

# Cumbria County Council

# Langrigg House

## Inspection report

Langrigg Road  
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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

We undertook an unannounced focused inspection of this service on 6 June 2016. This inspection was undertaken to check that improvements that needed to be made to meet legal requirements after our comprehensive inspection in October 2015 where concerns were identified.

We had carried out an unannounced comprehensive inspection of this service on between 21 and 23 October 2015. A breach of legal requirements was found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches.

We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements in relation to the breach contained in the comprehensive inspection. This report only covers our findings in relation to those requirements and recommendations.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

The inspection was carried out by the lead adult social care inspector.

Langrigg House is a residential home located in the West of Carlisle and is close to all the local amenities and services. The home has five units, On the ground floor there is a unit that provides care and support for people living with dementia and a respite unit. On the first floor there are three units providing care and support to frail and elderly people, these three units are not physically separated but each have their own seating and food preparation areas.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (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 and associated Regulations about how the service is run.

People living in Langrigg House told us they "felt safe and happy". Relatives said they were pleased with the support received and caring attitude of all the staff.

People were protected by staff who knew how to keep them safe and managed individual risks well. Staffing levels were appropriate during the day and night to meet the needs of those using the service and to promote their independence.

During the previous inspection the storage of medicines gave cause for concern as they were not stored securely. Medicines were now stored safely in locked cupboards and administered according to people's needs.

The registered manager provided details of the staff training that evidenced this had improved since the last inspection. Staff confirmed they received training appropriate to their roles within the staff team. Further specialised training in the care of people living with dementia was being planned to start in July 2016.

Staff were aware of their responsibilities in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards. We recommended that the training in the MCA being organised by the provider be completed by all the care staff as soon as possible.

People were provided with sufficient food and drink in order to maintain good levels of nutrition and hydration. People told us "We have a choice of meals and if there is anything we don't like we can choose something else and the cook provides it" and "The food is excellent and all home cooked".

People had access to external health care services which ensured their health care needs were met.

Improvements to the environment were on-going and were providing a safer place for people to live in.

The home had an experience and suitably qualified registered manager in place and staff told us they felt well supported by the registered manager.

People knew how they could complain about the service they received and information about this was displayed in the home. People we spoke to were confident that action would be taken in response to any concerns they raised.

There was an appropriate internal quality audit system in place to monitor the quality of the service provided.

## 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.

Staff had completed training in safeguarding vulnerable adults and were aware of their responsibility to keep people safe.

Staffing levels met the assessed needs of people in the service.

Medicines were suitably managed and stored correctly.

### Is the service effective?

Good ●

The service was effective.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

People's rights were protected because the requirements of the Mental Capacity Act 2005 Code of practice and Deprivation of Liberty Safeguards were followed.

Staff training appropriate to people's roles and responsibilities was now in place.

### Is the service well-led?

Good ●

The service was well led.

Staff told us they felt supported, valued and listened to by the registered manager.

There was an appropriate internal quality monitoring system in place.

The improvements to the environment identified by the registered manager were now being actioned by the provider.

# Langrigg House

## **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.

We undertook this unannounced focused inspection of the service on 7 June 2016. This inspection was done to check that improvements to meet legal requirements required after our comprehensive inspection in October 2015 had been made.

The inspection was carried out by the lead adult social care inspector. The purpose of the visit was to check on one requirement and four recommendations we had made to the provider. We checked on whether the service was Safe, Effective and Well-led.

Prior to this visit we had received an action plan from the registered manager which detailed the action she was undertaking to improve the service. We also reviewed information received since the last inspection in relation to incidents that the provider is required to send us by law. We discussed the progress of the service with representatives of Cumbria County Council adult social care. We also spoke with health and social care professionals and commissioners of care about the outcomes of care.

During our visit we spoke to six people who lived in Langrigg House, a relative who was visiting and a speech and language therapist who was also in the home on the day of our visit. We spoke to three members of the care staff team, two supervisors and the cook.

We spent time with the registered manager and also the operations manager, who came to Langrigg House during our inspection visit, when we discussed the work that was being completed to the environmental standards.

