

Diamond Care Homes Langdales Ltd

Langdales

Inspection report

117-119 Hornby Road
Blackpool
Lancashire
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Tel: 01253621079

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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

About the service:

Langdales is a care home for up to 26 older people or people living with dementia. Accommodation was arranged around the ground and first floor with office accommodation on the second floor. Each person had their own bedroom and shared the lounges, dining room and other facilities. There was a small garden area to the rear of the building. There was a passenger lift for ease of access and the home was wheelchair accessible. At the time of the inspection 17 people lived at the home.

People's experience of using this service:

People told us the registered manager and staff were kind, friendly and caring and they felt safe at Langdales. There had been a change of registered manager since we last inspected. People were positive about the way she ran the home and the changes she had made.

People were supported by staff who had been recruited safely, appropriately trained and supported. Staffing levels were sufficient and staff appropriately provided safe care. They had the skills, knowledge and experience required to support people with their care and social needs.

Staff involved people in planning their care and encouraged them to make choices. They supported people to manage risks and stay safe and to remain as independent as possible. People were supported to air any concerns they had and the registered manager took action on these.

People were helped to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff assessed people's capacity to make decisions and supported them with making decisions. People were encouraged to air their ideas, views or concerns. Staff were guided in how to manage complaints.

Staff supported people to eat healthy nutritious food and drink sufficient fluids and knew their likes and needs. Staff helped them to attend healthcare appointments to assist their health and wellbeing. They understood the importance of supporting people to have a comfortable, pain free and peaceful end of life. Their end of life wishes were recorded so staff were fully aware of these.

The home was clean and maintained and staff practised good infection control. Water temperatures were at a safe temperature and equipment had been maintained. People had been able to personalise their rooms with their own furniture and personal effects.

Staff worked in partnership with other organisations to make sure they followed good practice and people in their care were safe. The management team used a variety of methods to check the quality of the service and develop good practice.

Rating at last inspection:

At the last inspection the service was rated requires improvement (published 31 May 2018).

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider is no longer in breach of regulations.

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. We may inspect sooner if any issues or concerns are identified.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Langdales

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by two inspectors.

Service and service type

Langdales is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced

What we did

Before our inspection we completed our planning tool and reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people supported by the service and previous inspection reports. We also sought feedback from partner agencies and health and social care professionals. □

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection, we spoke with six people who lived at Langdales and one relative. Where people had limited verbal communication, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with seven members of staff including the registered manager, deputy manager, senior care staff, care staff, cook and regional manager.

To gather information, we looked at a variety of records. This included care plan and medicine records related to two people who lived at the home. We looked at two staff files in relation to recruitment and to review staff training and supervision records. We also looked at other information related to the management of the service including audits, surveys and meeting minutes. We did this to ensure the management team had oversight of the service and they could respond to any concerns highlighted or lead in ongoing improvements. We walked around the building to check the home was clean, hygienic and a safe place for people to live and checked maintenance certificates.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection important health information and risks were not always documented. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Good governance).

At this inspection we found sufficient improvement had been made and the provider was no longer in breach of regulation 17.

- Staff assessed and managed risk to ensure people were safe. Risk assessments provided guidance to staff. Staff understood where people required support to reduce the risk of avoidable harm.
- The provider had procedures for staff to follow should there be an emergency and staff understood these.

Using medicines safely

At the last inspection medicines were not managed safely. People were not always given medicines as prescribed or stored correctly. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Safe care and treatment).

At this inspection we found sufficient improvement had been made and the provider was no longer in breach of regulation 12.

At our last inspection we recommended staff followed good practice guidelines to ensure medicines and other health records were stored confidentially. This had been completed.

- Medicines were managed safely and in line with good practice guidance.
- We looked at a sample of medicines and records and saw medicines were given as prescribed and stored correctly.
- Staff told us they received medicines training and had regular checks to ensure they had the skills and knowledge to give medicines safely.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and avoidable harm. People said they felt safe and liked the staff. One person said, "I like living here. The staff are good, caring and kind."
- The provider had safeguarding systems and staff were aware of their responsibility to report any concerns. Staff had received training and understood what to do to make sure people were protected from harm or

abuse.

