

NAH Care Ltd

Langley Lodge Nursing Home

Inspection report

Langley Lodge
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Westcliff On Sea
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Website:

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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

The Inspection took place on the 17 December 2015.

Langley Lodge Nursing Home provides accommodation and personal care with nursing for up to 26 people some of whom may be living with dementia. At the time of our inspection 22 people were living at the service.

The service had a registered manager. 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.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. People were cared for safely by staff who had been recruited and employed after appropriate checks had been completed. People's needs were met by sufficient numbers of staff. Medication was dispensed by staff who had received training to do so.

Summary of findings

People were safeguarded from the potential of harm and their freedoms protected. Staff were provided with training in Safeguarding Adults from abuse, Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The manager was up-to-date with recent changes to the law regarding DoLS and knew how to make a referral if required.

People had sufficient amounts to eat and drink to ensure that their dietary and nutrition needs were met. People's care records showed that, where appropriate, support and guidance was sought from health care professionals, including a GPs and specialist nurses.

Staff were attentive to people's needs. Staff were able to demonstrate that they knew people well. Staff treated people with dignity and respect.

People were provided with the opportunity to participate in activities which interested them. These activities were diverse to meet people's social needs. People knew how to make a complaint and complaints had been resolved efficiently and quickly.

The service had a number of ways of gathering people's views including using questionnaires and by talking with people, staff, and relatives. The manager carried out a number of quality monitoring audits to help ensure the service was running effectively and to drive improvements.

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 felt safe at the service. Staff took measures to keep people safe.

Staff were recruited and employed after appropriate checks were completed. The service had the correct level of staff on duty to meet people's needs.

Medication was stored appropriately and dispensed in a timely manner when people required it.

Good



Is the service effective?

The service was effective.

Staff received an induction when they came to work at the service. Staff attended various training courses to support them to deliver care and fulfil their role.

People's food choices were responded to and they were supported with their nutritional choices.

People had access to healthcare professionals when they needed to see them.

Good



Is the service caring?

The service was caring.

People were involved in making decisions about their care and the support they received.

Staff knew people well and what their preferred routines were. Staff showed compassion towards people.

Staff treated people with dignity and respect.

Good



Is the service responsive?

The service was responsive.

Care plans were informative and individualised to meet people's needs. The manager had reviewed equipment and facilities and where appropriate supplied up to date equipment for people.

There were varied activities to support people's social and well-being needs. People were supported to access the local community.

Complaints and concerns were responded to in a timely manner.

Good



Is the service well-led?

The service was well led.

Staff felt valued and were provided with the support and guidance to provide a high standard of care and support.

There were systems in place to seek the views of people who used the service and others and to use their feedback to make improvements.

Good



Summary of findings

The service had a number of quality monitoring processes in place to ensure the service maintained its standards and to drive it forward.

Langley Lodge Nursing Home

Detailed findings

Background to this inspection

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

This inspection took place on the 17 December 2015 and was unannounced.

The inspection team consisted of one inspector. Before the inspection we reviewed previous reports and notifications

that are held on the CQC database. Notifications are important events that the service has to let the CQC know about by law. We also reviewed safeguarding alerts and information received from a local authority.

We spent time observing care and used the Short Observational Framework for Inspection (SOFI). This is a specific way of observing care to help us understand the experiences of people who were unable to talk to us, due to their complex health needs.

During our inspection we spoke with five people and three relatives, we also spoke with the manager, deputy manager provider, a qualified nurse and three care staff. We reviewed five care files, four staff recruitment files and their support records, audits and policies held at the service.

Is the service safe?

Our findings

People told us they felt safe living at the service. One person said, "I feel safe living here, I do not want to go back home." A relative told us, "They [staff] are very good here, I have peace of mind."

Staff knew how to keep people safe and protect them from safeguarding concerns. Staff were able to identify how people may be at risk of harm or abuse and what they could do to protect them. One member of staff said, "If I had any concerns I would contact the safeguarding board, or I would inform the manager." Another member of staff said, "It is important we keep people safe and investigate any concerns, if necessary attend strategy meetings with social services." Staff were aware that the service had a safeguarding procedure to follow and a 'whistle-blowing' policy. One member of staff said, "We have policy folders in the office to follow, if I was concerned about anything I would go to the CQC."

Staff had the information they needed to support people safely. Staff undertook risk assessments to keep people safe. These assessments identified how people could be supported to maintain their independence. The assessment covered preventing falls, moving and handling, nutrition assessments and prevention of pressure sores. Staff were trained in first aid, should there be a medical emergency, and they knew to call a doctor or paramedic if required. One member of staff said, "If there was an emergency I would sound the emergency call system and stay with the person until help arrived." Staff carried out regular fire safety checks and everyone had a personal evacuation plan in place.

