St Andrews Care GRP Limited

Langfield Nursing and Residential Home

Inspection report

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Ratings

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

Overall summary

Langfield Nursing and Residential Home is registered to care for up to 52 older people with nursing and personal care needs. It is a purpose built home situated in a residential area of Middleton, close to shops and local transport.

We last inspected this service ion 20 June 2014 when the service met all the regulations we inspected. We undertook this unannounced inspection on 29 September 2015.

The service did not have a registered manager. The person in charge had applied to register with the Care Quality Commission. A registered manager is a person

Summary of findings

who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who used the service told us that Langfield was a safe place to live. Safeguarding procedures were robust and members of staff understood their role in safeguarding vulnerable people from harm.

We found that recruitment procedures were thorough and protected people from the employment of unsuitable staff.

The home was clean and appropriate procedures were in place for the prevention and control of infection.

Members of staff told us they were supported by management and received regular training to ensure they had the skills and knowledge to provide effective care for people who used the service.

Members of staff had also been trained in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) so they knew when an application to protect a person's best interests should be made and how to submit one.

Most of the people we asked told us the meals were good. Snacks and drinks were available between meals. We found that people's weight and nutrition was monitored so that prompt action could be taken if any problems were identified.

People were registered with a GP and had access to a full range of other health and social care professionals.

We saw that members of staff were courteous and treated people with respect. People who used the service were nicely dressed and looked smart.

We saw that care plans included information about people's personal preferences which enabled staff to provide care that was person centred and promoted people's dignity and independence.

Leisure activities were routinely organised at the home. People using the service were given a copy of the activities programme every month to enable them to choose what they wanted to do.

A copy of the complaints procedure was displayed in the home. People who used the service and their relatives told us they would make a complaint if necessary.

People who used the service were given the opportunity to express their views about the service at meetings held regularly to discuss the service provided and activities.

Members of staff told us they liked working at the home and found the manager approachable and supportive.

Visiting professionals told us the home was managed effectively.

We saw that systems were in place for the manager to monitor the quality and safety of the care provided.

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?

Good

The service was safe. There were systems in place for staff to protect people. Staff had been trained in safeguarding issues and were aware of their responsibilities to report any possible abuse. Staff used their local authority safeguarding procedures to follow a local protocol.

Staff had been recruited robustly and there were sufficient staff to meet the needs of people who used the service.

Appropriate procedures were in place for the prevention and control of infection.

Is the service effective?

Good

The service was effective. This was because staff were suitably trained and supported to provide effective care.

People were registered with a GP and had access to other healthcare professionals.

Staff understood their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good

The service was caring. We saw that people who used the service or their families had been involved with developing the plans of care. Their wishes and preferences were taken into account and staff were flexible with their support.

We observed a good interaction between staff and people who used the service, either in a group situation or with one on one support.

We saw that visitors were welcomed into the home at any time.

Is the service responsive?

Good

The service was responsive. A copy of the complaint's procedure was displayed in the home.

Leisure activities were routinely organised at the home.

People who used the service were able to express their views about how the home was run at regular meetings.

Is the service well-led?

Good

The service was well-led.

Members of staff told us the manager was approachable and supportive and they enjoyed working at the home. The manager had begun the registration process with CQC.

There was a recognised management system which staff understood and meant there was always someone senior to take charge.

There were systems in place to monitor the quality of care and service provision at this service.

Langfield Nursing and Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 29 September 2015 and was unannounced.

The membership of the team consisted of two inspectors.

Before this inspection we reviewed previous inspection reports and notifications that we had received from the service. We did not request a Provider Information Return (PIR) because the service would not have had sufficient time to complete it. This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

During the inspection we observed care and support in the communal areas of the home. We looked at the care records for three people who used the service and medicines records for 19 people. We spoke with 11 people who used the service, the relatives of three people who used the service, 8 members of staff and the manager. We also looked at a range of records relating to how the service was managed; these included training records, quality assurance audits and policies and procedures.