Staffing and recruitment

- There were sufficient, suitably recruited staff to meet people's needs. The provider followed safe systems for recruitment of staff. The provider carried out checks before a new member of staff was employed. This reduced the risk of appointing somebody unsuitable.
- We saw there had been changes in the staff team since the last inspection. Staff told us staff motivation and teamwork had improved under this registered manager. One staff member said, "This team works much better than before. We have good teamwork and work together to give people good care." Another staff member told us, "[Registered manager] has made changes for the better. We all get on like a house on fire and work really well as a team."
- We saw staffing levels had increased since the last inspection. There was always at least one member of staff in communal areas throughout the inspection. Staff had enough time to support people without rushing them. A staff member told us, "Staffing levels are much better now, staff are much happier and we can spend time with residents."

Preventing and controlling infection

- Staff followed infection control practices to reduce the risk of cross infection. They used disposable gloves and aprons when they supported people with personal care. This helped reduce the risks of cross infection.
- Staff had received infection control training which gave them the skills and knowledge to help protect people from the risk of infection.

Learning lessons when things go wrong

- Staff learnt from situations that did not go as well as they should. The management team reviewed accidents and incidents, so lessons could be learnt and the risk of similar incidents reduced.
- The management team were aware of their responsibility to report any concerns to the relevant external agencies.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- Staff carried out assessments of people's needs which involved the person and their representatives and were thorough and informative. The pre-admission process was person-centred and checked the service could meet the person's needs.
- Staff reviewed care plan records and updated them when changes occurred, so they identified people's current needs.
- Staff applied learning effectively in line with best practice. This assisted them to provide care that met people's needs.
- The management team were referencing current legislation, standards and evidence-based guidance to achieve effective outcomes.

Staff support: induction, training, skills and experience

- Staff had received induction and training relevant to their role and continually improved their skills and knowledge.
- The management team provided support and supervision to staff to help them provide effective and up to date care. Staff told us they were approachable and available for advice. All staff spoken with said they received excellent support from the registered manager. One staff member told us, "I am really happy here. The support is great."

Supporting people to eat and drink enough to maintain a balanced diet

- People received a choice of food and drink to help them maintain a balanced diet. Staff were very attentive during lunch and gave people a choice of meals. People told us they liked the food. One person said, "I enjoyed my lunch. The meals are very good. Plenty of choices and good portions." Another person told us, "We get good food and plenty of drinks."
- Staff assessed people's dietary needs and provided nutritional support and guidance.
- Staff had received training in food safety, were aware of and supported people in safe food handling practices.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked effectively with other agencies. They arranged for prompt health referrals and other support.
- The staff team worked closely with health and social care professionals, provided relevant information and followed advice to ensure people's needs were met.

Adapting service, design, decoration to meet people's needs

- The design of the home met people's needs. The building and garden were homely and comfortable. There was communal and private space suitable for people with reduced mobility.
- People were encouraged to personalise their bedrooms with their own furniture, pictures and other belongings.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access health and social care professionals in a timely manner to help support their health needs.
- Staff helped people to live healthy lives, including by eating healthy food and doing gentle exercises. This helped to ensure people's health needs were met.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The staff team provided care that was following the MCA. Staff made applications to deprive people of their liberty appropriately and any conditions on authorisations were met.
- People had been asked for consent to decisions where they were able to give this. Where people were unable to make a particular decision, staff arranged best interests meetings.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.□

Ensuring people are well treated and supported; respecting equality and diversity

- Staff respected people's rights and differences. We saw people were relaxed and comfortable in the company of staff. They said they enjoyed chatting with staff.
- Staff supported and responded to people's diverse needs. They knew people's individual likes and dislikes. People told us they felt cared for and liked the staff. One person said, "Very happy. I like the staff. We have a laugh." A relative told us, "Staff are very caring and attentive. Lovely atmosphere here. The staff are always helpful when I ring."
- People's preferences and the support needed to maintain their individuality, diversity and independence were recorded in their care plans and helped staff to deliver the right support.

Supporting people to express their views and be involved in making decisions about their care

- Staff encouraged people to express their views and opinions and supported people to make choices and decisions. They were involved in planning how their care was given. Where people had limited communication, or chose to include them, their families or representatives were also involved in decision making. A relative told us, "I always get good feedback from staff about how [family member] is. The staff keep me involved and put my mind at rest."
- People could contact independent advocacy services if they wanted guidance and support or for an advocate to act on their behalf. This enabled people to have an independent voice.