People were cared for in a safe environment. The manager arranged for the maintenance of equipment used including the hoists, and fire equipment and held certificates to demonstrate these had been completed. For other maintenance staff recorded any work that needed completing and this was then completed monthly or sooner if required by a maintenance person. The manager told us that the service had been refurbished over the last year and this had included putting in a new modern call system for people to use. They had also installed new boilers and radiators and the fire safety system had been

upgraded including new emergency lighting. The manager had also put in place an emergency contingency folder which contained emergency numbers to contact in the event of such things as a plumbing or electrical emergency.

There were sufficient staff to meet people's needs. A member of staff told us, "We have enough staff and work well as a team, you never feel rushed and have time to spend with residents." One person told us, "I feel safe here, if I want anything just have to ring the bell and somebody comes."

The manager used an assessment tool to ensure they match staffing levels to the dependency of the people they cared for. Any shortfalls in staffing due to short notice sickness would be covered by staff who worked at the service or by staff who were employed by the manager on bank contracts. The manager told us they rarely had to use agency staff.

The manager had an effective recruitment process in place, including dealing with applications and conducting employment interviews. Relevant checks were carried out before a new member of staff started working at the service. These included obtaining references, checking gaps in employment history, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS). One member of staff told us, "A friend told me about the job, so I called and spoke to the manager, arrange to meet them and bought in my C.V then I filled in an application form and came for an interview."

People received their medications as prescribed. One person told us, "The nurses give me my medication; I have been on it for ten years." Another person said, "They give me my medication regularly when I need it." Qualified nurses who had received training in medication administration and management dispensed the medication to people. We observed part of a medication round and saw that the nurses wore a tabard asking not to be disturbed whilst they dispensed medicines. The nurse checked the correct medication was being dispensed to the correct person by first checking the medication administration record and by talking to the person. The nurse checked with the person if they required any additional medication such as for pain relief and where

Is the service safe?

necessary supported the person to take their medication with their choice of drink. When people needed additional medication this was clearly care planned and recorded on the medication charts.

The service had procedures in place for receiving and returning medication safely when no longer required. They also had procedures in place for the safe disposal of medication.

Is the service effective?

Our findings

People received effective care from staff who were supported to obtain the knowledge and skills to provide good care. The manager told us they had just dedicated three weeks to training and updating staff skills. In addition the manager holds a teaching qualification and can facilitate on-site training for staff.

One person told us, “The staff are all well trained and seem to know what they are doing.” Staff told us they had been supported to obtain nationally recognised qualification in health care. One member of staff told us I have completed a national vocational qualification level 2 and 3.” Another member of staff said, “I have just updated my safeguarding training and completed a level 2 certificate in infection control.”

Staff felt supported at the service. New staff had an induction to help them get to know their role and the people they were supporting. One member of staff said, “Before I started work I came in and went through policies and the layout of the service. Then when I started I completed my training and shadowed other staff for a couple of weeks.” The manager told us they met regularly with new staff during their probation period, to check how they were performing and to see if they required any additional support or training. In addition the manager had enrolled all new staff and current staff into completing the Care Certificate. These are industry best practice standards to enable staff who are new to care to gain the knowledge and skills required to support them within their role. The training provided by the Care Certificate can also be used to refresh current staff knowledge, which the manager has implemented with existing staff.

CQC is required by law to monitor the operation of the Mental Capacity Act 2005 and Deprivation of Liberty safeguards (DoLS). 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. Staff understood how to help people make choices on a day to day basis and how to support them in making decisions. Staff told us that they always consulted with

people and supported them with making choices on how they wish to spend their time. People at the service had varying levels of capacity. Records showed that each person who used the service had had their capacity to make decisions assessed.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The manager understood their responsibilities and where appropriate had made applications under the act. Where people were deprived of their liberty, for example, due to living with dementia, the registered manager had made appropriate applications to the local authority for DoLS assessments to be considered for approval. This meant that the manager had acted in accordance with legal requirements.

People said they had enough food and choice about what they liked to eat. We saw throughout the day people were provided with food and drinks. Every room we went into we saw people had fresh jugs of drinks or had drinks within their reach. One person told us, “I like milk.” We saw they had a beaker of milk in front of them. We saw staff bring another person a cup of tea whilst we were talking with them. People were complimentary of the food one person said, “The food is lovely here no complaints.”

The service cook's catered for people's special dietary needs. These included providing diabetic diets, soft food and fortified diets to help people maintain healthy weights. We observed a mealtime, most people chose to eat in their rooms and food was taken to them covered over on trays, some with jugs of extra gravy. Some people chose to eat their meal in the dining area with others. We saw where people needed support with eating, this was done sensitively and at the person's own pace.

