Cambridge Housing Society Limited

Langdon House

Inspection report

20 Union Lane,
Cambridge, Cambridgeshire
CB4 1QB
Tel: 01223 578601
Website: www.chsgroup.org.uk

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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

Overall summary

Langdon House is registered to provide accommodation and personal care for up to 52 adults some of whom are living with dementia. There were 49 people living at the home during our visit. The home has accommodation provided on two floors. Accommodation consists of single occupancy bedrooms with en-suite facilities. There are internal and external communal areas, including a kitchen, lounge/ dining areas and a garden for people and their visitors to use.

This unannounced inspection was carried out on 21 April 2015. At our previous inspection on 04 February 2014 the provider was meeting all of the regulations that we assessed.

There was a registered manager in place. 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.

Summary of findings

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and report on what we find. There were systems in place to assess people's capacity for decision making. Appropriate applications were made to the authorising agencies to ensure that people's rights were protected. Where people were assessed not to have mental capacity, their care was carried out in their best interest. This included the use of covert administration of medication and support with their daily care needs.

People who lived in the home were supported by staff in a caring and respectful way. People had individualised care and support plans in place which recorded their likes and dislikes, needs and wishes, including end of life wishes. These plans gave staff guidelines on any assistance a person may require.

Individual risks to people were identified by staff. Plans were put into place to minimise these risks to enable people to live as independent and safe a life as possible. There were arrangements in place for the management, administration and safe storage of people's prescribed medication. People received their medication as prescribed.

Staff took time to reassure and engage with people who were becoming anxious in an understanding and patient manner. People and their relatives were able to raise any suggestions or concerns that they might have with staff and the management team and feel listened too.

People were supported to access a range of external health care professionals and were supported to maintain their health.

People were provided with adequate amounts of food and drink to meet their hydration and nutrition needs.

There were a sufficient number of staff employed to ensure that people were safe. Staff understood their responsibility to report poor care practice. Staff were trained to provide effective care which met people's individual care and support needs. They were supported by the registered manager to maintain their skills through training. The standard of staff members' work performance was reviewed by the management through supervision and appraisal to ensure that staff were competent.

The registered manager sought feedback from people who lived at the home by holding residents and relatives meetings. There was an on-going quality monitoring process in place to identify areas of improvement required within the home. Where improvements had been identified there were actions plans in place which documented the action taken or to be taken.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People's care and support needs were met by a sufficient number of staff. Staff were recruited safely and trained to meet people's care and support needs.

Systems were in place to support people to be cared for safely and to make sure that any identified risks were reduced. Staff were aware of their responsibility to report any safeguarding concerns.

People were given their medicines as prescribed and there were systems in place to ensure that medicines were stored, recorded and disposed of safely.

Good

Is the service effective?
The service was effective.

DoLS applications had been made to ensure that people's rights were protected.

People's care and support plans were reviewed regularly by staff to ensure that they met their current health care and support needs.

People were supported to eat a nutritional diet. People's nutritional health and well-being was monitored by staff and any concerns around people's food intake, were acted on.

Good

Is the service caring?
The service was caring.

Staff were caring and patient in the way that they supported and engaged with people.

Staff encouraged people to make their own choices about things that were important to them and to maintain their independence.

People's privacy and dignity were respected by staff.

Good

Is the service responsive?
The service was responsive.

People were able to maintain their interests and take part in individual and group activities.

People's care and support needs were assessed, planned and evaluated. People's individual needs and wishes were documented clearly and met.

There was a system in place to receive and manage people's suggestions or complaints.

Good

Is the service well-led?
The service was well-led.

There was a registered manager in place.

People, their relatives and staff were asked to feedback on the quality of the service provided through regular meetings.

Good

Summary of findings

There was a quality monitoring process in place to identify any areas of improvement required within the home. Plans were in place to act upon any improvements identified.

Langdon 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.

This inspection took place on 21 April 2015, was unannounced and was completed by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of working with or caring for someone who uses this type of care service.

Before the inspection we looked at information that we held about the service including information received and notifications. Notifications are information on important events that happen in the home that the provider is required to notify us about by law. We also asked for feedback on the service from the Cambridgeshire and Peterborough Clinical Commissioning Group, local authority and the Continuing Health Care Team to help with our inspection planning.

We observed how the staff interacted with people who lived in the home. We spoke with 10 people who used the service and three relatives of people using the service. We also spoke with the registered manager, deputy manager, lead practitioner in care, team leader, cook, administrator, and seven care staff.