We looked at six care and support plans, the staff training plan, the administration and storage of medicines and toured the building looking at the environmental standards.

# Is the service safe?

## Our findings

We spoke to six people who lived in Langrigg House and they all told us they felt safe and comfortable in their surroundings. One person said, "These girls are very good and keep us all safe. No problems here". Another person said, "We trust these girls and we know we are all safe".

We spoke to a visitor who was visiting a relative and asked her if she thought her relative was safe and she said, "I am perfectly sure my [family member] is safe living here. He used to come for respite so knew all the staff before he made Langrigg house his home".

The staff we spoke to were able to identify the various forms of abuse they could encounter. They showed a good understanding about what was harmful to vulnerable people and the way in which any concerns should be reported.

We checked on the daily records and we did not find any entries that concerned us. We met with people who were confident that they would be treated appropriately. We spent time with people living with dementia and saw they responded well to the staff team. We saw in training records that staff had been trained to identify and deal with any actual or potential abuse.

Risk assessments were in place covering all aspects of daily living within the home. These were reviewed each month with the support plans unless there was a change to a person's needs, when they were reviewed and updated immediately. We saw, in the support plans, there were tools to monitor mental health needs and directions for staff to support people whose behaviour may challenge the service. This demonstrated all aspects of people's needs were recognised, understood and met in the most appropriate way.

We asked people if they thought there was sufficient care staff on duty to support them. They said, "Oh yes there is always enough staff around and they nearly always have time to chat with us". We saw, throughout the day, there was sufficient staff on duty to meet the assessed needs of the people they supported. We discussed with the registered manager how many staff were on duty during the night. She confirmed that there were three members of staff working through the night and the staff rosters supported this.

We saw that recruitment procedures were in place and were being followed in practice to help ensure staff were suitable for their roles. This process included making sure that new staff had all the required employment background checks, security checks and references taken up before they were offered a position in the organisation. We saw from the staff files that all new members of staff followed an induction programme and also shadowed more experienced staff until their competency was signed off.

The manager was fully aware of her accountability if a member of staff was not performing appropriately. There were suitable policies and procedures in place for managing employment issues. These included details of the disciplinary or capability procedures and ensured that where an employee was no longer able to fulfil their duties the provider was able to deal with them fairly and within the law.

When we inspected this service in October 2015 we saw that the medicines, including controlled medications, were stored in a room that was accessed by staff and people who used the service. This meant that medicines could potentially be accessed by people not authorised to do so.

At this inspection we saw that the medicines trolleys were all stored securely in locked cupboards. There was one on the first floor and three on the ground floor. Controlled medicines were also stored safely.

We saw part of the medicines round on one of the units and noted that staff asked people about taking their medicines and giving them time to take them. Staff confirmed they had completed training in safe handling of medicines training.

The home had a policy on infection control. On the day of our visit the home was extremely clean and orderly. Staff had ready access to personal protective equipment and chemicals. There had been no major outbreaks of any infectious disease. One of the supervisors had delegated responsibility and was the infection control lead. This meant that staff were kept up to date with the risk of cross infection and how to avoid it.

# Is the service effective?

## Our findings

When we spoke to people who lived in Langrigg House we asked them if they thought the staff knew their job and what was expected of them. Their replies were all complimentary and included, "These girls certainly know their job and I think they are well trained". Relatives said, "The staff here have always known what they were doing and I think they do their work very well. I have never had any worries on that score".

We discussed the staff training with the registered manager and she confirmed that some training had been completed since the last inspection. This included, updated manual handling, safe handling of medicines, infection control training and training in dealing with behaviour that may challenge facilitated by the Care Home Educational Support Services (CHESS) team. The registered manager, who had completed the necessary training to facilitate the course, had just received all the paperwork for support staff to begin the training in dementia care through Stirling University and this was due start the first week in July 2016.

Some people who lived in the home were not able to make important decisions about their care and support. The registered manager of the home understood her responsibilities under the Mental Capacity Act 2005, (MCA) and around protecting people's rights.

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 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager confirmed that, currently, there were four people living in the home under a DoLS authority.