People were supported to access healthcare as required. The service had good links with other healthcare professionals, such as, physiotherapist, chiropodist, tissue viability nurses, dementia nurse and GPs. The manager told us that the dementia nurse specialist had recently helped them with diagnosis for some people which in turn improved the support they could obtain. People told us they were supported with their health needs, one person said, “If I am not well, I tell them and they get a doctor.” Another person told us, “The nurse comes and dresses my legs they are very good.”

Is the service caring?

Our findings

Staff provided a very caring environment. Throughout our observations there were positive interactions between staff and people. One person told us, “I am beautifully looked after, I couldn’t be looked after any better.” Another person said, “The staff always come and help you if you ask them, they are so nice.” A relative told us, “[Person name] is very happy here, the staff do a very good job.”

Staff had positive relationships with people. They showed kindness and compassion when speaking with them. Staff took their time to talk with people and showed them that they were important. Staff always approached people face on and at eye level, we saw many occasions of this, and of staff using appropriate touch to reassure people when talking with them.

Staff knew people well including their preferences for care and their personal histories. One person told us, “The staff all know how I like things done, we all have our own ways.” Another person told us, “The staff help me with a shower, they do the best they can.” Staff told us it was important to them to help people maintain their independence for as long as possible. One member of staff said, “We treat people as if they are in their own home and we are the guests. It’s a privilege to work with people.”

People’s needs were attended to in a timely manner by staff. Throughout the inspection we did not hear call bells sounding excessively. We observed when one person was distressed because they thought they had left their children in the car, staff were immediately responsive. Staff offered reassurance and distraction to minimise the person distress by offering to take them out for a walk. When we saw the person later in the day they were much more relaxed not showing any signs of distress. The manager told us that staff had training in dementia and believed in entering the person’s reality to reassure them. Another member of staff told us how they discovered when

distressed one person’s anxiety lessened when they had a cuddly toy to hold so the staff had bought in a selection of toys for them. This demonstrated the staff treated people with compassion.

People and their relatives were actively involved in making decisions about their care. One person said, “The staff discuss my care needs with me.” Another person said, “They talk about my care and discuss it with my daughter, she deals with everything.” Staff told us that they used a key worker system; this meant people had a named care worker who took care of their support needs and reviewed their care with them. One member of staff told us, “The qualified nurses review the care plans, and the care workers do a review and summary every month of what has happened, this makes it easier to keep up with everything if you have been off.” The manager told us that every six months there is a full review and all the relevant people are invited to take part. This told us people were looked after by staff who had up to date information.

People’s diverse needs were respected. People had access to individual religious support should they require this. In addition a local church came in to hold special celebrations. On the day of our inspection a Carol service was being held. The manager told us they had supported one person to go on a pilgrimage to Lourdes to follow their religious beliefs.

People told us that staff respected their privacy and dignity. One person said, “Staff always treat me with respect.” Another person said, “Staff help me in every way, if you press the bell they come, even if you only want a drink of water they get it for you.” Staff said they always ensure they treat people with dignity and respect, one member of staff said, “I always make sure I knock on doors and wait to be invited in, if I am helping with care I close curtains or use dignity screens.”

Relatives told us they visited at all different times of the day without any restrictions of visiting times. The manager told us that if people were unwell or nearing the end of their life, they tried to make relatives comfortable who wanted to stay alongside their loved ones.

Is the service responsive?

Our findings

The service was responsive to people's needs. People and their relatives were involved in planning and reviewing their care needs. People were supported to have individualised care, including looking after their social interests and well-being.

Before people came to live at the service their needs were assessed to see if they could be met by the service. The manager told us that when people were referred, if it was from a hospital they would review as much information on the person's care needs as possible then they would go and meet them. During the meeting they would talk to people involved in their care, as well as with the person and their relatives to see if the service could meet their needs. If people were referred whilst living at home the manager would go to their home to meet them and discuss their care needs. The manager encouraged people and their relatives where possible to come and view the service before they made a decision about coming to live there. Once it was agreed a person would be moving to the service a care plan was formulated to support their needs and a key worker identified to allow for a smooth transition to the service.

Staff had a good understanding of people's care needs and routines. They were able to describe how people liked to be supported and what their preferred routines were. The care plans were individual to people's needs and described how to best support them to maintain their safety and independence. The care plans were regularly reviewed, at least monthly. Staff also updated the care plans with relevant information if people's care needs changed. This told us that the care provided by staff was up to date and relevant to people's needs.