Good

Is the service safe?

Our findings

All the people we spoke with told us they felt safe at this service. One person said, "We're well looked after and I feel safe here."

From looking at the training matrix and three staff files we saw that staff had been trained in safeguarding topics. The staff we spoke with were aware of their responsibilities to report any possible abuse. Staff had policies and procedures to report safeguarding issues and also used the local social services department's adult abuse procedures to follow local protocols. The policies and procedures we looked at told staff about the types of abuse, how to report abuse and what to do to keep people safe. The service also provided a whistle blowing policy. This policy makes a commitment by the organisation to protect staff who report safeguarding incidents in good faith. The service had reported any safeguarding issues in a timely manner to the local authority and the Care Quality Commission.

We looked at three staff files. We saw that there had been a robust recruitment procedure. Each file contained two written references, an application form, proof of the staff members address and identity and a Disclosure and Barring Service check (DBS). This informs the service if a prospective staff member has a criminal record or has been judged as unfit to work with vulnerable adults. Prospective staff were interviewed and when all documentation had been reviewed a decision taken to employ the person or not. This meant staff were suitably checked and should be safe to work with vulnerable adults.

We examined three plans of care during the inspection. We saw that there were risk assessments for falls, moving and handling, nutrition and tissue viability (the prevention or treatment of pressure sores). The risk assessments highlighted people's needs around these areas and any care or treatment was recorded in the plans of care. Where necessary specialist advice was sought from professionals such as dieticians and tissue viability nurses.

We looked at the servicing and certification of gas and electrical equipment and found it was up to date which meant it was safe to use. The fire alarm was serviced and tested regularly including fire drills. Hot water outlets were temperature regulated and radiators did not pose a threat of burning people. Windows had a restrictive device fitted to stop any accidents.

There was a system for repairing or replacing any broken or defective equipment. We saw there was a maintenance person working on the day of the inspection to keep equipment in good order.

Each person had an emergency evacuation plan (PEEP's) in place and there was a business continuity plan. This meant people could be safely evacuated for emergencies such as for a fire and helped plan for people's continuity of care.

The laundry was sited away from any food preparation areas and contained sufficient industrial type equipment to provide a suitable service. Washing machines had a sluicing cycle for soiled linen. There was a system for processing dirty laundry through to clean. There was a system for the control of contaminated linen and laundry. The service had a contract for the safe removal of contaminated waste.

There were policies and procedures for the control of infection. The training matrix showed us most staff had undertaken training in infection control topics. Staff we spoke with confirmed they had undertaken infection control training. The service used the Department of Health's guidelines for the control of infection in care homes to follow safe practice.

The manager and area manager conducted audits which included infection control and cleanliness of the building. Staff had access to personal protective equipment such as gloves and aprons. The water system was serviced by a suitable company to prevent Legionella and there was a record of when water outlets had been cleaned to further reduce the possibility of Legionnaires disease. There were safe systems to help prevent the spread of infection. One visitor said, "It's always clean."

Throughout the inspection we saw that people were not kept waiting when they needed assistance from members of staff. One person said, "I'm not kept waiting when I need help." Another person said, "The staff are very helpful, they answer bells as quickly as possible." We were shown a copy of the duty rota which provided details of the grades and number of staff on duty for each shift. This confirmed that a sufficient number of staff were available in order to ensure that the health and social care needs of people using the service were met. In addition to the care workers ancillary staff were also employed to do the cooking and domestic work.

Good

Is the service safe?

Registered nurses or care workers who had received appropriate training were responsible for the

management of medicines at the home. We saw that medicines including controlled drugs were stored securely on both the residential and nursing units which reduced the risk of mishandling. The temperature of the storage areas was checked and recorded daily in order to ensure medicines were stored according to the manufacturer's instructions.