We spoke with care staff and asked them what they understood about the MCA and whilst they hadn't recently completed any formal training they said this was discussed in staff supervision. We spoke to staff working in the unit caring for people living with dementia and they showed a good understanding of how to support people who had limited capacity for making decisions about their care and support.

We saw throughout our inspection people were included in decisions about their support. The staff gave people time to express their wishes and knew how people communicated. People agreed to the care they received and this was only provided with their consent. We saw that the staff treated people in a friendly but respectful way and respected their rights.

We recommended that the registered manager accessed appropriate training organised by the provider in



accordance with the organisation's training programme. This to be completed by all the care staff as soon as possible.

We looked at six care plans to check how decisions had been made and recorded around 'do not attempt cardio pulmonary resuscitation (DNAR CPR)' and saw that three of these had been made with the person and their relatives who held a Lasting power of Attorney (LPA) for care and welfare and financial matters. The decision on one of the others had been made with the person concerned who had full capacity to make the decision themselves. The other two had been made by the GP. We spoke to the registered manager about this and she confirmed work was already underway to check the records of all those people who did not have full capacity to make important decisions and discuss this with the family providing there was a LPA in place.

During our previous inspection we noted that the home was in need of refurbishment and improvements to the environmental standards of the building. Since that time considerable work has been completed and some was still on-going. At the time of our inspection visit 22 windows had been replaced and work was almost completed on the flat roof. The refurbishment of one bathroom was all but complete and work on the other was well on the way to being completed. Bedrooms had been redecorated and a further £10k had been allocated to redecorate a further eight bedrooms. The bases of the hoists had been repaired. A new fire door with a security keypad lock had been installed on the open staircase. We discussed the on-going work with the operations manager who confirmed this would all be completed as soon as possible.

We saw that people had access to food and drink throughout the day. We spoke to people who were just finishing their lunch and to the cook who was discussing their lunch with them. They all agreed all their meals were very good with a choice at each meal. The cook told us she liked to speak to people every day to make sure they enjoyed their food and ask for any suggestions they may have. Special diets such as soft meals and high calorie foods could be provided that ensured people received good nutrition and hydration.

During our visit we spoke to a speech and language therapist who was visiting the home on the day of our inspection visit. She told us the staff did not hesitate to ask for advice about good nutrition in particular if people had difficulties with eating or drinking. She said, "The staff here are very good. They contact us for advice and always act upon what we suggest. I have been coming here for some time and have never had any problems".

## Is the service well-led?

### Our findings

The home had a registered manager in place as required by their registration with the Care Quality Commission. She had worked for the organisation for many years and had previously managed other services for Cumbria County Council. She ensured that she spoke to each person who lived in the home at least once a day and visitors told us she was always available to speak to them.

People who lived in the home said they saw the registered manager every day and that she was approachable. Staff told us, "The manager is firm but very fair". We also asked visitors if they thought the home was well run and they said, "I think it is. I have been visiting this home for some time as my relative used to come for respite before moving in. I have always thought this was a well-run homely home".

All the staff we spoke to said the staff worked together to ensure people received good care. They told us that they felt valued and well supported. They told us they had regular staff supervision and staff meetings.

The registered manager told us, "I make sure I see every person in the home every day and ask if there any problems. It is my way of informally checking on the quality of care we provide in Langrigg house. I also meet with my operations manager each month when she comes to support me and complete some internal quality audits. It was sometimes difficult to get a quick decision about things like staffing and the refurbishment programme but that has improved lately".

We saw copies of the monthly audits the registered manager was responsible for. These included health and safety, infection control, people's personal finances, the environment, care plans, staffing requirements, staff supervisions and medicines. Supervisors also completed a weekly stock check of medicines and a daily check of the medicines administration records at the end of each shift. This helped to make sure people received the right treatment and support and that any errors or omissions were noticed and dealt with.

There were systems in place for reporting incidents and accidents in the home that affected the people living there. We saw that these were being followed and if required CQC had been notified of any incidents and accidents and when safeguarding referrals had been made to the local authority.