We looked at five people's care records and we looked at the systems for monitoring staff supervisions, appraisals and training. We looked at other documentation such as quality monitoring records, maintenance records, compliments and complaints and medication administration records.

Good

Is the service safe?

Our findings

People we spoke with told us that they felt safe living at Langdon House. A relative said, "When my [family member] lived at home they were constantly causing us to worry about their safety. This is a really safe place for my relative to live in and I do not have to worry about them now." One person said, "Staff are really good here and soon come to help me if I ring the call-bell." Another person told us that, "The atmosphere," helped them feel safe.

Staff we spoke with told us that they had undertaken safeguarding training and records confirmed this. They demonstrated to us their knowledge on how to identify and report any suspicions of harm or poor practice. They gave examples of types of harm and what action they would take in protecting people and reporting such incidents. This showed us that staff knew the processes in place to reduce the risk of abuse.

People had individual risk assessments undertaken in relation to their identified support and care needs. We saw that specific risk assessments were in place for people at risk. Risks included, not maintaining their own personal care, eating and drinking, mobility, and skin integrity. Risk assessments gave guidance to staff to help assist people to live as safe and independent a life as possible. This guidance helped reduce the risk of people receiving inappropriate or unsafe care and assistance. When people were deemed to be at risk of poor skin integrity or malnutrition or dehydration action was taken to reduce the risk. Records were kept of the actions taken by staff so that they could monitor this and take action where concerns had been identified. This was confirmed by the staff we spoke with who were able to tell us about the care and support needs for each person and understood the risks to people and how to minimise them safely.

On the day of this inspection the registered manager told us that they were one staff member short on the shift. During our observations we saw that although staff were busy, there were enough staff to provide support and care to people in an unrushed manner. Staff confirmed to us that people were supported by sufficient numbers of staff, but one staff member said, "The worst thing here is too many agency staff used, who do not know the residents and we have to support them. Makes it a hard shift." We spoke to the registered manager about the use of agency staff within the home and they told us that they had recruited staff into vacant care worker roles. A person told us, "There seems to be enough staff around. Occasionally the [staff] seem very busy but everyone gets the help they need." The registered manager told us that the number of care workers employed was set by the company. However, this number was flexible and additional care workers would be employed to support people assessed to have higher dependency support needs.

Staff we spoke with said that pre-employment safety checks were carried out on them prior to them starting work at the home. These checks were to ensure that staff were of good character. This demonstrated to us that there was a system in place to make sure that staff were only employed if they were deemed safe and suitable to work with people who lived in the home.

People we spoke with had no concerns around their medication. One person said, "I always get my medication at the right time." People told us that staff explained their medicines to them. One person said that staff, "Always explain what they [medicines] are." A relative told us that staff informed them if their family member had been prescribed medication and what it was for. Staff who administered medicines received training and their competency was assessed. This was confirmed by the records we looked at. We saw that there were suitable facilities for the safe storage, disposal and management of medicine. Where people had been prescribed medicines to be administered on an 'as required' basis there were clear protocols in place for staff for when this medication should be administered.

We found that people had a personal emergency evacuation plan in place and there was an overall business contingency plan in case of an emergency. This document gave details of emergency contacts and their details. This showed us that there was a plan in place to assist people to be evacuated safely in the event of an emergency.

Good

Is the service effective?

Our findings

Staff told us that they were supported with regular supervisions and records confirmed this. We were told by the registered manager that staff appraisals had happened as a group exercise and that supervisions were the forum to discuss an individual's performance.

Staff said that when they first joined the team they had an induction period which included training and shadowing a more senior member of the care team. This was until they were deemed competent and confident to provide effective and safe care and support. We found that staff were knowledgeable about people's individual support and care needs. Staff told us about the training they had completed to make sure that they had the skills to provide the individual care and support people needed. Training included, but was not limited to, equality and diversity, safeguarding, moving and handling, infection control, dementia awareness and health and safety. This was confirmed by the registered manager's record of staff training undertaken to date. Staff also told us that they were encouraged to develop their knowledge by studying for qualifications in Health and Social Care. This showed us that staff were supported to provide effective care and support with regular training and personal development.