The service was responsive to people's needs. The manager told us that the new provider had purchased equipment to help support people living at the service over the past year. This included new hoists and standing hoists. They had also purchased all new beds, so that everyone had a profiling bed, and had purchased new pressure

relieving equipment. They had also redecorated areas in need and replaced flooring. People were asked for their input with choosing colour schemes at the service. In addition the manager told us that plans had now been agreed for the installation of a lift, and work would be commencing on this in the new year.

People were encouraged to follow their own interests at the service or in the community. People were supported to keep community contacts and to remain in touch with friends and family. People told us how their relatives came to visit them, one person said, "My daughter comes every week and I have a mobile phone to stay in touch."

People told us that they had their own hobbies that they liked to follow, one person said, "I like reading murder and crime books and watching TV." Another person told us, "I like to do crosswords or write letters." The service employed a person to support with activities; they told us that they mostly did individual activities with people. On the day of our inspection they had organised the Christmas party and we saw people were involved with a Carol concert and party with their family and friends.

One person told us, "I like the singers, they come to my room and sing." Another person told us, "I like to go out shopping to buy a few bits and pieces, [staff name] comes with me, they are very good."

The service had a robust complaints process in place that was accessible and all complaints were dealt with effectively. People and relatives said if they had any concerns or complaints they would raise these with the manager. We saw where complaints had been raised these had been dealt with quickly and effectively. Staff knew how to support people with making complaints and if people wished to complain anonymously there was a dedicated box to receive complaints into.

The service also received a number of compliments, one we saw said, 'I would like to say a big thank you for all you are doing for my mum. Your kindness is very much appreciated.'

Is the service well-led?

Our findings

The service had a registered manager, who was very visible within the service and encouraged an open door policy for staff, people and relatives. The manager had a very good knowledge of all the people living there and their relatives. One person told us, “The manager is very good, always comes to see how I am or gives me a wave.”

The manager has been in post for just over a year for the new provider. They told us that they felt very supported in their role, and that the providers had responded positively to all of their requests. They said, “Whatever I have asked for the providers have never said no, they are keen for this to be a high performing home.” The manager had built a strong leadership culture at the service. In addition to the manager there was also a deputy manager, clinical lead, team leaders and senior carers. Staff were very clear what their roles were at the service and what was expected of them. The manager told us that they were currently participating in the ‘My Home Life’ Essex Leadership Development Programme. This is a 12 month programme that supports care home managers to promote change and develop good practice in their service.

The manager was very passionate and enthusiastic about the service and staff shared the manager’s vision and values. One member of staff told us, “We want it to be a home from home, to give quality care,” Another member of staff said, “For people to feel like they are at home and in charge of their lives.”

Staff were well supported at the service. Due to the leadership structure it meant nurses could nurse and care workers could care. The clinical lead provided nurses support with care plans and could oversee clinical practice. This meant they would follow-up on any healthcare appointments for people and would review their changing needs. This gave the nurses more time to deliver hands on care. The team leaders supported the care workers in their role and took on additional tasks such as completing health and safety audits. The team leaders also supported care workers with training to enhance their practice. This demonstrated that people were being cared for by staff who were well supported in performing their role.

People benefited from a staff team that worked together and understood their roles and responsibilities. One member of staff said, “When I first started the manager discussed my role with me and what I would be doing, then a few weeks later we discussed it again and finalised my role.” Staff felt the manager was very supportive to their roles. One member of staff said, “I can go to the manager about anything, they are very supportive even when it’s not work related.” Staff had regular supervision and meetings to discuss people’s care and the running of the service. The manager had also commenced yearly appraisals for staff. Staff said they had regular team meetings to discuss any issues and to learn from any events and share information. Staff also had a handover meeting between each shift, to discuss any care needs or concerns that have happened and used a communication book to share information. One member of staff said, “We have a good team here, we all communicate well, and work well together.” This demonstrated that people were being cared for by staff who were well supported in performing their role.

The manager gathered people’s views on the service through regular meetings with relatives and people. During the meetings they gained people’s views on the service and any suggestions they had. We saw from minutes that care was discussed along with redecoration, food, and entertainment. The manager also sent out questionnaires every three months to gain people’s opinions on the service and how it was running. This showed that the management listened to people’s views and responded accordingly, to improve their experience at the service.

People’s confidential information was stored securely inside offices, so that only appropriate people had access to the information.

The manager had a number of quality monitoring systems in place to continually review and improve the quality of the service provided to people. They carried out regular audits, for example, on people’s care plans, medication management, accident and incidents, health and safety, and environment. This information was used as appropriate to improve the care people received, for example a ramp was purchased for easier access to the front of the property following a review of an incident.