We looked at the medicines administration records of 19 people using the service and found they included details of the receipt and administration of medicines. A record of unwanted medicines disposed of by a licenced waste carrier was also available.

We checked medicines records against current stock and found some medicines did not add up correctly because the packets were not dated when they were opened. We also saw that when a variable dose of medicine had been prescribed the actual amount the person had taken was not always recorded. The lack of clear and accurate records makes it difficult to check whether people have received their medicines correctly as prescribed and also increased the risk of mistakes being made. The manager should consider following NICE guidelines for recording medicines.

Good

Is the service effective?

Our findings

From looking at staff files and the training matrix we saw that most members of staff had been trained in the Mental Capacity Act 2005 (MCA 2005). This legislation sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. The Deprivation of Liberty Safeguards (DoLS) provides a legal framework to protect people who need to be deprived of their liberty to ensure they receive the care and treatment they need, where there is no less restrictive way of achieving this.

The Care Quality Commission is required by law to monitor the operation of the DoLS and to report on what we find. The manager told us that authorisations under the Mental Capacity Act 2005 and DoLS were in place for nine people who used the service, an application had been made for the DoLS to be reviewed for one person and applications had been submitted for another four people.

We saw in one care file that the person had a Deprivation of Liberties safeguard in place. This had been applied for because the person would not know if it was in their best interest to stay in a care home. The application had been made using current guidelines and professionals. The decision was to be reviewed in one year's time to ensure it was still valid. This meant that although this person may have their liberty curtailed this was done in the least restrictive way.

We looked at three care plans during the inspection. The plans of care were divided into separate headings, for example for eating and drinking, mobility, sleep or communication. Each need was recorded, there was an aim and objective and a detailed description of how best staff could care for the person. There were records of people's preferred routines and if they had a preference for a particular sex of any staff member who was to give personal care. The plans contained sufficient information for staff to deliver effective care.

We saw that people who used the service or a family member had signed their agreement to the plans which meant their wishes had been taken into consideration. People also signed their consent to be photographed. Staff took the time to complete a 'this is me' document which listed many personal choices people had. The plans were reviewed regularly to ensure staff were kept up to date with people's care needs. We also noted that family members were invited to the review.

We saw that where people's needs required additional support staff contacted various professionals such as specialist nurses. People were also supported to attend hospital appointments or routine visits to dentists, opticians and podiatrists. People had their own GP and we saw records of any professionals visits.

We saw in the plans of care that staff recorded people's food likes and dislikes so would know what people wanted to eat and drink.

We conducted a tour of the home on the first day of the inspection. We visited all the communal areas and several bedrooms and bathrooms. The home was warm, clean and there were no offensive odours.

The communal areas were homely and bedrooms we visited had been personalised to people's tastes. There were aids for people with mobility problems in bathrooms to help people keep clean and staff had been taught to use them. We saw that specialised equipment such as pressure relieving mattresses were in use to help protect the health and welfare of people who used the service. One area used for activities was decorated as a public house and was also used for parties and quizzes.

The garden was accessible for people with mobility problems and one area was enclosed in order to keep people safe. There was sufficient seating for people to use in good weather.

There was a lift to access both floors.

New staff received structured induction training when they commenced work and were supported by an experienced member of staff until they were competent to work with people who used the service.

Staff received training in subjects such as first aid, safeguarding, infection control, conflict management, tissue viability, food safety, fire safety, nutrition, health and safety, moving and handling and fire safety. Other training relevant to the service included the Mental Capacity Act and DoL's, equality and diversity and good record keeping.

Good

Is the service effective?

Staff were also encouraged to take training in courses such as a diploma or NVQ in health and social care. All the members of staff we spoke with said they received enough training to be able to competently perform their roles.

The new manager had highlighted that supervision and appraisal had not been regularly completed prior to her commencing employment. We were shown a list of when staff had or when they were due to have their appraisal. The manager and a team leader were now completing supervisions regularly with staff to get them up to date and highlight any areas for training. This also gave staff the opportunity to bring up any topics they wanted to discuss.