People we spoke with and our observations showed that staff respected people's choice. One person told us that, "I am given a choice by the staff of what I wish to eat, drink, wear and I can get up and go to bed when I like." A staff member said, "We assist people to make their own decisions by giving them a choice and time to answer." We spoke with the registered manager about the Mental Capacity Act 2005 (MCA) and changes to guidance in the Deprivation of Liberty Safeguards (DoLS). We found that they were aware that they needed to safeguard the rights of people who were assessed as being unable to make their own decisions and choices. We saw that DoLS applications had been made to the supervisory body (local authority) to ensure that people's rights were protected. Staff we spoke with confirmed to us that they had completed their training in MCA 2005 and DoLS. They demonstrated to us that they knew how to ensure people did not have their freedom restricted without the legal process in place and to respect people's choices.

Care records we looked at were written in a personalised way about the individual. They held information for staff on what made people anxious and what individual support a person may require. Staff told us that, "We get to know people really well and even those who cannot tell us their views we recognise when they disagree with us. Maybe their facial expression or the shaking of their head. We respect their views." Records showed that people's care records were reviewed on a regular basis. These reviews were carried out to ensure that people's current support and care needs were documented.

People made positive comments about the meals provided. One person told us that the food was, "Quite good actually. " Another person said, "The food is too good and the staff have to keep weighing me to make sure I am not putting on too much weight." People who required assistance to eat and drink were provided with support. We saw that they were encouraged to be as independent as possible. Adapted cutlery and mugs were provided to help support people when needed. Where people needed some assistance with their meal, our observations showed that the staff member supported the person at the pace the person preferred. Menu choices were shown to each person 'plated up' to help assist people with making a choice. We also noted that people were offered an alternative choice to the menu, such as omelettes or jacket potato. Fresh fruit was available and we saw that drinks and snacks were available throughout the day. One person said, "You can get something between meals if you want it, if I get hungry or I haven't had enough, I can quite happily ask for more and get it." People's special diets were also catered for which included vegetarian options and soft and pureed foods. This showed us that people were supported with their nutritional and hydration needs.

External health care professionals were involved by staff if there were any concerns about people living in the home. People and relatives said that they were able to see the doctor, nurse, chiropodist and optician. One person told us, You've always got access to a doctor. [Doctor] comes a least once a week and sometimes more. The service is always there." We saw that a range of different external health care professionals had provided guidance when needed, such as doctors, district nurses, a chiropodist and an optician. This was confirmed by the records we looked at.

Good

Is the service caring?

Our findings

People had positive comments about the service provided. One person said, “This is a very nice home that has excellent staff that I really like.” Another person told us that, “I am well cared for and the staff know how to look after us.” Relatives we spoke with also had positive opinions about the care and support provided by staff for their family member. One relative said, “My [family member] is well cared for and has settled in here very quickly.” Another told us that, “There is a happy attitude and the atmosphere here, very relaxed.” This was confirmed by our observations throughout the day.

We saw that staff supported people in a kind and patient manner. Staff took time to support people when needed and reassure people who were becoming anxious in an understanding manner to help them settle. We saw good examples of how staff involved and included people in their conversations throughout our visit. One person said that, “The staff are friendly, kind and polite to me.” Another person told us that, “I like the [staff] here we have a good laugh and a joke.” A relative said, “The staff are friendly and have a kind and considerate approach to people.”

Observations showed that people were dressed appropriately for the temperature of the home and in a manner which they preferred. People were assisted by staff to be as independent as possible. We saw staff encourage people to do as much for themselves as they were able to and guide people when needed, in a discreet way which maintained their dignity. One person told us that staff always asked permission before helping them, “They always ask that sort of thing.” A relative said that staff took them into their family member’s bedroom to speak with them in private if the conversation was personal. We saw that people were able to personalise their bedrooms and close and lock their bedroom doors if they wanted privacy. This was confirmed during this visit. This meant that staff supported people to maintain their privacy and dignity.

Care records we looked at were written in a personalised way which collected social and personal information about the person, including their likes and dislikes and individual needs. This was so that staff had a greater understanding of the person they were supporting.

Advocacy information was available for people if they needed to be supported with this type of service. Advocates are people who are independent of the service and who support people to make and communicate their wishes. We saw that some people had formal legal processes in place to help them manage some of their decisions.

Good

Is the service responsive?

Our findings

We saw people being supported by staff to pursue their interests by looking at a book or reading a newspaper. The home had a purpose built hairdressing salon for people to use throughout the week and quiet and communal areas were offered to people with books, DVD's and CD's for them to sit and read or listen to music. Staff supported people to take part in group activities such as playing a game of skittles or bingo. Staff also told us that they tried to ensure that some activities would be individual and that they encouraged people to do the things they liked to do rather than what everyone else was doing such as hand massage or one to one sessions in the sensory room. We saw that group outings outside of the home had been planned throughout the year. A person told us that a list of activities for the month was circulated round the home, "With information," about the planned event.

