The service had a registered manager in place as required under the conditions of their registration with CQC. People told us the registered manager was approachable and friendly. People we spoke with said, "[Name of registered manager] is very approachable, he doesn't hide in his office, he is always walking around", "[Name of registered manager] is very nice", "I like the big fella [Registered manager], he is ever so nice." Other people said, "[Name of registered manager] is a decent fella" and "The manager is bang on. And all girls are ok."

Staff we spoke with said of the registered manager, "[Name of registered manager] is very approachable. If there is a problem he will tackle it. [Name of unit manager] is a very good unit manager, [name of another person] is much more hands on but [Name of registered manager] manages the whole home" and "He always says thank you."

During our inspection we found the registered manager to be open, caring and committed to providing a good quality caring service. They told us their vision for the service was, "To enhance independence, choice and respect. We want to provide a safe, caring, person centred service."

Staff told us they liked working at Langfield Nursing and Residential Home. They said, "I love it", "I enjoy coming to work", "This company is good", "Anything I ask for, it's on its way", "It's a friendly home", "I can see the differences since they took over [new owners]. It's more homely", "You have to be proud of what you are doing. Otherwise I wouldn't stay" and "Staff are not here just for the wages, I can't fault them."

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help registered providers to assess the safety and quality of their services. This ensures they provide people with a good service and meet appropriate quality standards and legal obligations. We found there were good systems of weekly, monthly and annual quality assurance checks and audits. These included falls, weight loss, DoLS, cleanliness, medicines, pressure areas and infection control. We noted that the registered manager's record of DoLS authorisations didn't contain details of all recently applied for authorisations. The day after our inspection we received confirmation that the record was up to date. Records we saw showed that the provider also undertook their own detailed quality audits on a monthly basis.

The registered manager also kept a separate log of any safeguarding, falls, complaints, accident or incidents which had occurred in the service. This log was reviewed monthly and the information was used to identify any themes or patterns so that action could be taken to prevent future occurrences.

We found that when people started to use the service they were given a service user guide and a statement of purpose. These contained important information about the service and the way it was run. It included information about the aims of the service, staff training, care records and review, activities, safeguarding, meals and laundry. This should help to ensure people knew what to expect from the service.

We found the service involved people who used the service in contributing to how it was run. People we spoke with told us that the home frequently ran residents and relatives meetings. People told us, "When there is a meeting, I just join in", "I go to a meeting if I want to, staff always ask you what you think", "There is frequent meetings to discuss new improvements and new rooms available" and "My [family member] attends meetings on my behalf." We saw that issues discussed included menus, activities/entertainment, staffing and other developments.

The home had allocated a resident and relative's information space on their notice board near the reception to keep people informed of changes or future plans.

We saw that satisfaction survey forms were near the reception for everyone to complete. We saw that result of a recent visitor survey showed that 85 responses had been returned and they had indicated a 98% satisfaction rate with the service.

The provider produced a quarterly newsletter, the 'Orchard Newsletter'. This was used to keep people up to date with developments and events in the home. The most recent publication was February and it chronicled updates by the chief executive, the home manager and gave information about activities and events in the home.

Before our inspection we checked the records we held about the service. We found that the service had notified CQC of any accidents, serious incidents, and safeguarding allegations as they are required to do. This meant we were able to see if appropriate action had been taken by the service to ensure people were kept safe.