Although people had varying opinions about the food most of the people we asked told us the meals were good. Their comments included, “The meals are usually good but the cabbage was cold today.”; “The meals are good and we have a choice.” and “Some meals are ok and some are not but in general they’re all right.”

We observed that lunch time was an unhurried social occasion allowing people time to chat and enjoy their meal. We saw that care workers were attentive to people’s needs and offered appropriate assistance and encouragement when necessary.

The cook explained that menus were planned in advance and rotated on a three weekly basis. Special diets and people’s individual preferences were catered for. We saw that hot and cold drinks and snacks were also available between meals.

We found that people’s care records included an assessment of people’s nutritional status so that appropriate action was taken if any problems were identified. This assessment was kept under review so that any changes in a person's condition could be treated promptly. People’s weight was checked and recorded monthly or more frequently if weight loss or gain needed to be monitored. When necessary advice was sought from the doctor and dietician and records of food and fluid intake were kept. The cook told us that she made milkshakes using a recipe provided by the dietician for people who required food supplements.

The kitchen had achieved the five star rating at their last environmental health visit which meant kitchen staff followed very good practices.

Good

Is the service caring?

Our findings

Throughout our inspection we saw that members of staff spoke to people in a courteous and friendly manner and addressed people by their preferred name. The care workers we spoke with understood the importance of promoting people's privacy and dignity. We saw that people who used the service were nicely dressed and looked smart. We observed staff explaining to people

what they wanted the person to do before embarking on the task. We did not see any breaches of privacy when staff gave personal care.

All the people we asked told us the staff team were caring. Their comments included, "The staff are smashing."; "We're well looked after." and "The staff are very good."

The relatives of one person said, "The staff are all pleasant and helpful, nothing is too much trouble." The relative of another person said, "The care is outstanding, the staff really care and they answer any queries."

In the plans of care there were two documents (a personal profile and this is me) which told us of people personal preferences and choices. This told staff how best a person could be supported, their preferred times for getting up or going to bed, their family history, important events in their life and activities they liked to do. This gave staff a good background history of each person and should ensure people were treated as individuals.

Arrangements were in place for the manager or a senior member of staff to visit and assess people's personal and health care needs before they were admitted to the home. The person and/or their representatives were involved in the pre-admission assessment and provided information about the person's abilities and preferences. Information was also obtained from other health and social care professionals such as the person's social worker. Adult Social Care or the Clinical Commissioning Group also provided their own assessments to ensure the person was suitably placed. This process helped to ensure that people's individual needs could be met at the home.

People were able to choose what they did, for example where they spent their day or what time they got up. We also saw that people could attend religious services of their choosing if they wanted to follow their religion in this way. People's spiritual needs could be met within the home or the community if they wished.

There was a section in the plans of care to record the last wishes of people who used the serviced. These plans should be fully completed for staff to be aware of a person's last wishes at the end of their life.

We saw that visitors were welcomed into the home at any time. People who used the service could receive their visitors in communal areas or their own room.

Good

Is the service responsive?

Our findings

We observed how staff responded to what people wanted, for example at mealtimes. Staff we spoke with understood how they were able to offer people choices and from our observations it was evident that staff knew the people who used the service well. One person told us they could choose when to get and go to bed and said, "I like to get up early, listen to the radio or watch TV." The relative of one person said, "Staff talk to the residents and say, 'How are you.'"

There was a person employed to organise activities with people who used the service. On the day of the inspection we saw people were sitting in the activities room enjoying an arts and crafts session. There was a sample of people's art work on display in the room. There was a monthly program of the activities on offer which was issued to each person so they could choose what they wanted to attend. Activities on offer included hairdressing and pamper sessions, arts and crafts, afternoon tea, home baking, board games, film shows, flower arranging, holy communion, café mornings, music and singalong sessions, reminiscence, therapy, shopping days and outings. The garden was well kept and accessible to people using the service when the weather permitted.