We saw that there were links to the local community. A local college had painted a large mural on one wall which depicted local scenes from Cambridge. The registered manager told us that they were hoping to develop further links with the college. Weekly religious services were also offered for people who wished to take part. The timing of this visit was post general election and all political parties' campaign materials were available for people to read. We saw that people were being supported by staff to vote by either registering to postal vote or organising a trip to the polling station should they wish to do so. This demonstrated to us that people were encouraged to maintain links with the local community.

Prior to living at the home, people's health, care, and support needs were assessed, planned and evaluated to ensure they had an individualised plan of care and support. Staff we spoke with demonstrated to us a good understanding of each individual persons care and support needs. They told us that they felt listened to and included in discussions about the changes to the way care was provided. We saw documented evidence that people had been involved and agreed to the care and support plans held within their care record. Care records we looked at showed that people's care and support needs, and personalised risk assessments were known, documented, and monitored by staff. This assured us that staff would be working with the most up to date information about a person they were supporting.

People we spoke with told us that that they knew how to make a complaint but had not needed to do so. They told us that they would speak to staff if they were concerned about something and that they could get the help if they needed it. They went on to tell us that the provider's complaints policy was posted up around the home as a reminder. We asked staff what action they would take if they had a concern raised with them. Staff said that they knew the process for reporting concerns and that they would be listened to. One staff member said, "The management team are approachable and deal with problems quickly." Records of complaints showed us that complaints were recorded and responded to appropriately and in a timely manner.

Good

Is the service well-led?

Our findings

The home had a registered manager in place who was supported by a team of care staff and non-care staff. We saw that people who lived at the home and staff interacted well with the registered manager and deputy manager who were observed out and about in the home during this visit. People we spoke with had positive comments to make about the staff and registered manager. One person when asked if they could talk to the registered manager told us, "You can easily." A relative said, "The staff are polite, kind and respectful and treat everyone as friends."

People and relatives said that the registered manager listened to concerns raised. One person said, "I think they're [staff] very good. I could happily go and talk to them, if I had a particular problem, I could certainly talk to them." A relative told us of two occasions when they had raised concerns to the registered manager and that they had been, "Dealt with immediately," and their family member had been supported by staff who were, "Brilliant," about it.

Staff told us that an honest culture existed and they were free to make suggestions, raise concerns, drive improvement and that the registered manager was supportive to them. Staff told us that the registered manager had an 'open door' policy which meant that staff could speak to them if they wished to do so. One staff member went on to tell us that, "This is a nice place to work. We are listened to and given respect from the management team." Another staff member said, "The management team keep us up to date on the changes they are planning and ask our opinions at staff meetings. Yes, I do feel included and consulted."

People and relatives told us that they could attend residents/relative's meetings. These meetings were opportunities for people/relatives to give feedback on the service provided, discuss any topics they may wished to and be updated about what was going on with the service.

One relative said, "I have attended a resident's meeting with [family member] and we were asked to give our views. Lots of new ideas were discussed." A person told us that they had attended these meetings and that minutes were distributed to people living in the home after the meeting. They said that people could raise anything they wished to at these meetings under the 'any other business' part of the agenda. They went on to tell us how a recent complaint about mixed filling sandwiches being confusing on one plate had been listened to and changed to separate plates as a result of this suggestion.

Staff demonstrated to us their knowledge and understanding of the whistle-blowing procedure. They knew the lines of management to follow if they had any concerns to raise and were confident to do so. This showed us that they understood their roles and responsibilities to the people who lived in the home.

A system to regularly audit the quality of the service provided was in place. Any improvements required were recorded in an action plan to be worked on. So that a 'fresh eyes' approach could be used in the home, the organisation had set up a system where different managers from sister homes would undertake a general quality audit of the home. This meant that there was system in place to review the quality of the service provided to people living in the home.

The registered manager notified the CQC of incidents that occurred within the home that they were legally obliged to inform us about. They had always done this in a timely manner. This showed us that the registered manager had an understanding of their role and responsibilities.

The registered manager confirmed that the regulated activity 'treatment of disease, disorder and injury' was not carried out at this service. We therefore did not assess this during our inspection on 21 April 2015. We have asked the provider to consider removing this regulated activity from that part of their registration.