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful of people's privacy, dignity and independence. They were supportive and sensitive to people's needs. They respected people's privacy and dignity, while also making sure they remained safe.
- Staff were sensitive and respectful when talking about the people they supported. People's care records were kept securely and their confidentiality respected.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

End of life care and support

At our last inspection we recommended the provider discuss people's end of life wishes with them or their families and document this. This had been completed.

- People could stay in the home supported by staff they knew when heading towards the end of life. People's end of life wishes were recorded so staff knew how to meet these.
- Staff understood the importance of supporting people to have a comfortable, pain free and peaceful end of life and provided thoughtful and sensitive care. They also supported the person's family, other residents and each other. A relative whose family member was heading towards the end of life told us, "We are very happy with the care provided and don't want them to go anywhere else. It is perfect here and we are totally happy with everything."

Planning personalised care to meet people's needs, preferences, interests and give them choice and control
From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager was aware of the accessible information standard. This ensured people with a disability or sensory loss were given information in a way they could understand. Care plans identified in detail each person's communication abilities and difficulties. Staff knew each person's way of communicating and understood their non-verbal gestures and expressions.
- Staff encouraged people to communicate their choices and decisions and supported them to have as much control and independence as possible.
- Staff wrote in care plans about each person's abilities, needs and wishes. This provided guidance about people's needs and choices and how these were best met.
- People said there were activities most days although several people said they would like more. They told us they enjoyed the activities and chats with staff. Comments included, "I enjoyed the film this morning." And, "Activities are good." And "I like the activities but it would be nice to have more of them." The registered manager told us she had recruited an activity coordinator who was to start work shortly after the inspection.

Improving care quality in response to complaints or concerns

- People we spoke with felt safe expressing any concerns. Complaints information was available for people and their representatives. They said they would discuss with the registered manager or staff if they were not

happy or had issues. They were confident any concerns would be dealt with quickly and any changes needed would be made. No complaints had been received since the previous inspection. One person said, "No complaints from me. I'm very satisfied."

- We saw staff were guided in managing complaints. They told us they used issues, complaints or concerns as a learning opportunity to improve the service.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider had failed to ensure records maintained were accurate and reflected people's needs and methods to assess and monitor the quality were not consistent. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Good governance).

At this inspection we found sufficient improvement had been made and the provider was no longer in breach of regulation 17.

- The management team had improved the governance of the service since the last inspection. They had developed an effective system of monitoring and carried out frequent checks on the quality of the service.
- There had been a change of registered manager since the last inspection. The registered manager was enthusiastic and motivated the staff team. They provided good leadership and staff were clear about their roles. Staff told us they felt supported by managers.
- The service was organised and there was a clear staffing structure and lines of responsibility and accountability.
- The management team followed current and relevant legislation along with best practice guidelines. They understood legal obligations, including conditions of CQC registration and those of other organisations.
- Ratings from the previous CQC inspection were displayed in the entrance of the home.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on duty of candour responsibility

- The management team were open and transparent. People told us they were easy to talk with and available when they wanted to talk.
- The provider had policies and procedures which provided guidance around the duty of candour responsibility if something was to go wrong.
- The provider's systems assisted staff to provide people with personalised care which met their needs and preferences.

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

- The registered manager committed to engaging with everyone at Langdales. They asked people and their

representatives their views about the care and management of the home. This included informal discussions, resident and relative meetings and surveys. Relatives' comments included "The manager is often about to chat with." And, "It is improving all the time. I can see the changes."

- The management team listened and responded to the views of those involved with the home. People told us they made time to talk with them, welcomed feedback about the way the home was run and took action in response to any comments or concerns. One relative said, "I can always talk to the manager and she asks our opinions."
- Staff told us the registered manager had an open door and listened to any suggestions or concerns. They said they had regular team meetings and other opportunities to share ideas and updates on changes in care. A staff member said, "[Registered manager] has done a dynamite job and I am so proud of how she has turned the home around."

Continuous learning and improving care

- The registered manager focused on continuously reviewing and improving the service. They responded positively to concerns or complaints. The registered manager reviewed accidents and incidents to see if lessons could be learnt and shared these with senior management and the staff team.
- The management team had systems to check people were getting good care and the home was run well. They acted on any findings from audits to help them further improve care.

Working in partnership with others

- Visiting health and social care professionals said care and record keeping had improved.
- The management team maintained good working relationships with partner agencies. This included working with commissioners and health and social care professionals.
- Staff, under the guidance of the registered manager, worked in partnership with other organisations to make sure they followed current practice and provided safe care.