People were also given the opportunity to go on trips and some people had been to Blackpool and a trip to see a concert had been arranged for those interested.

People could remain in their rooms to watch television or read if they wanted to. One person's quality assurance survey response said that staff always came to remind her of the day's activities.

The manager held meetings with people who used the service regularly. The last meeting was held in September 2015 and topics included activities, outings and a general discussion. The activities co-ordinator said department heads were invited to attend meetings if it was needed, for example, the cook if food was to be discussed. We were told everyone who attended could have their say in the meetings. The manager analysed the records to see how the service could be improved. The trip to the local concert had been arranged after it was found a person who used the service had previously been involved in making the costumes for an amateur dramatics group.

There was a suitable complaints procedure displayed in the home for people to raise any concerns and each person who used the service was also given a copy. The complaints procedure told people how to complain, who to complain to and the timescales the service would respond to any concerns. This procedure included the contact details of the Care Quality Commission. All the people we asked told us they would make a complaint if necessary. One visitor said, "I would complain if necessary."

Although some concerns have been raised with the local authority and Care Quality Commission since the last inspection the new manager has taken the action required to ensure the issues raised have been investigated and appropriate action taken.

Plans of care contained a grab sheet people could take with them to hospital in an emergency. The document could be given quickly to other services to provide them with sufficient information to enable continuity of their care.

Good

Is the service well-led?

Our findings

The home did not have a registered manager in post. The person in charge had applied to register with the Care Quality Commission. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Stakeholders have not expressed any concerns about how the home was managed.

Members of staff told us they liked working at the home and the manager was approachable and supportive. One of the domestic staff said, "The manager is very good and deals with any problems." A senior member of staff said, "The manager listens to new ideas, we support each other."

A visiting assessor from an organisation which provided training nationally recognised vocational qualifications said, "The manager is brilliant, well-organised and proactive regarding staff development."

A visiting healthcare professional said, "The care plans are much better, the staff are very professional and helpful. People appear to be well cared for. We're fine with this service and have not had any complaints."

We looked at the last staff meeting records. Topics included uniforms and jewellery, upgrades to the garden, the planned new conservatory, new furniture, a palliative care passport, incentives for staff, pride in the home and the correct use of personal protective equipment. Staff told us they were able to contribute to the meeting and bring up topics if they wished.

We saw from looking at records that the manager conducted regular audits to check on the quality of service provision. The area manager also conducted audits to see how the home was performing. The audits included infection control, medicines administration, care plans, cleaning rotas, catering, staffing and monitoring of agency staff usage. We saw how information from the audits helped improve the service. The manager looked at the results and produced an action plan. New furniture and improved activities had resulted from the audits.

Policies and procedures we looked at included a clear account of how to complain, privacy and dignity, safeguarding and the prevention of abuse, health and safety, reducing violence and aggression to staff, the Mental Capacity Act and DoLS, health and safety and infection control.

The policies we inspected were reviewed regularly to ensure they were up to date and provided staff with the correct information.

We saw that the manager liaised well with other organisations and professionals. This included social services, the health authority and external professionals involved in the Deprivation of Liberties Safeguards.

The registered manager was aware of and had sent prompt notifications to the Care Quality Commission.

People who used the service and their families were asked for their views about how the service was performing and senior staff acted upon any comments made. The results from the last survey were good and people were satisfied with the care and facilities provided at Langfield.

Staff handover meetings took place at the beginning of each shift. This informed staff coming on duty of any problems or changes in the support people required in order to ensure that people received consistent care.

We saw that the manager and other senior staff looked at the records of incidents and accidents which were kept in a file. These records were analysed so that any trends could be identified and addressed.

There was a recognised management system which staff understood and meant there was always someone senior to take charge. The staff we spoke to were aware that there was always someone they could rely upon.